

Bolton Primary Care Trust

Annual Report

2007-2008



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Welcome to our Annual Report

Bolton Primary Care Trust exists to look after the health of Bolton people. It's a huge and complex task, and involves everything from immunising babies to ensuring people are able to die in the setting they choose.

Each year in our Annual Report we reflect back on the progress we have made and our successes and difficulties during the past year. We are currently working to achieve a series of 71 commitments set out in our Manifesto, published in 2006, so this year the Annual Report summarises our progress against these Manifesto promises. It's with a sense of pride that we are able to reflect back on how far we have already gone in delivering these promises.

As well as the goals we set for ourselves through the Manifesto, we must also aim to reach a number of national targets and standards. Again it is very pleasing to see how well Bolton does in many areas. We were among the first PCT areas in the country to achieve new targets for reducing waiting lists. These new targets look for the first time at the whole wait experienced by the patient, from being referred by their GP to receiving treatment.

Bolton PCT is working hard to develop a listening culture – listening to our staff, our partners,

our patients and the people of Bolton. The development of the Manifesto demonstrated how listening helped us to get things right for local people; after consultation we added an extra chapter to reflect the important role played by carers who look after their family members and friends.

In the past year we've been listening again – most notably during a high profile and extensive consultation on our plans for redesigning urgent care services and creating a series of new, larger health centres to enable us to modernise and expand community health service provision. We are now working to respond to the issues raised during that consultation.

We will continue to listen to local people, involving them in planning and developing services, consulting them about new proposals and making sure they are informed and engaged in our work. If you'd like the opportunity to be more involved, there's a form at the back of this Report for you to get in touch.

The Annual Report also provides us with a welcome opportunity to say a public thank you to the many people who work to deliver good health in Bolton, our own staff in particular, but also primary care contractors, hospital staff and those in partner agencies such as Bolton Council, without whom our work to improve the health of Bolton would be impossible.



Pam Senior, Chair



Tim Evans,
Chief Executive



Stephen
Liversedge,
Chair of the
Professional
Executive
Committee

What is the PCT and what does it do?

Vision and Goals

Bolton Primary Care Trust was established as an NHS body in 2002 to improve the health of Bolton and ensure that NHS services are planned and provided for the people of the Borough. You can see the area we serve in the map on page 7.



Our vision is:

To commission and provide excellent services that are built around the patient, and to develop and deliver effective community based approaches to keeping people healthy.

Our manifesto sets out how we will achieve this vision as follows :

- One **More prevention** of diseases, providing you with support to live more healthily, both to stop you becoming ill and to help prevent your condition getting worse if you are ill.
- Two **Better information** for you about your health and living with illness, about accessing the right health services when you need them and about making informed choices about your treatment.
- Three **More convenient services**, provided more quickly and at a time that is right for you. Services will be as local as possible, and as specialist as needed. We hope that you'll be involved in developing them with us.
- Four **Better co-ordinated care**, with better sharing of information between different parts of the health service and partner organisations, and a smoother, faster and more joined up journey for you.
- Five **Higher quality services** which are more clinically effective and cost effective, providing you with safe and equitable healthcare that meets and exceeds the Standards for Better Health (nationally set quality standards).

For 2008/09 we have set ourselves five additional targets which are designed to stretch and challenge us. These link to our new Quality Strategy which is structured under the headings of :

- Organisational Capability and Reputation
- Health Inequalities
- Access to Care
- Quality of Care
- Financial Framework

The five new high profile challenges - one for each of these headings - are :

- Work towards winning the "PCT of the Year" award in the Health Service Journal Annual Awards
- Launch a comprehensive programme of health checks for everyone in Bolton aged 45 and above to detect and prevent heart disease
- Ensure everyone in Bolton who wants regular access to an NHS dentist can get it
- Achieve 80% of Bolton people rating local health services as good or excellent
- Set up a financial and budgeting system that mean the PCT can set up long terms financial plans and easily demonstrate how any changes impact on these plans.

These are designed to stretch the PCT. While we may not achieve them in full, striving to do so will drive improvements.

How we are run

The PCT is managed by a Board, supported by a Management Team and a Professional Executive Committee. (Names of Board, Professional Executive Committee and Management Team members during the year can be found on pages 29 and 30). The Non-executive Directors also make up the Audit Committee which oversees the way the PCT is managed and financed. The constitution of the Board ensures a majority

“These challenges are designed to stretch the PCT.”

of non-executive members, appointed from the local community to ensure the interests of local people are represented in discussions. The Professional Executive Committee is composed of a majority of clinical staff.

The Primary Care Provision Directorate of the PCT increasingly operates at arms length from the Commissioning functions, and has its own Clinical Executive Committee.

At the start of the financial year, we had an Interim Chief Executive and Interim Finance Director. During the year both posts were advertised and substantive appointments made after open competition. Tim Evans and Ismail Hafeji are now our Chief Executive and Finance Director.

What we deliver

The PCT funds 55 GP practices, 35 dental practices, 40 optometry practices (opticians) and 60 pharmacies in Bolton (numbers correct at 31 March 08), and we support them to develop and co-ordinate services in ways that respond to the needs of local people as well as meeting the latest clinical standards. Two GP practices have since merged, and a brand new practice has opened in central Bolton in summer 2008.

The PCT works closely with partners in the public, private and voluntary sectors to improve the health of local communities, and prevent ill-health, through immunisation programmes, health promotion and community initiatives. Recent Annual Reports from our Director of Public Health set out in more detail how we are responding to the challenges of improving health, reducing health inequalities and tackling social exclusion. Joined up working with Bolton Council has always been particularly important for Bolton PCT, and two members of the Management Team are jointly accountable across both organisations.

“Joined up working with Bolton Council has always been particularly important for Bolton PCT”

In the year to 31 March 2008 the PCT spent £392 million of tax payers' money on Bolton's healthcare. Most of this is spent on commissioning services from other healthcare providers, but the PCT is also a major provider of local services through its Primary Care Provision Directorate (see chart)

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Services provided by the PCT

Children and Young People

- Adolescent Health
- Audiology
- Complex Health Needs
- Health Visitors
- Learning Disabilities
- Nutrition & Dietetics
- Occupational Therapy
- Paediatrics
- Physiotherapy
- School Nurses
- Speech & Language Therapy

Older People

- Active Case Management
- Anticoagulant Services
- Day Hospital Rehabilitation Service
- Diabetes
- District Nursing
- Equipment Loan Services
- Falls & Domiciliary Therapy
- Intermediate Care
- Nutrition & Dietetics
- Neuro-Rehabilitation
- Older People's Health
- Podiatry
- Rapid Response
- Tissue Viability
- Wheelchair Services

Adult

- Continence
- Dermatology
- Ear, Nose & Throat (ENT)
- Epilepsy Service
- Family Planning
- Learning Disabilities
- Mental Health
- Minor Surgery
- Musculoskeletal (Orthopaedics & Rheumatology)
- Orthotics
- Palliative Care
- Sexual Health
- Smoking Cessation
- Speech & Language Therapy

Primary Care

- Community Dental Services
- Emergency Dental Services
- 7 GP practices managed by the PCT
- Walk in Centre
- GP Out Of Hours Service

Services are commissioned on a regular basis from a growing range of providers – both NHS organisations and independent sector organisations. As patients start to exercise their choice of provider, and money follows the patient, the PCT will be purchasing services from an ever increasing number of providers.

Some specialised services (mainly those provided in relatively few specialist centres to small numbers of people across large catchment populations) are commissioned by Primary Care Trusts grouping together. Such services are commissioned across the North West by a dedicated team hosted by Western Cheshire Primary Care Trust. The work of the North West Specialised Commissioning Team is overseen by the North West Specialised Commissioning Group, which comprises representatives from each of the 24 Primary Care Trusts in the region. For other services the 10 PCTs in Greater Manchester work together to commission services for the people of the conurbation.

In Bolton we commission some services jointly with Bolton Council, particularly where there is a big component of social care closely linked to health care, such as mental health and learning disability services. For learning disability services and for the community equipment loan service there is a pooled budget which is managed by the Council.

PCT staff work at local health centres and clinics, GP surgeries, at the Royal Bolton Hospital site, in local schools, community centres and care homes, and in people's homes.

Our main bases are at :

St Peter's House, Huntingdon House and Cannon Court (Headquarters offices)

Alastair Ross Health Centre

Avondale Health Centre

Blackrod Health Centre

Crompton Health Centre

The Diabetes Centre

Egerton and Dunsar Health Centre

Farnworth Health Centre

Great Lever Health Centre

Halliwell Health Centre and Children's Centre

Harwood Health Centre

Horwich Clinic

Lever Chambers Centre for Health

Little Lever Health Centre

The Parallel Young People's Health Centre

Pikes Lane Primary Care Resource Centre

Tonge Fold Health Centre

Tonge Moor Health Centre

Waters Meeting Health Centre

Westhoughton Clinic

Two of these Health Centres opened in the past year – Waters Meeting and Crompton. These large, modern buildings were created to meet the needs of the GP practices who have moved in there and will also provide much better accommodation for many PCT staff and services.

Our Staff

Work on the first of the PCT's new larger Health Centres – at Brightmet – has been progressing during the year, and the Centre is due to open in winter 08/09. There is more information on our building plans on page 16 of this Annual Report.

The PCT is a category one responder under the Civil Contingencies Act – that means we have important responsibilities in planning for and responding to emergencies ranging from major accidents or natural disasters to disease outbreaks. Bolton PCT takes the lead on these issues for the ten Greater Manchester PCTs and has ensured that robust “on call” arrangements are in place so that the NHS will be well placed to respond effectively whenever required.

Internally we have carried out a thorough business continuity planning exercise, to ensure that we could continue to deliver essential services even if our staff numbers were heavily depleted, for example as a result of a flu pandemic.

The PCT's Risk Management arrangements are regularly reviewed and updated, and we have a major incident plan which complies with national guidance as set out in “Handling Major Incidents: An Operational Doctrine”.

The PCT employs around 1,700 staff, that's 200 more than a year ago, as we expand to deliver on our commitments to improve health and healthcare. 70% of these staff are directly involved in patient care.

The PCT is committed to improving the working lives of its employees, supporting them to develop their careers and to maintain a healthy balance between home and work.

We have a variety of flexible working arrangements to make it easier for staff to balance work and family commitments, including job-shares, term-time only contracts, and staff working longer days but shorter weeks. There's a range of advice and help with child care, and a support network for people caring for relatives who are elderly or ill.

Learning and development has a high priority within the PCT. Regular essential training on topics such as health and safety is provided in-house. Staff are supported to take NVQs and other external qualifications. There is a system of regular individual reviews to make sure staff development needs are met in other ways, not just through training courses. Following the introduction of the Knowledge and Skills Framework this has been integrated into a revised appraisal system and will be used to support individual learning and development planning

The PCT is committed to encouraging and valuing diversity in the workforce, and making sure that everyone has equal opportunities, both through the recruitment process and once staff are in post.

There are a range of mechanisms for keeping staff informed and listening to their views, including joint forums with union representatives, a quarterly newsletter, monthly briefings, team meetings and the annual staff survey.



About Bolton Did You Know?

The population of Bolton at the 2001 census was 261,035, making it the biggest town in the country that's not a city.

Bolton Primary Care Trust spent £392 million on health care and improving health last year.

Last year 4441 babies were born in Bolton either at home or in the Princess Anne Maternity Unit at the Royal Bolton Hospital.

11% of people in Bolton are from a minority ethnic background and over 40 different languages are spoken.

On average people in Bolton live around 2 years less than the national average, with heart disease and digestive disease as major contributors to this problem.

Famous Boltonians include comedian Peter Kay, radio presenter Sara Cox, chef Paul Heathcote, engineer Fred Dibnah, and Olympic boxer Amir Khan

Delivering our promises

In 2006 Bolton PCT published "Better Health for Bolton", a Manifesto setting out our commitments for the next three years. Since then we have made huge progress in delivering these commitments, and this section of the annual report summarises where we stand at the end of the 2007/08 financial year.

The Manifesto includes 71 commitments set out in 11 chapters. At the end of March 2008 there were only two where we felt there was a very high risk that the target would not be achieved – making sure information on patients leaving hospital gets quickly to their own GP, and reducing the numbers of teenage pregnancies in Bolton. Nine are already completed and now only need to be maintained for the future – for example establishing enhanced diabetic eye screening services, and developing early intervention services for people experiencing psychotic episodes.

1. Improving Health

As well as specific commitments around cancer, smoking, obesity, mental health, heart disease, alcohol and dental health there is an overarching aim to improve life expectancy in Bolton, underpinned by a detailed action plan. Progress on the ten "Improving Health" commitments includes :

- Reductions in the number of people who smoke
- Specialist obesity services and community weight management team set up
- Alcohol services being developed in GP practices
- Green Travel Plan development under way
- Roll out of Bowel Cancer Screening programme in Bolton
- Starting a programme of community engagement to raise awareness of the early signs of diabetes
- Good take up of Healthy Schools programme

Next steps include :

- Establishing heart health checks for all over 45s in Bolton
- Launching Mental Health promotion programme
- Expanding Healthy Workplace programme

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2. Primary Care Services

The eight commitments cover areas such as improving access to GPs, dentists and sexual health services, improving accommodation and reducing waits for community services. Progress includes :

- The establishment of a new GP practice serving central Bolton
- Two new modern health centres opened – plans for further ones have been consulted on
- Two new dental practices opened
- Community service waiting times now largely at four to six week maximum
- Target for prompt access to sexual health services achieved

Next steps include :

- Creating a second new GP practice in the Great Lever and Rumworth area
- Working with GPs to improve substance misuse support and preventative work around heart disease

3. Urgent Health Services

We aim to reduce the numbers of people attending Accident and Emergency by improving access to urgent care away from the hospital setting. This has proved a particularly difficult issue with some patients still experiencing long waits at A & E. Progress includes :

- Review of urgent care services, leading to proposals for new way of working
- Identification of site for new urgent care centre which will include diagnostic and treatment facilities
- Expansion of equipment service completed to ensure care equipment can always be delivered urgently to people at home

Next steps include :

- Working with Bolton Council to ensure urgent access to social care and health care is linked together



4. Young families

Families with small children are frequent users of health services. It is important for the PCT to work closely with education and social care services to ensure all aspects of support link up. We also aim to improve children's health by reducing smoking in pregnancy and increasing the number of new mums who breastfeed.

Progress so far includes :

- Increase in number of midwives to support breast feeding, plus a high profile advertising campaign
- Increases in the number of Health Visitors and School Nurses
- Joint working with Children's Centres

Next steps include :

- Recruitment of more palliative care nurses and therapists for children
- Further midwifery recruitment
- Improvements in environments where children are cared for
- Developing contracts with schools to enhance School Nursing support
- Targeting "Stop Smoking" support during early pregnancy

5. Young People

Young people often have little contact with health services, so we aim to link up with them through their schools or in settings that have been designed to meet their needs. Improving mental health services for this group was identified as particularly important, and there is also a focus on ensuring that young people with ongoing health needs are supported to move smoothly from children's services to adult service.

As mentioned previously, reducing teenage pregnancy is a particular challenge.

Progress includes :

- Two outreach services from The Parallel – the PCT's innovative Young People's Health Centre
- 100 teachers given additional training in Sex and Relationships Education (SRE), and a specialist SRE Officer recruited
- Recruitment of more School Nurses to ensure drop-in services at secondary schools
- Round the clock emergency mental health service established for young people
- Healthy College programme and Health-promoting Universities programme established

Next steps include :

- More partnership work with colleges and University of Bolton
- Further outreach services from The Parallel
- Further increases in capacity for Child and Adolescent Mental Health
- Recruitment of Active Case Managers to work with young people with long term conditions

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6. Mental Health Services

The six commitments in this area cover the whole spectrum from mental health promotion to the provision of specialist secure care more locally. There are plans to increase access to "talking" therapies, improve the care provided by GPs for people with less severe problems, and increase the provision of home treatment.

Progress so far has been good, including :

- Appointment of community development workers and a Public Health Specialist in Mental Health Promotion and Suicide Prevention
- Development of an early intervention psychosis service
- Scheme in place to support GPs identifying and supporting patients with depression
- On track to have maximum six week wait for psychological therapy treatment by December 08

Next steps include :

- Agree contracts with providers of local secure services

7. Long Term Conditions

This chapter covered issues such as stroke services, diabetes services and end of life care as well as general improvements in care for people with long term illness.

Progress so far includes :

- 1899 patients with long term conditions supported by Active Case Managers by the year end (and more since).
- Appointment of a chronic disease management team
- Setting up a new breathlessness clinic
- Nursing and therapy staff recruited to support end of life care, with Marie Curie Nurses delivering night sitting services
- Diabetic eye screening service operational and on track to achieve national targets

Next steps include :

- Developments and expansions in "telehealth" (remote monitoring of people's condition via phone and computer links)
- Commissioning stroke services to support rapid access clinics, good support for people leaving hospital and neuro-rehabilitation for people with complex needs

“There are plans to increase access to "talking" therapies, and increase the provision of home treatment

8. Older People

The PCT wants to make sure that older people are supported to live healthy lives, not just treated when they are ill, and that services are developed in local communities. There are also specific commitments around mental health and falls, which are among the biggest causes of health problems for older people.

Progress so far includes :

- **Opening the first Active Aging Centre – at Thicketford House – in partnership with Age Concern Bolton, with an emphasis on helping older people stay active and involved.**
- **Appointment of Falls Service Co-ordinator**

Next Steps include :

- **Developing a joint PCT/Council Mental Health Service for older people, with a hub at Firwood**
- **Redesigning the Falls Service and recruiting additional specialist staff**

9. Planned Hospital Care

National and local targets and standards for hospital care are often very high profile, and because we commission these services from other organisations, achievement requires good partnership working. As well as ensuring good quality outcomes for patients, there are commitments on waiting times, cancelled operations, cancer care, offering a choice of hospital and increasing the number of operations done as day cases. The PCT has a specific goal of providing more services in community setting rather than at hospital, where this is appropriate, and there is also a commitment to improve the way hospitals care for people with Learning Disabilities.

Progress so far includes :

- **Bolton PCT has been at the forefront of reducing overall “referral to treatment” waiting times, and has average waiting times of four weeks for outpatient appointments, two weeks for diagnostic tests and eight weeks for inpatient admission. National milestones have been achieved ahead of target.**
- **Manifesto target for minimising cancelled operations has been met**
- **Proportion of Bolton patients being offered choice is increasing**
- **Liaison Nurse appointed to improve care for people with Learning Disabilities in hospital**
- **Waiting time targets for cancer treatment being met**

Next steps include :

- **Implement the Advancing Quality scheme which rewards hospitals for good quality patient outcomes**
- **Improve performance on getting discharge information to GPs promptly**
- **Further reduce cancelled operations in line with new national target**

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10. Carers

Without the unpaid help of people who care for family members or friends, the work of health and social care agencies would be impossible. The PCT wants to make sure that carers are well looked after, with their needs assessed, regular healthchecks and plenty of information.

Progress includes :

- Carers website set up
- Carers information and noticeboards in most GP practices
- More carers receiving assessments

Next steps include :

- Rolling out annual healthcheck scheme to all practices
- Set up "Expert Carers" programme

11. Patients and the Public Shaping Local Services

The PCT wants to involve and engage with people more, so that their views influence the way services are planned and delivered. Manifesto commitments relate to getting feedback from current service users, and from the public on future services, as well as implementing changes to the complaints system.

Progress so far includes

- Appointing new Public Engagement staff and developing a new Communications and Engagement Strategy
- Developing standard patient satisfaction surveys

Next steps include

- Working with the new Local Involvement Network so that it helps us listen to communities in Bolton
- Integrating our complaints system with the Social Services one, in line with new national guidance



Aiming for excellence

In March 2008 Bolton PCT published a Quality Strategy which pulled together a wide range of existing initiatives to improve the quality of local healthcare, and set out a vision of quality improvement for the coming three years. The strategy looks at three aspects of quality – better health for the population, best care for patients and better value for money. These three goals have become a “Triple Aim” for the PCT.

The strategy stresses that policy and practice to improve quality must be based on good evidence. To be a quality organisation Bolton PCT must deliver quality in public health, in the commissioning and provision of healthcare services and in its support services such as financial management and estates. Quality healthcare is defined as safe, timely, effective, efficient, equitable and patient-centred. The strategy shows how progress against action plans will be monitored and reported.

Whilst the Strategy looks to the future, it is clear that Bolton PCT has been making huge progress in improving quality throughout its existence, and this

section of the annual report reflects some of these improvements from the past year, as well as highlighting performance against some key performance measures.

We are conscious that, as patients have more choice about the type and location of services they receive, and more sources of information to influence those choices, we have to ensure that we provide and commission the services that they will opt for and be happy with.

National Recognition

Bolton’s Orthopaedic CATS service (Clinical Assessment, Treatment and Support) is an innovative service which has proved hugely popular with patients, providing prompt and flexible care for their musculoskeletal (bone, joint and muscle) problems. In the 2007 Health Service Journal Awards this success was recognised when the service won the overall national prize in the “Improving Patient Access” category.



Targets and Standards

Like all NHS organisations the PCT must strive to meet a huge number of national standards and targets, which are monitored externally by the Healthcare Commission, our auditors, the Strategic Health Authority and others. During 2007/08 Bolton PCT set out to be among the leaders in ensuring that patients wait no longer than 18 weeks between a referral from their GP and receiving treatment such as an operation. In December 2007 a year ahead of the national deadline, we hit our local target of achieving a maximum 18 week wait for 90% of Bolton patients who needed admitting to hospital and 95% of patients who did not need admitting.

The PCT has been less successful in ensuring that people attending the local Accident and Emergency or Walk-in Centre services wait no more than four hours for admission or treatment. The national target is 98%; over the year the Bolton Hospitals Trust and the PCT achieved 97.4%.

The Healthcare Commission publishes an annual healthcheck for PCTs and Trusts, which rates organisations on a combination of factors making up two main headings – quality of services and use of resources. In autumn 2007 the Commission published the ratings for 2006/07 and Bolton PCT was rated “good” for quality of services, up from “fair” the previous year. The rating for use of resources remained at “fair”. The healthcheck for 2007/08 will be published later in the year.



Other key performance indicators include :

- Access to GP services – 85% of people surveyed in Bolton say they're happy with access to services, and monitoring shows that Bolton meets targets for appointments being available promptly
- We have hit and exceeded our target for the number of drug misusers receiving treatment - but we still need to increase the number staying in treatment - from 73% to 82%
- Rapid diagnosis and treatment for patients with cancer – Bolton hits national targets for initial appointments and prompt treatment
- We have hit and exceeded our target for the number of people quitting smoking with NHS support - with 2,320 successful quitters
- Healthcare Acquired infections – We did not hit our target for reducing MRSA infections, but rates were falling by the end of the financial year.

“Hope You’re Well” – Improving and Maintaining the Health of Bolton People

Most people would like to lead healthy lives and reduce their risk of serious illnesses, but many find it hard, and don’t know how much at risk they are. We need to make things easy for them, reaching out to them in their own communities and workplaces and recognising the constraints on their lives.

Bolton’s new teams of Health Trainers have been out and about around the borough during the year, making contact with individuals in their own home, workplace or community, helping them assess their own risk of developing diseases such as diabetes or coronary heart disease, and working with them to make changes in their lifestyles which will reduce the risk. There were 28 Health Trainers by the end of March 08 and in total they have advised more than 2000 individuals, through health checks and assessments at GP practices or at community outreach events.

Sometimes we need to think differently to get the message across to specific groups of people. The PCT has commissioned Community Ambassadors to design innovative ways to get health messages to new audiences. Their “Bowel Bingo” game has been a huge success in raising awareness of risk factors and symptoms of bowel cancer and of the new screening programme for this disease.

Obesity is an increasing threat to health, and the PCT’s strategies include efforts to support both healthy eating and more exercise. The “Get Active” programme, backed by Bolton Council and the PCT, encourages a range of



exercise options, including free guided walks and bike rides which are suitable for people who aren’t used to exercise and take place in convenient locations.

Weight management programmes for both adults and children have been set up in Bolton; the MEND programme (Mind, Exercise, Nutrition, Do It) involves the families of overweight children as well as the youngsters themselves, in a programme which helps them make long term lifestyle changes, and boosts confidence and self-esteem, as well as encouraging physical activity and healthy eating.

Confidence in cooking can be a huge step towards healthy eating. One of our community nutrition workers has set up a cookery club in a local community centre where families and older people meet to gain knowledge and skills in a way which combats social isolation as well as

improving their nutrition.

Bolton has a poor record on breast-feeding which is one of the most important factors in giving children a healthy start in life. The PCT has supported a social marketing campaign to reach young mums, and has opened a special breast-feeding area in its own section of the Central Library.

Many people who rarely visit the doctor, will often go to a high street pharmacy, so local pharmacists have joined the PCT’s drive to continue the reduction in smoking, and many are now trained in how best to support people who want to quit.

Building for the Future

Bolton PCT is at the start of the most significant community health building programme in the town for decades. In May 2007 the Local Improvement Finance Trust company or LIFTco was established, which will enable us to work with our private sector partner Eric Wright Ltd, to build a series of new health centres, much larger than the ones they will replace.

The first of these building projects is now under way at Brightmet where the new building will house a range of facilities including community mental health and a library as well as GP and PCT services. The building is due to open in the coming winter.

The location and timing of the new buildings has been largely influenced by the need to reduce health inequalities in the Borough by improving access to health services. Localities with poor health status will be supported first. The PCT's estates plans stress that any health centres not replaced through the LIFT programme will be maintained and refurbished to ensure a high standard of accommodation for all.

The PCT is also looking to the future in its investment in new technology. During the past year a new telephone system has been installed across the PCT which links all our premises through internet connections, enabling free internal calls from one health centre to another.

The PCT is also at the forefront of the NHS Care Records programme which will eventually link up electronic patient records across all sectors of the NHS through a national "spine". We were the first PCT to begin uploading Summary Care Records from GP practices to the spine, so



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that they can be accessed when a patient needs urgent care. The project has been controversial and has experienced delays, but the PCT believes the benefits in terms of improved quality and safety of patient care will be well worth it.

As a PCT we recognise our significant impact on our local economy and on the environment. We work closely with the local authority and other partners through the Vision Partnership and the Local Area Agreement, to ensure that our local impact is a positive one in terms of employment, neighbourhood renewal, purchasing and other aspects of corporate social responsibility. The PCT is developing a green travel plan and has appointed a Public Health Practitioner to lead on developing environmental strategies and action plans.

Primary Care Developments

GPs and other primary care contractors are the front line of the NHS, dealing with the vast majority of patient contacts. The PCT now manages seven GP practices directly, employing all the staff including the doctors and thus enabling clinical staff to concentrate on patient care.

Bolton has for many years had fewer doctors and practice nurses than the average for the size of its population. As part of efforts to tackle that problem, two new practices are being created. The PCT tendered in 2007 for a practice to serve the town centre and offer a service to meet the needs of asylum seekers, refugees and migrant communities. That practice started work in the summer of 2008. A further tendering exercise will result in a practice to serve the Great Lever and Rumworth areas. This practice will have a special focus around supporting people to stay in work or get back to work. This practice will start work in the summer of 2009.

GP services are needed out of hours and since the new GP contract in 2005, it has been the responsibility of the PCT to ensure this is delivered. In December 2007 Bolton PCT ended a contract with an external provider of this service, and now successfully delivers it in-house from a base at Waters Meeting Health Centre, with robust clinical and managerial leadership. In the future the PCT aims to integrate out of hours services with other aspects of urgent care in a model which will mean people get directed to the most appropriate aspect of urgent care in a more efficient way.

The demand for NHS dental care in Bolton has long outstripped supply. Over several years the PCT has

increased the availability of emergency and urgent dental treatment, but has now been able to commission two new dental practices, each of which will enable thousands more Bolton residents to receive regular dental care. We intend to continue the prioritisation of dental access until everyone who wants NHS care is able to get it.

Responding to Your Views

The PCT has increasingly stressed the importance of listening to patients, carers and the public, getting their feedback on existing services, involving them in planning and decision-making, and consulting them about our future plans. This priority has been backed up during the course of the past year by the appointment of two new members of staff to support this area of work.

One way to listen to the public is through large scale surveys. In the summer of 2007, the PCT's Public Health department sent out questionnaires to one in ten adults in Bolton to find out about their health, and about factors which affect their health. The results have been compared with a similar survey six years ago, and show a very welcome reduction in the number of people who smoke, but growing problems with obesity and alcohol.

The PCT also takes part in the National Survey Programme, which included a survey in January to March 2008 looking at people's experience of primary care. Headline results in Bolton showed that local GPs score well in terms of the trust and confidence their patients place in them, and the cleanliness of their premises, but people in Bolton are less likely than the national average to recall being offered a choice of hospital.

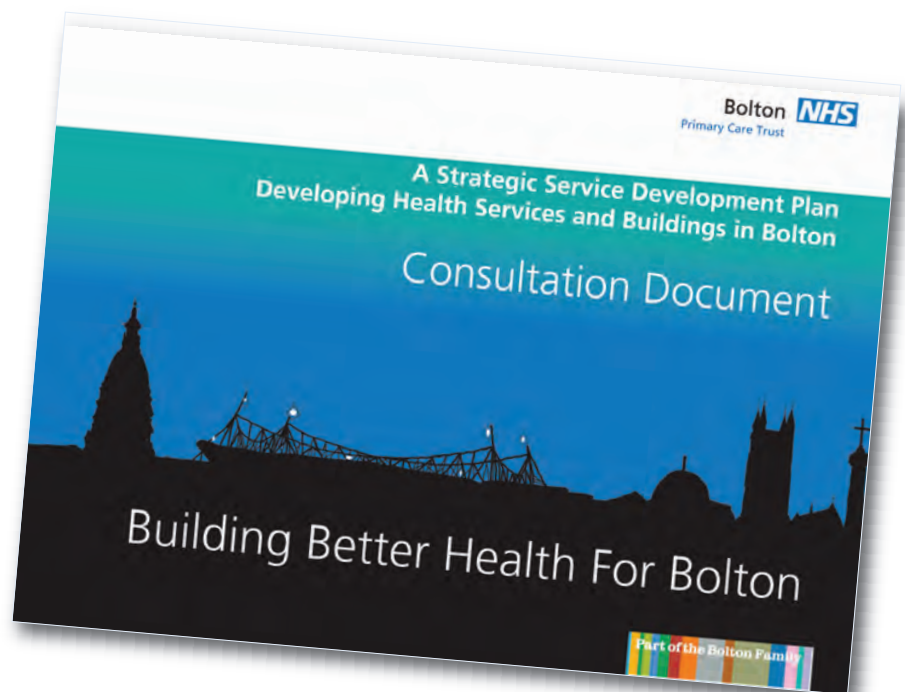
There are many different ways of involving and listening to patients and local communities. When the Public Health department wanted to know how people's mental wellbeing might be maintained as they grow older, they gave an open invitation to a fun and active event where people could try out arts, crafts and exercise techniques as well as give their views and suggestions.

BADGE, a local group representing people with disabilities, were asked for their views on how the PCT's website might be made more accessible for people with disabilities, and have been carrying out reviews of PCT buildings to make recommendations on how they can be made more welcoming and easy to get around.

Between December 07 and March 08, the PCT carried out a large scale public consultation to seek views from all interested parties about its Strategic Service Development Plan. The key features of the plan are important changes to the way urgent care is organised and delivered, and a multi-million pound building programme which will transform the accommodation where primary and community health services in Bolton are delivered. The plans were influenced by previous discussions with stakeholders including clinical staff and patient representatives.

The "Building Better Health for Bolton" consultation generated very widespread interest. There were 71 meetings where local people had a chance to discuss the plans and ask questions, and 546 written responses were received. As a result some changes to the plans have been made, for example the timing of the building programme has been extended to allow more involvement and consultation at each stage.

Bolton PCT was also heavily involved in the "Making it Better" review and consultation which took place across Greater Manchester and parts of Cheshire, looking at how children's and maternity services could be improved. We are now playing our part in implementing the final outcome of "Making it Better" both in terms of increasing local community services for children, and commissioning re-designed hospital services.



Complaints

During the twelve months covered by this report, the PCT received 173 formal complaints, of which four were about our commissioning responsibilities and the rest about services provided. The most frequent subjects of complaint were clinical treatment (44), delayed or cancelled appointments (32), communication and information (27), staff attitude (25) and PCT policy or decisions (21).

This valuable feedback has resulted in changes and improvements, large and small, so that complaints are used to benefit all service users and their families. Examples include :

- More anti-coagulant clinics in Farnworth and Little Lever, and more ear syringing sessions in the West of Bolton
- Review of guidance on antibiotic prescribing
- Review of wheelchair eligibility criteria
- Better liaison between the NHS and independent sector providers in Bolton to ensure smooth transitions for patients
- More staff training on dealing with complaints and queries
- New patient information leaflets and letters
- Better recording of food and fluid intake in Intermediate Care

Bolton PCT is striving to meet the good practice principles contained in the Health Service Ombudsman's 'Principles for Remedy' by ensuring that our complaint handling procedures are patient focused, open, accountable and fair and that they provide appropriate remedies. Our Complaints Policy is reviewed and updated annually to ensure it is in line with best practice and latest guidance.

Equality and Diversity

Following previous development of Equality Schemes for Race, Gender and Disability, the PCT has now produced its first Single Equality Scheme covering all aspects of potential discrimination and inequity. An equality and diversity event in the summer of 2007 led to the establishment of a Strategic Partnership Board to give leadership on these issues, which will be supported by Action Groups looking at each of the key equalities strands.

Our approach to equality and diversity is to focus on people who need health care – or jobs in the local NHS – by looking at their whole identity. We recognise that currently many people do not experience fair access to services or jobs.

The organisation has also further developed its process for assessing the impact of all policies, projects and services in terms of equality and diversity. Training has been provided in carrying out Equality Impact Assessments, and a toolkit developed to support staff doing this work. There is also a significant programme of training and development to raise awareness of equality and diversity issues across the PCT.

Recent changes in patterns of migration mean there is an ever growing range of languages spoken in Bolton, and our approaches to interpretation and translation are being reviewed to respond to this.

Managing Safely

The PCT has robust arrangements in place to identify any risks, and to minimise and monitor them. These include risks that we will not achieve important objectives and risks to the safety of patients and staff.

The most significant risks identified during the past year concerned waiting times in Accident and Emergency, potential delays in information being sent from hospital to GP when a patient is discharged, and potential problems with the PCT's central computers which were all housed in the same building. The PCT's controls assurance system identifies the controls and ongoing actions in place to manage each of these risks.

One category of risk that has been particularly high on the agenda this year has been the risk of losing confidential information stored electronically on laptop or desktop computers, on CDs or memory sticks or sent by email. Stronger arrangements for encrypting data were put in place and staff are no longer allowed to use portable electronic equipment to store personal data. We have an Information Governance Committee which includes this important area of work in its remit.

In fact it was the incorrect disposal of paper records rather than electronic records which created our only serious incident in this category. As a result confidential data which is no longer required is now shredded on site rather than stored prior to collection for disposal elsewhere. The incident was reported to the Strategic Health Authority and the Healthcare Commission and the patients affected were informed.

The Big Challenges

For 2007/08 the PCT has set itself five new challenges, in addition to the objectives already in existence either through local frameworks such as the Manifesto commitments or national frameworks such as the Healthcare Commission standards. The new local targets are :

- PCT of the year – we will aim to secure the “PCT of the Year” title in the Health Service Journal annual awards.
- Beyond budgeting – we will develop a new finance model which will enable us to better manage and evaluate financial issues.
- The Bolton Preventing Heart Disease Check – Residents of Bolton aged 45 and over will get a thorough check-up to spot warning signs for heart disease.
- NHS Dentists for everyone in Bolton – we will increase dental provision so that everyone who wants NHS care can get it.
- Bolton loves its healthcare Providers – we will be asking Bolton people for their views on local services and our aim is that at least 80% will say they are good or excellent .

We are aiming high, with the idea that if we fall just short we'll still have achieved a lot. We will report back on our progress with these aims in our Annual Report next year.



Finance Report and Summary Accounts

Financial Targets

Bolton Primary Care Trust has developed a record of strong financial management over its six year history, and over recent years has consistently met its key financial targets. This is no mean feat given the scale of operation and the constantly changing environment in which we operate.

For 2007/08 we :

- Maintained a balanced position on our income and expenditure budgets and achieved a satisfactory year end surplus of £988K;
- Met our Revenue Resource Limit by ensuring that the balance between cash leaving the PCT and cash coming into the PCT was within a limit set by Secretary of State;
- Achieved in-year balance against our capital resources, ensuring the total available resource of £2,366K was spent by the year end;
- Ensured that our provider, the Primary Care Provision Directorate, delivered a balanced income and expenditure position without cross subsidy from other expenditure programmes.

In line with the 2007/08 Operating Framework, NHS North West (the Strategic Health Authority) has maintained a strategic reserve for transfers from PCTs. The PCT's revenue resource limit has been adjusted for this resource in 2007/08. The PCT expects its revenue resource limit to be in turn amended in 2008/09.

Revenue spend

The PCT spent over £392m in 2007/08. This includes expenditure on commissioning and providing Hospital and Community services for the population of Bolton.

In 2007/08 the PCT had an increase in its resources of £41.2m

This was used to:

- Fund inflation across our commissioned health services corporate functions, drugs, primary care, and in-house Provider services;
- Invest in increased hospital capacity to meet the 18 week target;
- Invest in developing to hospital alternative services, creating lower dependency beds, care in the home, and rapid response services;
- Begin to actively case manage clients with chronic disease to avoid hospital admissions;
- Enhance specialist services collaboratively across Greater Manchester and the North West;
- Invest in more responsive mental health services.

To balance our revenue budget we met a significant Cost Improvement target reducing costs by £5 million in a planned approach by reducing prescribing costs and rescheduling development programmes.

Capital investment

Our Capital Resource Limit was increased by capital sales of £542k to give the PCT a total capital resource of £2,366k. We invested this in the PCT's 2007/08 Capital Programme to develop its Asset Base.

Other finance issues

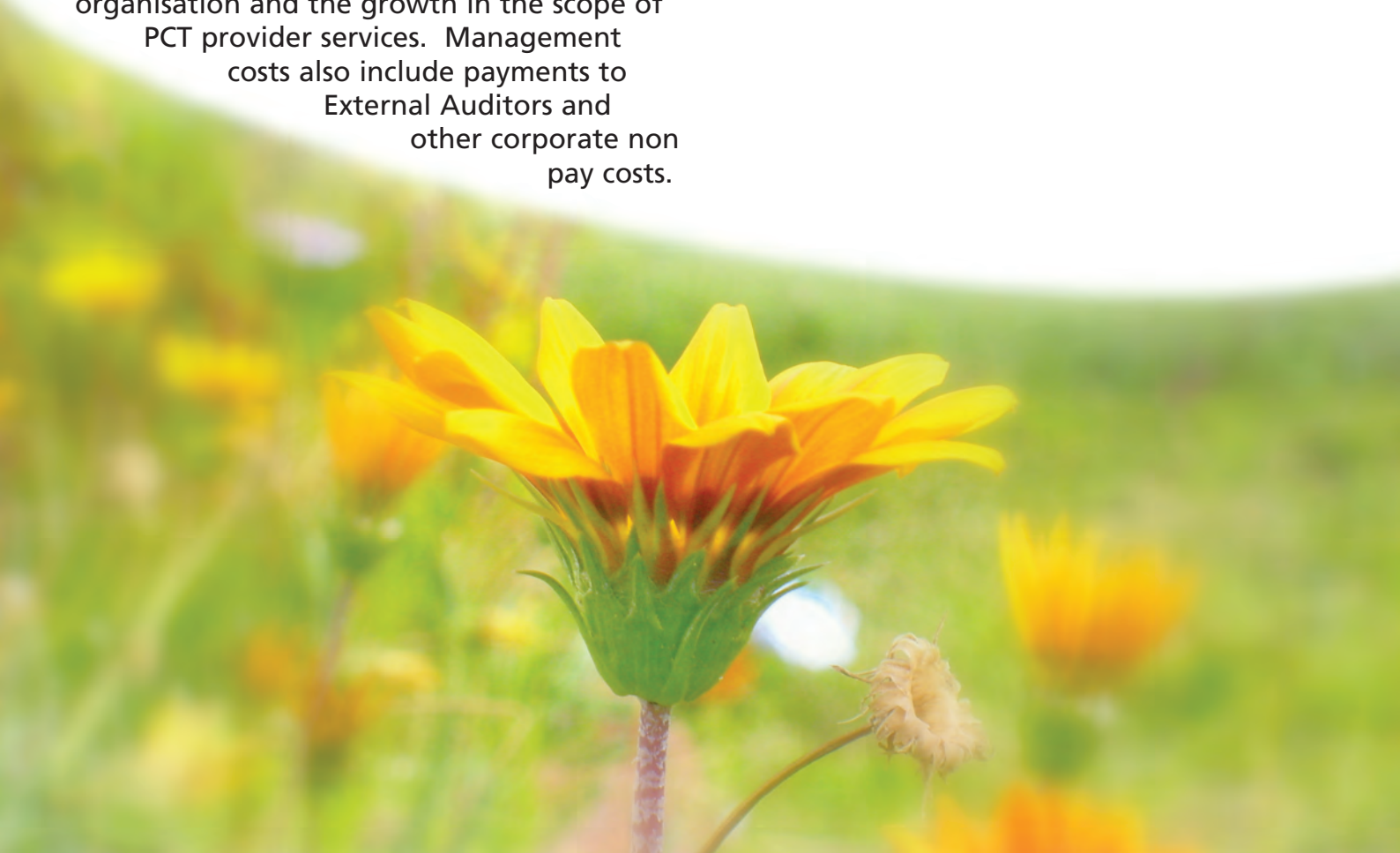
I am very pleased to report that the PCT has fully met and exceeded the "Better Payment Practice Code" targets for paying 95% of invoices within 30 days. Details of compliance are included on page 30.

Management costs slightly increased this year, which reflects the growing and increasingly complex commissioning responsibilities of the organisation and the growth in the scope of PCT provider services. Management costs also include payments to External Auditors and other corporate non pay costs.

Further information

Summary financial statements and some important notes to the accounts are set out in the following pages. For a copy of the full annual accounts from which these extracts are taken please write to us at the address on the back cover.

Ismail Hafeji
Finance Director



Independent Auditor's Report to the Board of Directors of Bolton Primary Care Trust on the Summary Financial Statements

We have examined the summary financial statements set out on pages 25 to 35.

This report is made solely to the Board of Bolton Primary Care Trust, as a body, in accordance with section 2 of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Board of Bolton Primary Care Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than Bolton Primary Care Trust and the Board of Bolton Primary Care Trust as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

The Directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

The maintenance and integrity of Bolton Primary Care Trust's web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of Bolton Primary Care Trust for the year ended 31 March 2008 on which we have issued an unqualified opinion.

KPMG LLP
St. James' Square
Manchester
M2 6DS

Operating Cost Statement for the Year Ended 31st March 2008

	<u>2007/08</u>	<u>2006/07</u>
	<u>£000</u>	<u>£000</u>
Commissioning		
Gross Operating Costs	347,901	322,234
Less: Miscellaneous Income	<u>(7,629)</u>	<u>(11,915)</u>
Commissioning Net Operating Costs	340,272	310,319
Provider		
Gross Operating Costs	58,633	45,916
Less: miscellaneous income	<u>(5,102)</u>	<u>(3,695)</u>
Provider Net Operating Costs	53,531	42,221
Net Operating Costs before interest	393,803	352,540
Interest Received or Receivable	0	0
Interest Paid or Payable	<u>0</u>	<u>0</u>
Net Operating cost for the Financial Year	<u>393,803</u>	<u>352,540</u>

Statement of Recognised Gains and Losses

for the

Year Ended 31st March 2008

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	2007/08	2006/07
	£000	£000
Fixed asset impairment losses	0	(94)
Unrealised surplus / (deficit) on fixed asset revaluations/indexation	1,496	1,394
Increase in the donated asset reserve and government grant reserve due to receipt of donated and government granted assets	9	217
Additions / (Reductions) in the General Fund due to the transfer of assets from/(to) NHS bodies and the Department of Health	0	0
Additions / (Reductions) in "other reserves"	0	0
Recognised gains and losses for the financial year	1,505	1,517
Prior period adjustment - other	0	0
Gains and losses recognised in the financial year	1,505	1,517

Balance Sheet as at 31st March 2008

	31st March 2008	31st March 2007
	£000	£000
FIXED ASSETS		
Intangible assets	183	260
Tangible assets	23,323	21,362
Investments	206	0
	<u>23,712</u>	<u>21,622</u>
CURRENT ASSETS		
Stocks and work in progress	195	228
Debtors	11,369	8,377
Investments (other e.g. ETS)	0	
Cash at bank and in hand	6	5
TOTAL CURRENT ASSETS	<u>11,570</u>	<u>8,610</u>
CREDITORS : Amounts falling due within one year	(24,862)	(22,780)
NET CURRENT ASSETS / (LIABILITIES)	(13,292)	(14,170)
TOTAL ASSETS LESS CURRENT LIABILITIES	10,420	7,452
Creditors: Amounts falling due after more than one year	(285)	(291)
Provisions for liabilities and charges	(2,581)	(1,723)
TOTAL ASSETS EMPLOYED	<u>7,554</u>	<u>5,438</u>
FINANCED BY:		
TAXPAYERS EQUITY		
General Fund	(2,843)	(3,721)
Revaluation reserve	8,151	7,008
Donated asset reserve	95	88
Government grant reserve	2,151	2,063
Other reserves	0	0
TOTAL TAXPAYERS EQUITY	<u>7,554</u>	<u>5,438</u>

Cash Flow Statement for the Year Ended 31st March 2008

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	2007/08	2006/07
	£000	£000
OPERATING ACTIVITIES		
Net cash outflow from operating activities	(392,494)	(359,193)
SERVICING OF FINANCE AND RETURNS ON INVESTMENT:		
Interest paid	0	0
Interest received	0	0
Interest element of finance leases	0	0
Net cash inflow/(outflow) from servicing of finance and returns on investment	0	0
CAPITAL EXPENDITURE		
Payments to acquire intangible assets	(4)	0
Receipts from sale of intangible assets	0	0
Payments to acquire tangible fixed assets	(2,251)	(815)
Receipts from sale of tangible fixed assets	674	1,354
Payments to acquire fixed asset investments	(206)	0
Receipts from sale of fixed asset investments	0	0
Net cash inflow/(outflow) from capital expenditure	(1,787)	539
Net cash inflow/(outflow) before financing and management of liquid resources	(394,281)	(358,654)
MANAGEMENT OF LIQUID RESOURCES		
(Purchase) of other current asset investments	0	
Sale of other current asset investments	0	
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	(394,281)	(358,654)
FINANCING		
Net Parliamentary Funding	394,282	358,298
Other capital receipts surrendered	0	0
Capital grants received	0	357
Capital element of finance lease rental payments	0	0
Cash transfers (to)/from other NHS bodies	0	0
Net cash inflow/(outflow) from financing	394,282	358,655
Increase/(decrease) in cash	1	1

Financial Performance Targets

2007/08	2006/07
£000	£000

Operational Financial Balance

The PCTs' performance for 2007/08 is as follows:

Total net operating cost for the financial year	393,803	352,540
Less: Non-discretionary Expenditure	2,398	2,150
Operating Costs less non-discretionary expenditure	391,405	350,390
Final Revenue Resource Limit for year	392,393	351,217
Under/(over) spend against Revenue Resource Limit	988	827

Note 2.2. Capital Resource Limit

The PCT is required to keep within its Capital Resource Limit

Gross Capital Expenditure	2,366	905
Add: Loss in respect of disposals of donated assets	0	0
less: Net book value of assets disposed of	(542)	0
less: Capital grants	0	(357)
less: Donations	(9)	0
Charge Against the Capital Resource Limit	1,815	548
Capital Resource Limit	1,815	585
(Over) / Under spend against Capital Resource Limit	0	37

Note 2.3. Provider full cost recovery duty

The PCT is required to recover full costs in relation to its provider functions.

The performance for 2007/08 is as follows:

Provider gross operating cost	58,633	45,916
less: Miscellaneous income relating to provider functions	(5,102)	(3,695)
Net Operating Cost	53,531	42,221
less: Costs met from PCT's own allocation	(53,531)	(42,221)
Under / (over) recovery of costs	0	0

Management costs

	2007/08	2006/07
Management costs (£000s)	6,945	5,990
Weighted population (Number)	285,732	285,732
Management cost per head of weighted population (£)	24.31	20.96

Better Payment Practice Code - measure of compliance

The Better Payment Practice Code requires the PCT to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

Performance against this code was as follows :

	2007/08	2007/08	2006/07	2006/07
Non-NHS Creditors	Number	£000	Number	£000
Total bills paid in the year	27,830	74,900	26,298	79,443
Total bills paid within target	27,074	72,880	24,157	75,969
Percentage of bills paid within target	97.28%	97.30%	91.86%	95.63%
NHS Creditors				
Total bills paid in the year	2,878	252,041	2,107	217,495
Total bills paid within target	2,742	249,934	1,775	204,851
Percentage of bills paid within target	95.27%	99.16%	84.24%	94.19%

External Auditors

Bolton PCT's external auditors during the year were KPMG and the Audit Commission.

Their remuneration for audit and other services was as follows :

	2007/08	2006/07
	£000	£000
Audit Services	254	156
Other remuneration	0	0
	<u>254</u>	<u>156</u>

In addition to the annual audit of the PCT's statutory account, audit services includes work undertaken by the Audit Commission and KPMG in respect of Payment by Results (PBR) and Auditors Local Evaluation (ALE) respectively.

Declaration of Board Members' Interests

Name	Title	Interests Declared
Pam Senior	Chair	Member of Victoria Hall Mission & Review Group. Trustee of Sir James Eden Charitable Trust.
Kevan Helsby	Non-Executive Director	None.
Patricia Holmes	Non-Executive Director	Management Committee Member - Franki (Women's Support Project).
Andrew Taylor	Non-Executive Director	Director of Bolton Wise Limited. Wife is working part-time for the PCT as a Speech and Language Therapist.
Ebrahim Adia	Non-Executive Director	Local Councillor – Bolton Council. Director, Bolton Town Centre Company Ltd.
Ron Fulton	Non-Executive Director	Trustee of Crossroads (Bolton). Chairman of Ashton, Leigh, Wigan Strategic Partnership Board.
Rodney Fisher	Non-Executive Director	None.
Steven Greenhalgh	Non-Executive Director	Sister is a Senior Nurse in the Thoracic Department at Royal Bolton Hospital.
Tim Evans	Chief Executive	Director – Bolton Arena. Public Sector Director – BRAHM LIFT Co.
Jan Hutchinson	Director of Public Health	Trustee, Bolton Community Leisure Ltd.
Ismail Hafeji	Director of Finance	None.
Stephen Liversedge	PEC Chair	Senior Partner Drs Liversedge, McCurdie and Wong. Wife is a sister and Emergency Nursing Practitioner in the A&E department, Royal Bolton Hospital.
Helen Clarke	Nurse Member	Son works as an Information Analyst in Ashton, Leigh and Wigan PCT.
John Dean	Medical Director	None.
Mike Maguire	Director of Commissioning	Public Sector (PCT appointed). Governor of Greater Manchester West Mental Health NHS Foundation Trust.

Remuneration Report

Salary information

Name and title	2007-08			2006-07		
	Salary (bands of £5,000) £000	Other remuneration (bands of £5,000) £000	Benefits in kind (bands of £1000) £000	Salary (bands of £5,000) £000	Other remuneration (bands of £5,000) £000	Benefits in kind (bands of £1000) £000
Board Members						
Pam Senior, Chair	30-35	0	0	25-30	0	0
Tim Evans, Chief Executive (started 20/11/06)	120-125	0	0	40-45	NA	NA
Tim Evans, Director of Finance (04/07/05-17/11/06)	NA	NA	NA	55-60	0	0
Andrew Taylor, Non Executive Director	10-15	0	0	5-10	0	0
Patricia Holmes, Non Executive Director	5-10	0	0	5-10	0	0
Ebrahim Adia, Non Executive Director	5-10	0	0	5-10	0	0
Kevan Helsby, Non Executive Director	5-10	0	0	5-10	0	0
Ron Fulton, Non Executive Director (started 01/10/06)	5-10	0	0	0-5	0	0
Steven Greenhalgh, Non Executive Director (started 01/10/06)	5-10	0	0	0-5	0	0
Rodney Fisher, Non Executive Director (started 01/10/06)	5-10	0	0	0-5	0	0
John Dean, Medical Director (started 08/11/06)	65-70	80-85	0	30-35	110-115	0
Ismail Hafeji, Director of Finance (started 17/11/06)	100-105*	0	1,4-1.5	30-35	0	0,9-1,0
Jan Hutchinson, Director of Public Health	90-95	0	0	80-85	0	0
Stephen Liversedge, Chair Clinical Executive	30-35	0	0	30-35	0	0
Helen Clarke, Assistant Director of Nursing	10-15	50-55	0	5-10	45-50	0
Mike Maguire, Director of Commissioning	75-80	0	4,1-4,2	70-75	0	2,9-3,0
Dr Kevin Snee, Chief Executive (left 17/11/06)	NA	NA	NA	75-80	0	4,2-4,3
Kath Hollinworth, Non Executive Director (left 30/09/06)	NA	NA	NA	0-5	0	0
Abida Niaz, Non Executive Director (left 30/09/06)	NA	NA	NA	0-5	0	0
Pat Scampion, Acting Medical Director (left 30/09/06)	NA	NA	NA	5-10	#	#

Name and title	2007-08			2006-07		
	Salary (bands of £5,000) £000	Other remuneration (bands of £5,000) £000	Benefits in kind (bands of £1000) £000	Salary (bands of £5,000) £000	Other remuneration (bands of £5,000) £000	Benefits in kind (bands of £1000) £000
Professional Executive Committee Members						
Colin Mercer, GP Representative	5-10	0	0	5-10	0	0
Paul Markman, Healthcare Professional Representative	5-10	65-70	0	5-10	60-65	0
Angela Gannon, Director of Health and Social Care	0**	0	0	0**	0	0
Dr Stephen Hamilton, GP Representative (left 30/09/06)	NA	NA	NA	#	#	#
Suzanne Smith, Healthcare Professional Representative (left 30/09/06)	NA	NA	NA	#	#	#
Dr Robert Walker, GP Representative (left 30/09/06)	NA	NA	NA	0-5	0	0
Dr Ian Caldwell, GP Representative (left 30/09/06)	NA	NA	NA	5-10	0	0
Carol James, Local Authority Representative (left 30/09/06)	NA	NA	NA	0**	0	0
Management team						
Andrew White, Assistant Chief Executive (started 01/06/07)	0	30-35	0	NA	NA	NA
Anna Basford, Director of Primary Care Development	0	80-85	5.6-5.7	0	70-75	4.5-4.6
Helen McKnight, Director of Clinical Governance	0	70-75	6.7-6.8	0	65-70	6.2-6.3
Hannah Dobrowolska, Assistant Chief Executive (seconded out from 10/04/07)	0	0-5	0	0	45-50	0

Consent to disclosure withheld

* Recharges paid to NHS North West

** Employed and paid by Bolton Council

Benefits in kind are a leased car benefit

None of the directors waived remuneration or were paid allowances in lieu of remuneration in either year.

Remuneration Report

Pension information

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at aged 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2008 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2008 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2008 £000	Cash Equivalent Transfer Value at 31 March 2007 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £00
Tim Evans	32.5-35	22.5-25	155-160	115-120	598	447	139	976
John Dean	10-12.5	7.5-10	165-170	120-125	601	532	55	384
Ismail Hafeji	12.5-15	7.5-10	100-105	75-80	372	308	56	390
Jan Hutchinson	12.5-15	10-12.5	95-100	70-75	384	312	65	455
Helen Clarke	0-2.5	0-2.5	40-45	30-35	166	150	13	89
Mike Maguire	7.5-10	5-7.5	95-100	70-75	322	279	36	252
Paul Markman	7.5-10	5-7.5	90-95	65-70	311	268	36	250
Andrew White (from 01/06/07)	7.5-10	5-7.5	10-10.5	5-10	25	-	25	143
Anna Basford	7.5-10	5-7.5	45-50	35-40	147	117	27	191
Helen McKnight	2.5-5	0-2.5	45-50	35-40	155	136	15	108
Hannah Dobrowolska (seconded out from 10/04/07)	0-2.5	0-2.5	20-25	15-20	59	45	12	2

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As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figure, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement that the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Additional Information

The PCT's Audit Committee consists of the Non-executive Directors

The PCT's Remuneration Committee consists of the Chair and Non-executive Directors except Andrew Taylor, and is responsible for determining the pay of Executive Directors on the Board and members of the management team.

Performance related pay was not in force for any PCT employees for the year to 31 March 08. Senior Manager pay, conditions of service and contract terms are set in line with national guidance, with six months notice period.

The NHS Appointments Commission appoints Non-executive Directors independently and new appointments took place on 1st October 2006 for three years, with the exception of Patricia Holmes and Kevin Helsby MBE who were re-appointed until 30th September 2008.

How to find out more or get involved

In this Annual Report we've only given a small snapshot of everything the PCT is involved in. There's much more information on our website www.bolton.nhs.uk. If there is specific information about the PCT which you would like, you can request it by writing to the Freedom of Information Officer at the address on the back cover.

If you have problems or queries about services or treatment for you or your family a good place to start is our **Patient Advice and Liaison Service**. Tel **01204 462701**; email **PALS@bolton.nhs.uk**

If you'd like to be involved and consulted about local health issues on a regular basis, you should get in touch with the Local Involvement Network (LINK). Please complete and return the form opposite and we'll pass your details on to the local LINK

You can also use the form to give us a comment on local health services, or on this Annual Report.

We look forward to hearing from you.

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Name :

Address :

Phone number :

I'd like to know more about the LINK; please pass my details on

Signature :

What is good about local health services :

A suggestion for improving local health services :

What is good about this annual report :

A suggestion for improving the annual report :

Please return this form to The Public Engagement Manager, Bolton PCT,
St Peter's House, Silverwell Street, Bolton BL1 1PP

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