





CONGRATULATIONS

HSJ AWARDS 2007 WINNERS

Sponsored by

Acute Healthcare Organisation of the Year South Tees Hospital Trust	
Primary Care Organisation of the Year Wirral PCT	
Chronic Disease Management Cornwall & Isles Of Scilly PCT	
Clinical Service Redesign Salford Royal Foundation Trust & Salford PCT	
Communications Newham University Hospital Trust	
Cost Effective Partnership Working Birmingham East And North PCT	
Good Corporate Citizenship Nottingham University Hospitals Trust	
Implementing NICE Guidance Oxleas Foundation Trust	
Improving Care with E-Technology NHS North West, Lancashire & South Cumbria Cardiac Network and BroomWell Healthwatch	
Improving Patient Access Bolton PCT	
Information-based Decision Making Leicestershire, Northamptonshire & Rutland Cancer Network	
Mental Health Innovation Oxfordshire PCT	
Patient-centred Care Leeds PCT	
Patient Safety Royal Wolverhampton Hospitals Trust	
Primary Care Innovation Bradford And Airedale Teaching PCT	
Recruitment and Retention NHS Tayside	
Reducing Health Inequalities East Lancashire PCT	
Skills Development The DESMOND Collaborative	



HSJ would like to thank everyone who entered the HSJ Awards 2007 and congratulates the winners and finalists

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EDITOR'S COMMENT

Celebrating a record number of entries

The shortlist for the *HSJ* Awards is packed with inspiring examples of healthcare at its best.

The record number of entries – well over 1,000 – demonstrates the determination of staff to deliver excellence for their patients.

Once again the judges were greatly impressed by the standard of entries. Developing patient-led services, improving safety and tackling health inequalities were just a few of the themes that shone through in the work. Despite another year of change and upheaval, NHS staff across the country have once more raised the quality of care.

And at the gala evening at the Grosvenor House Hotel in London on Monday, over 1,100 people gathered to hear the names of the winners revealed and celebrate their success.

HSJ is, as always, indebted to the support of its sponsors and judges, who sifted entries, listened to presentations

and, for the acute and primary care organisation categories, visited the trusts on the shortlists to talk to managers, clinicians, staff and service users. The King's Fund was typically helpful in letting us use its premises for meetings.

This supplement is an invaluable guide to many of the best care innovations in the country. We have included contact details so you can talk to the team leaders and see which ideas you can introduce into your own work. Even within a single category you will find different approaches to the same issue.

We hope that if you did not make the shortlist this year, the entries that did will inspire you to enter in 2008. ●

Richard Vize, editor, HSJ.

'Despite another year of change and upheaval, NHS staff across the country have raised the quality of care'

- 2 Meet the judges**
- 3 Secretary of State's Award**
- 4 Acute Healthcare Organisation of the Year**
- 8 Primary Care Organisation of the Year**
- 12 Chronic Disease Management**
- 15 Clinical Service Redesign**
- 18 Communications**
- 21 Cost-Effective Partnership Working**
- 24 Good Corporate Citizenship**
- 27 Implementing NICE Guidance**

- 30 Improving Care with E-technology**
- 33 Improving Patient Access**
- 36 Information-Based Decision Making**
- 39 Mental Health Innovation**
- 42 Patient-Centred Care**
- 45 Patient Safety**
- 48 Primary Care Innovation**
- 51 Recruitment and Retention**
- 55 Reducing Health Inequalities**
- 59 Skills Development**

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THE JUDGES

Acute Healthcare Organisation of the Year

Dr Paul Robinson
Head of market intelligence, CHKS
Dr Helen Bevan
Director of service transformation, NHS Institute for Innovation and Improvement
Matthew Swindells
Director general, information and programme integration, DoH
Mike Farrar
Chief executive, NHS North West

Primary Care Organisation of the Year

Dr Natalie-Jane Macdonald
Managing director, BUPA Commissioning
Andy McKeon
Managing director, health, Audit Commission
Dr Cynthia Bower
Chief executive, NHS West Midlands
David Stout
Director, NHS Confederation PCT Network
Dr David Colin-Thomé
National clinical director for primary care, DoH

Chronic Disease Management

Carole Nossiter
Assistant director, policy and development, Sanofi-Aventis
Dr Mashkur Khan
Consultant, Epsom and St Helier trust

Ian Philp
National director for older people's services, DoH

Clinical Service Redesign

Julie Harris
Director of network development, NHS Heart Improvement programme
Maree Barnett
Senior policy manager, professional regulation implementation team, DoH
Tim Lankes
Managing director, EMEA, Perot Systems Healthcare Group

Communications

Nick Samuels
Chair, Association of Healthcare Communicators
Jenny Grey
Managing director, communications and public reporting, Audit Commission
Alison Cahn
Media relations manager, University College London Hospitals foundation trust

Cost-Effective Partnership Working

Steve Bundred
Chief executive, Audit Commission
Dr Gill Morgan
Chief executive, NHS Confederation
Paul Coen
Chief executive, Local Government Association

Good Corporate Citizenship

Larissa Lockwood

Health policy analyst, Sustainable Development Commission

Martin Gibbs
Local government and community manager, DoH
Neil McKay
Chief executive, NHS East of England

Implementing NICE Guidance

Dr Gillian Leng
Implementation director, NICE
Professor Ian Gilmore
President, Royal College of Physicians
Dr Peter Carter
General secretary, Royal College of Nursing

Improving Care With E-Technology

Dr Ian Denley
Chief executive, System C
Richard Jeavons
Director of IT service implementation, NHS Connecting for Health
Gary Belfield
Commissioning directorate, DoH

Improving Patient Access

Philippa Robinson
18-week national implementation director, DoH
Bob Ricketts
Director of demand-side reform, DoH
Matt Tee
Chief executive, NHS Direct

Information-Based Decision Making

Phil Wade
Business development commercial director, the Information Centre
Frank Burns
Independent healthcare consultant
Mark Jennings
Priority programme head, NHS Institute for Innovation and Improvement

Mental Health Innovation

James Fitton
Director, Mental Health Strategies
Angela Greatley
Chief executive, Sainsbury Centre for Mental Health
Barry Day
Chief operating officer and deputy chief executive, Leicestershire Partnership trust

Patient-Centred Care

Dr Simon Wallace
Physician executive, Cerner
Sir John Oldham
Head, Improvement Foundation
Candy Morris
Chief executive, NHS South East Coast

Patient Safety

Suzette Woodward
Senior strategic adviser, National Patient Safety Agency
Christine Beasley
Chief nursing officer, DoH
Dr Maureen Baker
National clinical lead for safety, NHS Connecting for Health

Primary Care Innovation

Nick Goodwin
Senior fellow in health policy, King's Fund
Dr David Woodhead
HSJ columnist
Michael Sobanja
Chief officer, NHS Alliance

Recruitment and Retention

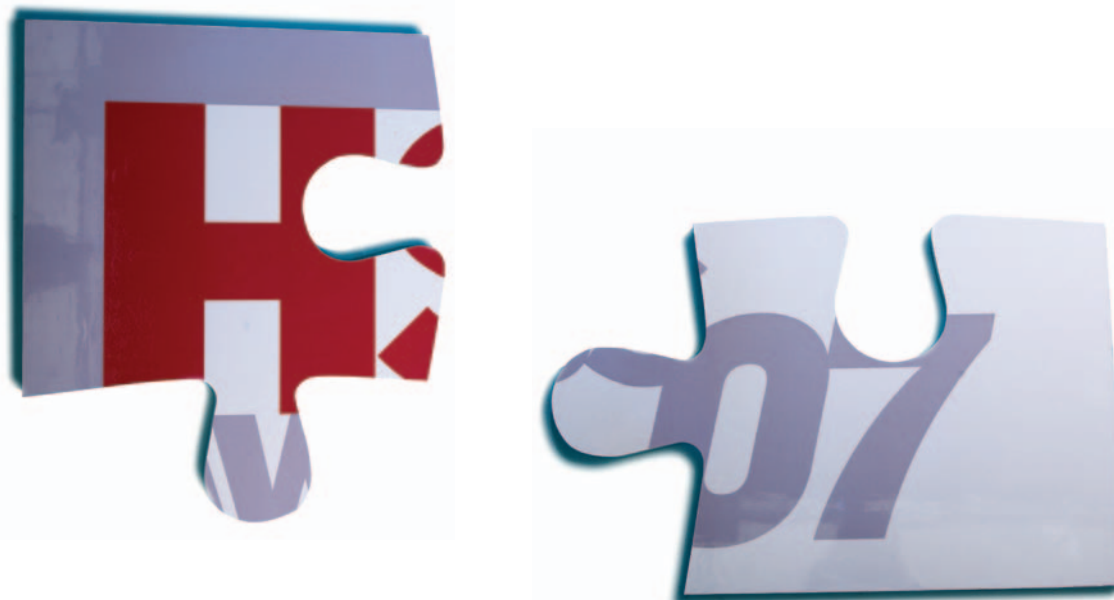
Karen Jennings
National secretary of health, Unison
Jon Restell
Chief executive, Managers in Partnership
Clare Chapman
HR director, Department of Health
Steve Barnett
Director, NHS Employers

Reducing Health Inequalities

Maggie Rae
Joint director of public health for Wiltshire PCT and Wiltshire county council
Professor Alan Maryon-Davis
President, Faculty of Public Health
Liam Hughes
National adviser, healthy communities, IDeA

Skills Development

John Rogers
Chief executive, Skills for Health
Deborah O'Dea
President, Healthcare People Management Association
Professor Bernard Crump
Chief executive, NHS Institute for Innovation and Improvement



Winner
Royal
Wolverhampton
Hospitals trust
→p45

**Highly
commended**
Bradford
and Airedale
Teaching PCT
→p48

**SECRETARY OF STATE'S AWARD FOR EXCELLENCE
IN HEALTHCARE MANAGEMENT**

HSJ AWARDS

THE HEALTH SECRETARY

The Rt Hon Alan Johnson MP

This year's Secretary of State's Award goes to the Royal Wolverhampton Hospitals trust, winner of the Patient Safety category.

The judges praised the trust's clear and measurable objectives, excellent management and leadership, clear evidence of success and the comprehensive involvement of service users. Wolverhampton's improved accountability for healthcare-associated infections from ward to board is an example of what patients deserve and expect everywhere.

Bradford and Airedale Teaching primary care trust, winner of the Primary Care innovation category, was a close runner-up to Wolverhampton. It is highly commended for its self-injury service, which provides medical treatment, psychosocial assessment and information 24 hours a day, seven days a week, to people who self-injure, usually cutting or burning.

The service is managed by a clinical psychologist but mainly staffed by volunteers, including practice nurses, district nurses and GPs. In the end, this relatively new project was beaten by Wolverhampton because of the latter's proven outcomes and wide transferability.



ACUTE HEALTHCARE ORGANISATION OF THE YEAR

JUDGES' REFLECTIONS

Day trips to remember

The headlines might lead you to think otherwise, but there are lots of organisations delivering excellent quality services in the NHS. The *HSJ* Awards recognise this achievement and I found it immensely rewarding to be involved and to be able to visit five high-performing trusts.

There are three steps involved in the awards. First, the organisation makes an application, a shortlist compiled, and there is a visit by a team of judges. Each visit lasts three hours and the structure is left entirely to the trust's discretion – the aim is to showcase as much of the organisation as possible.

Most involve walking a mile or two around the site but always entail meeting many different people. One trust this year had a programme so full of people and presentations that none of the judges thought it would be delivered – but they managed it.

Good entries for the Acute Healthcare Organisation of the Year category need to show how the organisation is functioning as a whole, rather than showcasing one or two areas of merit. This year the topics covered ranged from management of accident and emergency and emergency admissions to a fashion show put on by patients with cancer.

Inspirational leadership was on display time and time again – not just from the senior management but through the organisations we visited. There was a genuine commitment to wanting to provide the best service possible to patients and improving services. As a judge, I thought the whole process was invigorating – of course, everyone wanted to focus on the positive and ignore the problems and difficulties (which all five organisations surely have).

I would like to think that the effort put into organising the judging visits in itself contributes something to the trust by making it think about how to tell the positive story, and then sharing it on the day.

Of course, at the end comes the hard bit – choosing the winner. All the entries had great attributes. Finding the right balance takes some good and healthy debate but consensus was eventually reached. The one sadness is that there is only one award.

I would like to reiterate my thanks to all the people who put effort into the visits and say how much they proved that the NHS is a great service.

Paul Robinson is head of market intelligence at CHKS, probinson@chks.co.uk.



WINNER SOUTH TEES HOSPITALS TRUST

In the space of a little over two years, our winner has pulled itself back from the financial brink while becoming a dynamic and innovative centre of clinical and leadership excellence. So how did it do it?



Judges

Dr Paul Robinson

Head of market intelligence, CHKS

Dr Helen Bevan

Director of service transformation, NHS Institute for Innovation and Improvement

Matthew Swindells

Director general, information and programme integration, DoH

Mike Farrar

Chief executive, NHS North West



← **Winner:**
South Tees
Hospitals trust.

The exceptional work that took place to achieve the turnaround at South Tees has been done during enormous change. Yet in spite of measures that delivered savings of £35m in 2005-06 to steer it back from the financial brink, and an increase in patient numbers, the trust was able to hit all the government's key performance targets, gain *Improving Working Lives Practice Plus* accreditation and earn national recognition for the quality of its care.

Many of the initiatives that helped to balance the books over two consecutive years have come from the staff and go some way to demonstrate the particularly strong culture of clinical leadership and empowerment at South Tees and the management philosophy that supports it.

The management of accident and emergency patients and acute admissions, especially in an area with high indices of multiple deprivation, is considered exceptional. Introducing a consultant-led 'see and treat' service has dramatically changed performance against the four-hour waiting-time target. Senior clinicians assess walk-in patients in a separate clinical area where they can be treated quickly. As a result, more complicated cases can be passed through to the main unit.

Against a background of rising levels of attendance at A&E – up from more than 111,000 to nearly 118,000 – under this new system South Tees is consistently one of the best trusts at exceeding the 98 per cent benchmark. A purpose-built 24-bed assessment unit and rapid access clinic built in partnership with primary care has reduced medical bed days by 5 per cent in a year. The NHS Institute for Innovation and Improvement has cited this unit and the A&E department as areas of excellence.



The trust is also one of seven sites piloting a primary angioplasty service for acute heart attack patients, which has improved survival rates. Even though South Tees cares for some of the country's sickest patients, according to the Intensive Care National Audit and Research Centre mortality rates are well below those anticipated.

Among South Tees Hospitals trust's successes, 'Hospital @ Night' is an integrated wireless system that takes advantage of handheld technology. It was jointly developed by clinical and management staff and has transformed how staff work out of hours and helped the trust become compliant with the European working-time directive long before the deadline. The system, a prime example of how South Tees embraces innovation and change to improve the quality of its healthcare, has since been bought by the NHS.

The Healthcare People Management Association gave the trust an award for what it described as the 'inspirational partnership working' of the staff-side and management teams.

That so much of what South Tees has accomplished in the past two years should be replicable across other organisations is perhaps one of its most remarkable and enduring achievements.

Consultation for foundation trust status has begun and much of the forward planning for the next five years will be concentrated on reaching this next milestone.



HIGHLY COMMENDED HEATHERWOOD AND WEXHAM PARK HOSPITALS FOUNDATION TRUST

With 2006-07 already recognised as its best year ever – the Berkshire and Buckinghamshire organisation was awarded a score of ‘excellent’ for its quality of care by the Healthcare Commission and met all its national performance targets – the trust went on to achieve foundation trust status

The financial surplus of £2.6m for 2006-07 was equally impressive, all the more so when that is considered against the £3.7m deficit of the previous year.

Such a robust financial position, attained through rigorous planning and comprehensive monthly accounting processes, allows the organisation to enjoy its new position free from any further requirements or conditions that might have been imposed.

In late 2006 the trust introduced a systematic governance

process with a balanced scorecard and assurance framework. This provides an integrated and risk-sensitive approach to corporate, financial, clinical and managerial accountability. The board gets accurate performance management information and at one point, when the balanced scorecard indicated a potential risk, the trust was able to take the necessary steps to assure financial surplus and foundation status.

Heatherwood and Wexham Park has developed a culture where staff at every level are empowered. Clinicians determine the correct pathways for patients, around which services are then built. And partnerships with other members of the health and social care economy are helping the trust develop joint service provision.

FINALIST CALDERDALE AND HUDDERSFIELD FOUNDATION TRUST

The trust was selected because of its deep culture of development, from the Investors in People leadership and management centre and clinical director programme to its thriving organisational development network and status as an NVQ assessment centre

The culture breeds ambition and aspiration, enables engagement between managers and clinicians, develops strong relationships with the community and fosters a keen sense of corporate and environmental responsibility.

The trust is one of only 10 to sign up to the Carbon Trust’s

carbon management programme. Cost and energy savings have already been achieved through measures such as the installation of photovoltaic cells.

Partnership with the Regional Development Agency has led to the mainstreaming of an employability scheme and work experience placements from schools and the probation service.

The trust is undergoing significant reconfiguration as part of its integrated services strategy. Change has already been delivered in gynaecology and breast services to provide safe and high-quality care as close to people’s homes as possible.

FINALIST LUTON AND DUNSTABLE HOSPITAL FOUNDATION TRUST

Luton and Dunstable is widely acclaimed for its leading work on patient safety and was an exemplar site for the Health Foundation-sponsored Safer Patients Initiative

The drive for excellence, however, is far from limited to one domain and can be seen in the trust’s clinical leadership and partnership working, its patient participation in service design, an emphasis on staff development and its plans for the future.

In each directorate at Luton and Dunstable, a clinical director and general manager work closely together, leading from the front to improve performance and implement change. The success of this structure has already seen its stroke services – which score highly on length of stay and communication with carers – featured in the NHS Institute for Innovation and Improvement *Focus on Acute Stroke* national best practice documentation.

A high value is placed on leadership at all levels. A trust initiative for implementing National Institute for Health and Clinical Excellence guidance and new interventions supports clinical engagement and a ‘be the change you want to see’ ethos. A rapid improvement event in the imaging department has contributed to a reduction in waits for MRI from 40 to 12 weeks. The acute pain team won a National Pain Symposium award for their work on enabling non-anaesthetic staff to administer nerve blocks to patients with fractured hips.

Patients and staff have been put at the centre of an ongoing redesign of head and neck cancer services that highlights the importance of the experience of care and care giving for everyone involved.

Luton and Dunstable is now set to create strategic business units with financial and managerial responsibility devolved to clinical directorates.

FINALIST HARROGATE AND DISTRICT FOUNDATION TRUST

Harrogate was the only acute provider to be awarded a double excellent rating for its quality of services and use of resources by the Healthcare Commission in 2006, it got top marks for its PEAT inspection, achieves a consistent Monitor risk rating of 4 – and won the Saga award for the best hospital for the over-50s

The trust also impresses with its access achievements. Average waits for outpatient appointments run at five weeks, elective admissions at eight weeks and for a diagnostic test the figure stands at four weeks.

Demand management tools that were established following proactive waiting list reporting have helped reduce emergency

and repeat admission rates, as have the analytical skills of a dedicated information team.

Devolved clinical business units and management arrangements have brought a significant focus on leadership and development skills. Personal coaching and workshop sessions are helping senior clinical staff hone the skills they need to flourish in this new organisational culture.

Alongside a membership that represents roughly 10 per cent of the patch’s adult population, the trust has 800 volunteers and working groups looking at areas such as maternity services, cancer care and quality of patient experience.

PRIMARY CARE ORGANISATION OF THE YEAR

➔ Winner: Wirral primary care trust.



WINNER WIRRAL PCT

This year the honours go to a trust that has blazed a trail in public and patient involvement. Wirral PCT's enthusiastic leaders, engaged clinicians and strong financial control further impressed the judges to help it secure the top spot

Judges

Dr Natalie-Jane Macdonald

Managing director,
BUPA Commissioning

Andy McKeon

Managing director, health,
Audit Commission

Dr Cynthia Bower

Chief executive, NHS West
Midlands

David Stout

Director, NHS Confederation
PCT Network

Dr David Colin-Thomé

National clinical director
for primary care, DoH

JUDGES' REFLECTIONS

Best of three

Judging this category was a privilege as it offered an insight into what makes a great primary care trust and a great organisation.

Three things really stick in my mind.

The first is the enthusiasm of all the shortlisted PCTs. At every judging visit, the pride of everyone in the PCT from the chief executive down was palpable, and the commitment to deliver services that really make a difference was unswerving. The second was the variety of styles the PCTs used to showcase their

achievements at the judging visits. Some used traditional presentations, others ran workshops and one bravely invited patients to talk about their experiences.

Third, and most important, was that the best PCTs demonstrate skill in working across multiple stakeholders to create positive change. The ability

to engage with clinicians at primary and secondary care level, to work with partners to identify unity of purpose seemed to be a critical factor that allowed all the shortlisted PCTs to make significant progress. That and able leadership set these PCTs apart.

Dr Natalie-Jane Macdonald is managing director of BUPA Commissioning.

Wirral primary care trust's example is outstanding in seeking the right type of innovation for the right kinds of improvement, with genuine clinical engagement in service redesign and leaders who reach out across organisational boundaries.

Patient and public involvement and partnership working is central to the trust as it plans, commissions and reviews services to reduce health inequalities. The trust's investment in staff development is matched by the enthusiasm and positive approach of its management.

The Wirral district is in the bottom 20 per cent for life expectancy but through the work of the two organisations that merged to form the new PCT in 2006, the gap between local figures and the national average has been closing. The Healthcare Commission annual health check for 2006 found Wirral's predecessors offered a 'good' quality of service. Wirral PCT is committed to building on this legacy.

Intermediate heart centres have featured significantly in the PCT's recent delivery of a three-year local public service agreement to prevent coronary heart disease-related premature deaths. Its achievements in this area won it a £1m grant.

Wirral PCT now uses health equity audit. This tool has helped identify the under-representation of black and minority ethnic groups among users of the trust's stop-smoking service, a situation now being addressed through a local stretch target.

Wirral PCT ensures the voices of the district's communities are heard. As well as its patient and public involvement forums, the trust participates in area forums with Wirral council and jointly funds a citizen panel programme. It also employs a 10-strong team to help service users speak out.

A new facility will be the 'Have your say' programme, which allows users to give their views to trust managers directly, by text messaging and the web.

Illustrating its collaborative and arm's-length approach, the new primary care provider directorate brings together PCT staff and self-employed contractors to work alongside other provider directorates. Wirral PCT employs three practising GPs as primary care medical directors to head up the localities within this structure. The trust board supports clinical engagement, integrated planning and joint working – securing more than £500,000 of savings over the past financial year.

Dedicated support is provided to the four practice-based commissioning clusters that bring all the district's GP practices together. Thanks to initiatives such as a user helpdesk and training, referrals through choose and book stand at above 60 per cent. Schemes introduced under PBC have helped to shift £1.5m from secondary care contracts. Community dermatology, minor and oral surgery services have been established.

Wirral PCT is financially strong and has made the transition from an inherited deficit to a surplus for 2007-08.



HIGHLY COMMENDED BIRMINGHAM EAST AND NORTH PCT

A textbook transition helped Birmingham East and North PCT to a flying start and it won deserved plaudits for its innovations in self-care and commitment to practice-based commissioning

A single management team began leading the new PCT more than a year before the formal merger in 2006. This continuity helped to establish a strong working structure and methods.

The PCT – which spans areas showing marked differences in deprivation, ethnicity and life expectancy – is a national leader in PBC. It achieved full sign-up to its locality structure and was commended during the fitness for purpose exercise for its clinical engagement in this sphere. The commissioning focus has switched to services that support well-being and empowerment and patients are engaged with the process.

Partnership working is another strong point, and has produced cost-effective improvements with positive health outcomes. These include a prior approval pathway for some key conditions, jointly implemented by acute and primary clinicians, and cited by the Department of Health as an example of good practice.

Birmingham OwnHealth is a self-care initiative that brings the best of the commissioning and partnership strands together. The telephone-based programme was devised with Pfizer Health Solutions and NHS Direct to support people with diabetes and heart disease to better control their conditions.

The PCT was also an NHS Institute Making the Shift programme pilot site.

FINALIST HEART OF BIRMINGHAM TEACHING PCT

Heart of Birmingham Teaching PCT's new £700m network of health and social care centres will bring care closer to some of the city's poorest residents

The network of 24 new centres being created by the PCT and its local authority and primary care partners shows how the PCT is working to deliver on centrally driven policies and targets, while maintaining a real focus on local priorities.

The building programme is well under way, with one centre already open. Services – including outpatients, urgent care and diagnostic facilities – will be moved closer to the trust's diverse population.

The capital programme is part of a bigger long-term strategic approach: the 2010 project. Surplus funds from the past two years have allowed the PCT to invest more in health promotion and reduce its dependence on acute provision.

Practice managers and GPs use data provided by the PCT to highlight inefficiencies and develop innovative redesigns. A series of new community-based paediatric clinics designed with the participation of carers and children has significantly reduced non-attendance. The PCT now has the second-highest smoking cessation rate in the country and coronary heart disease has dropped by 43 per cent in five years.

FINALIST WALSALL TEACHING PCT

A groundbreaking alliance with the local football team displays Walsall Teaching PCT's talent for building fruitful partnerships as it celebrates six consecutive years in surplus

The trust's sponsorship of the local football ground is just one feature of its pioneering work in health promotion and social marketing. Innovations include the first major SMS health messages texting scheme in the UK and the continued use of highly visible bus advertising. The trust is able to assess the benefits of its media campaigns through its own evaluation system. Extended promotional reach has been matched by a 50 per cent reduction in communication spend over four years.

Beyond the football stadium Walsall enjoys strong partnerships with the local council and education authorities,

New Deal and the police as part of its strong community involvement.

The influence of users, patients and carers on services is also fundamental to the organisation's approach to service delivery, quality and access. Their participation in assessment and planning processes is exemplified in the siting of a new health centre in the Pelsall area.

Value for money and improved efficiency are apparent at all levels and saw the trust return £9.9m to strategic health authority reserves in 2006-07.

Investment in new services has improved public health and Walsall now reports 239 fewer deaths a year from cancer and cardiovascular disease.

FINALIST TOWER HAMLETS PCT

Creative schemes such as employing refugee dentists are helping Tower Hamlets PCT rise to the health challenges posed by one of the nation's fastest-growing, most diverse and deprived communities

The PCT sets out its strong and coherent vision of primary and community care in a strategy jointly developed with the London borough of Tower Hamlets. Improving Health and Well-Being demonstrates the links between an extensive exercise in local consultation and the practical implementation of public health.

Commissioning priorities have included enhanced GP practices – offering phlebotomy, smoking cessation and a depression service – and pharmacy services providing flu vaccines and the morning-after pill.

A stop-smoking campaign included advertisements on

Bengali TV station Channel S, and an inpatient detoxification unit for young Bangladeshi men.

The fitness for purpose review gave the PCT a green rating in all areas and particular praise for its patient and public involvement. Highlights from the 2006-07 annual health check include a sharp fall in deaths from heart disease, a steady rise in life expectancy, half of all appointments made through choose and book and extended opening hours in over 30 GP surgeries. Tower Hamlets was also one of only two NHS organisations to make lesbian and gay charity Stonewall's most recent top 100 employers list.

The PCT ended the past financial year with a £6.7m surplus and over the same period its practice-based commissioners were able to demonstrate savings of £600,000.



➔ Winner: Carol Williams (left), Alice Hosking and Neil Pollard.

WINNER CORNWALL AND ISLES OF SCILLY PCT WITH CORNWALL CC DEPARTMENT OF ADULT SOCIAL CARE

The judges particularly praised the immense potential in the partnership approach of the winning entry for promoting and impacting on population health and well-being, and their vision of supporting independent living

In an area with a large older population, high deprivation and long journey times to acute services, an inclusive strategy has seen a former national outlier for unplanned admissions become a whole-system demonstrator for long-term conditions.

Cornwall's vision is to support early diagnosis and integrated services with equality of access, promoting and maintaining self-management and optimising quality of life.

The strategy for health and well-being of people with long-term conditions, developed with the joint commissioning strategy for older people, mainstreams preventive and predictive initiatives for care, informs intermediate care services and creates a responsive and integrated system for delivering community health and social care services. Since it began in 2003 the ambitious programme has scored considerable achievements – a community matron's team that contributes to

reduced hospital admissions, GP workload and length of stay; multi-agency rapid assessment teams for intervention and rehabilitation services; acute care-at-home teams; a chronic obstructive pulmonary disease service review with work areas including a nationally recognised pulmonary rehabilitation programme; and an all-services single point of access.

Emergency admissions growth – 9 per cent in 2003-04 – has been reversed, with a 17 per cent reduction in emergency bed days. Local people joined strategic review discussions and showed approval of more integrated care at home.

Whole-system demonstrator status will bring technology such as biometric testing to support independent living.

The Pathway to Improving Health and Independence, contact carol.williams@ciospct.cornwall.nhs.uk

Judges

Carole Nossiter
Assistant director, policy and development, Sanofi-Aventis

Dr Mashkur Khan
Consultant, Epsom and St Helier trust

Professor Ian Philp
National director for older people's services, DoH

HIGHLY COMMENDED HAMPSHIRE PCT

This joint primary and secondary care initiative provides a managed care pathway that filters, assesses and refers patients with musculoskeletal conditions to appropriate primary care and a 'doorway' into orthopaedics where needed

Orthopaedic Choice was launched in response to poor and confusing access to diagnosis and treatment – outpatient waits were running at 18 months and 60 per cent of those seen were sent for other therapies, or back to their GPs.

The new service ensures fast access to 24 weekly sessions at 11 sites providing expert opinion from: a multi-professional triage team offering clinical assessment; a fit-for-surgery team; consultant clinics where patients can be listed for surgery; pain services; and discharge management teams. Routine appointments have a maximum six-week wait and urgent referrals are seen within two weeks.

Since opening in 2001 the service has rolled out to PCTs, acute trusts and independent sector treatment centres and this year is expected to offer over 20,000 appointments.

Orthopaedic Choice, contact sarah.schofield@nhs.net



← Highly commended: Catherine Bowell (left), David Balfour and Sarah Schofield.

→ Highly commended: John Sampson and Phyllis Shelton.

HIGHLY COMMENDED NORFOLK PCT

A joint initiative between Norfolk PCT and Health Dialog UK, Norfolk Healthline offers a free telephone health coaching service for patients across five targeted long-term conditions – diabetes, asthma, chronic obstructive pulmonary disease, chronic heart disease and congestive heart failure

A whole-person approach supported by predictive modelling helps patients navigate services and improve self-care. This includes preparing patients for consultations and clinical visits and helping them have realistic expectations.

Specially trained registered nurses – health coaches – help patients with an emerging risk to manage their condition using shared decision-making techniques.

The resulting lower hospital admissions in the identified groups have helped cut the PCT's medical costs. Patients making shared decisions are also seeking fewer surgical treatments.

High levels of patient and clinician satisfaction with the programme have been reported.

Norfolk Healthline, contact john.sampson@nhs.net



FINALIST SANDWELL PCT



Most Sandwell GP practices were failing to develop registers to identify patients who did not have cardiovascular disease but were at a greater than 10 per cent risk of chronic heart disease events in the next 10 years

The primary care trust worked initially in six practices, using a three-stage approach to identify patients at most risk and to offer pharmacological and/or lifestyle service referrals.

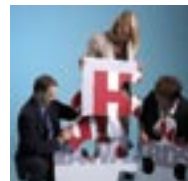
It is estimated that across Sandwell 260 deaths could be prevented over a 10-year period.

CVD Risk Project, contact mary.fairfied@sandwell-pct.nhs.uk

← Finalist: Paul Westerby and Mary Fairfield.

→ Finalist: (from left) Richard Mendelsohn, Janine Ginn and Karen Goode.

FINALIST BIRMINGHAM EAST AND NORTH PCT



With a focus on community collaboration, locally targeted services and an ethos of self-care and health education, the Partners in Health Centre provides individualised care to the population

The centre hosts a wide array of services and activities, with a strong self-care management message. Care management programmes include cardiac rehabilitation, smoking cessation and pain management sessions. It also runs targeted patient education sessions such as diabetes education sessions in Urdu and English and women-only exercise classes.

Partners in Health, contact janine.ginn@benpct.nhs.uk

CLINICAL SERVICE REDESIGN



➔ **Winner:**
(from left)
Vicki Poynton, John Thorne, Roger Laitt, Jon Sussman, James Leggate and Charmaine Eckersley.

WINNER SALFORD ROYAL FOUNDATION TRUST AND SALFORD PCT

It was this service project's 'achievement based on trust across healthcare organisations', as well as its evidence of co-operation between management and consultants, which made the winning impact on the judging panel

The Neuroscience Independent Clinical Assessment and Treatment Service is a partnership between Greater Manchester primary care trust, Manchester University and The Greater Manchester Neuroscience Centre in Salford. Referrals are triaged daily, with outcomes sent to the GP and patient on the same day. If an MRI scan is required, the patient is given a choice of time and day and the diagnostic is done in their locality through the independent sector. These are reported by specialist neuroradiologists within 24 hours. The multidisciplinary team then meets with the three specialists to determine the appropriate referral pathway for the patient. Patients for surgery will have a pre-op assessment at the

specialist centre, and their surgery date will be confirmed, with the consent process starting three weeks before surgery.

This collaboration delivers the 18-week target and provides the highest clinical governance, audit and outcome data.

The ICAT model unbundles the tariffs and makes charges transparent. The PCT pays for the triage, MRI and multidisciplinary team only if the patient requires them, which means savings. The service will be rolled out across Greater Manchester over the next year or so.

Greater Manchester Neuroscience ICAT, contact
jon.sussman@manchester.ac.uk

Judges

Julie Harris
Director of network development, NHS Heart Improvement programme
Maree Barnett
Senior policy manager, professional regulation implementation team, Department of Health

Tim Lankes
Managing director, EMEA, Perot Systems Healthcare Group

HIGHLY COMMENDED ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS TRUST

A ward-based improvement project increased direct care time, improved safety and quality, and reduced length of stay

Ward 3A in the Royal Liverpool Hospital, designated as a diabetes/endocrine and general medicine ward, has 26 beds and was selected because of its keen and committed staff and clinicians, longer lengths of stay compared with the national average, and relatively high infection rates. It is also key to ensuring good flow out from the emergency floor. The trust launched this test programme in conjunction with the NHS Institute for Innovation and Improvement in late 2006.

Data was collected on length of stay, meal wastage, infection rates and sickness absence. The meal round was videoed and staff took part in hour-long work sampling studies to develop information on time spent on direct patient care.

The whole ward team, along with support departments and organisations including catering were involved in mapping existing processes and making suggestions for improvement. Process maps and cost-benefit matrices were displayed within the ward area allowing all staff and patients to comment. New processes based on these ideas were trialled within two weeks.

The improvement tool '5S' was also implemented on the ward, ensuring staff and patients can get the right equipment at the right time – all the time.

Meal wastage fell from 11 per cent in December 2006 to 4 per cent in April 2007. Direct patient-care time increased from 27 per cent to 40 per cent for sisters, and from 25 per cent to 45 per cent for staff nurses.

The Productive Ward, contact cathie.blackwell@rlbuht.nhs.uk



➔ **Finalist: (from left) Elaine Hide, Hugh McGrath and Carole Glover.**

➔ **Finalist: Catherine Bowell (left) and Sarah Schofield.**

⬅ **Highly commended: (from left) Cathie Blackwell, Joy Furnival and Talib Yaseen.**

➔ **Finalist: (from left) Jeffrey Croucher, Heather Lings and Alison Hickie.**

FINALIST LUTON AND DUNSTABLE HOSPITAL FOUNDATION TRUST



Staff and patients redesigned aspects of the head and neck cancer service to improve the experience of both groups

Interviews were conducted with staff, patients and carers, and patients were helped to create an emotional map of their experience of the parts of the

service that affected them.

Patients' interviews were filmed and then edited by patients themselves to show to a group of staff, who saw parts of the pathway that were previously invisible to them. A plan was agreed to improve 43 interactions with the service that spoiled their experience, while retaining the many positive aspects.

Improving Patient and Staff Experience of the Head and Neck Cancer Service, contact elaine.hide@ldh.nhs.uk

FINALIST HAMPSHIRE PCT



Orthopaedic Choice redesigned the orthopaedic outpatient process to cut inefficiency and waiting times

Patients were waiting 18 months for an outpatient appointment and a further 18 months for surgery, if required. Very few patients seemed to be waiting in the right queues for the right treatment and care.

Now the maximum wait for an opinion has been held at six weeks for routine referrals and two weeks for urgent. Patients are assessed and supported in their choice of treatment by a range of professionals who are competent to refer the right patients into the surgical pathways.

It started as one clinic a fortnight and now offers more than 20,000 appointments.

Orthopaedic Choice, contact catherine.bowell@nfpct.nhs.uk

FINALIST SUTTON AND MERTON PCT AND SUTTON HORIZON PBC CONSORTIUM



The orthopaedic and rheumatology pathway was redesigned to allow effective triage and management of patients outside an acute hospital environment

The Musculoskeletal Centre was established in April 2005 to reduce outpatient orthopaedic attendances at the local acute hospital by providing additional capacity within primary care. In July 2006, all staff working in the centre took part in the redesign of the service, including physiotherapists, podiatrists and GPs with special interest, and a new care pathway was agreed. The service has reduced referrals to secondary care by 36 per cent and cut waiting times for access to orthopaedic expertise.

Musculoskeletal Centre – Redesigning the Orthopaedic and Rheumatology Pathway Between Primary and Secondary Care, contact denver.greenhalgh@smpct.nhs.uk



➔ Winner: Kesti Gosling (left) and Kate Shurety.

WINNER NEWHAM UNIVERSITY HOSPITAL TRUST

The judges were unanimous in making this project a winner, applauding its involvement and inspiration of staff, and strong impact on the local community's perception of the hospital and service improvements

The Newham communications project began as a response to the trust's historically poor showing in the national patient survey. Research by MORI also showed how these findings were adversely influenced by demographic factors such as high levels of diversity and deprivation.

Using integrated and consistent brand images and messages, Patients First sought to rebuild Newham General Hospital's reputation in line with its actual good performance.

The campaign was launched in 2005 with an emphasis on the trust as a listening organisation that used patient feedback to develop its already improving services.

Promotion across the borough through local events and resources such as branded posters and comment cards in nine community languages was matched by internal newsletters, bulletins and protocols for incorporating feedback into service reviews. About 600 of the trust's staff have attended specially focused customer care skills training.

The local authority magazine has also carried key messages from the campaign and stories of patient participation and influences on change. This has increased the reach of the project beyond patient forums, public opinion has been widely influenced and a broader range of community members have involved themselves.

Limited financial resources – £5,000 in year one, then £1,600 each following year – have been supplemented through board support, partnership with the local authority and a staff ambassadors' scheme.

Encouraging greater amounts of more specific feedback throughout a consistent communications campaign has enabled the trust to identify key areas for improvement. The most recent national patient survey shows a 17 per cent increase in perception of health services.

Patients First, contact kate.shurety@newhamhealth.nhs.uk

Judges

Nick Samuels
Chair, Association of Healthcare Communicators
Jenny Grey
Managing director, communications and public reporting, Audit Commission

Alison Cahn
Media relations manager, University College London Hospitals foundation trust

HIGHLY COMMENDED LIVERPOOL PRIMARY CARE TRUST/CITYSAFE

The judges commended the creativity of the Liverpool-wide social marketing campaign and its innovative approach to a new alcohol awareness health promotion brand. Its adaptability for raising alcohol issues with different audiences was also praised. Bringing all the agencies previously involved in alcohol awareness campaigns under a unified approach was seen as the best way to combat rising problems related to excessive drinking.

A playful, engaging and credible brand was adopted that worked using a mix of information and irreverence. Tongue-in-cheek messages appeared on items such as beer mats and postcards along with unconventional media like talking posters and moisture-sensitive urinal mats.

A website was launched and a local DJ ran an alcohol blog over six weeks. Market research reported 80 per cent of interviewees agreed the initiative was needed with 61 per cent saying they had seen or heard press adverts. Early results suggest alcohol-related visits as a proportion of all patients seen in accident and emergency, which had been at a UK high of 35 per cent have been significantly cut. Targeted interventions are to be tested with the city's student community.

Pssst! Be Alcohol Aware, contact jane.thomas@liverpoolpct.nhs.uk

HIGHLY COMMENDED WALSALL TEACHING PRIMARY CARE TRUST



A relationship between a teaching primary care trust and a local football club sees a new approach to promoting health awareness in the hard-to-reach group of men aged 18-45

The PCT's sponsorship of the main stand at Walsall's Banks's Stadium is the first of its kind and enables the trust to reach not just football crowds but also people attending weekly car-boot sale in the car park. The sponsorship cost £20,000 – with an expected audience of over one million in 2006-07. This meant the trust paid 2p per potential viewer, which compares favourably with a maximum 3p per potential viewer for bus and billboard campaigns.

The entire length of the stand carries SMS-style targeted messages on binge drinking, sexual health, smoking and healthy eating. The number of a special SMS text service sits between these advertising boards. People who sign up to the service in the first season get free monthly health promotion texts.

Txt 64446 Health Football Stadium project, contact martin.turner@walsall.nhs.uk

FINALIST CHAMPS PUBLIC HEALTH NETWORK AND DR FOSTER INTELLIGENCE



To reduce the incidence of chronic obstructive pulmonary disease in Cheshire and Merseyside, ChaMPs Public Health Network worked with Dr Foster Intelligence to create Catch Your Breath

Research highlighted where the target audience of 4,000 people at greatest risk of COPD lived, and how best to reach them. A three-phase telemarketing campaign guaranteed personal contact and used information from The British Lung Foundation.

Of those contacted, 65 per cent requested an information pack. Many smokers asked to be referred to stop-smoking services.

Catch Your Breath COPD Awareness Campaign, contact tony.ellis@wirralpct.nhs.uk

FINALIST MANCHESTER JOINT HEALTH UNIT



Public sector, community and voluntary organisations in Manchester launched Valuing Older People in 2003 to improve the quality of life of its older residents

In 2004 the Positive Images team of older residents and officers developed a programme promoting a positive and healthy approach to growing older and challenging attitudes towards ageing. The 2007 Older and Bolder calendar, coupled with a citywide billboard campaign, shows images of older Mancunians doing 'unexpected' things and invites other people of their generation to try something new.

Valuing Older People, Positive Images of Ageing campaign contact p.mcgarry@manchester.gov.uk

➔ Highly commended: Roy Whalley (left) and Martin Turner.

➔ Finalist: Diana Forrest and Martin Machray.

➔ Finalist: (front) Margaret Parkes, (behind, from left) Mike Delaney, Paul McGarry, David Regan and Sally Chandler.

COST-EFFECTIVE PARTNERSHIP WORKING



➔ Winner: (from left) Louise Pritchard, Lucy Ashton and Sally Plant.

WINNER BIRMINGHAM EAST AND NORTH PCT

An intermediate care service allowed care teams to deliver assessment and intensive rehabilitation at home without the hindrance of borders between health and social work. The model was responsive and could withstand change

A partnership with Birmingham city council's adults and communities directorate involved a large community team providing rehabilitation at home, with acute response functions, and two-bed intermediate care facilities.

Arrangements made under Health Act flexibilities led to the then Eastern Birmingham primary care trust taking responsibility in 2004 for an integrated provision – with a pooled fund – for intermediate care services.

The integration aimed to deliver assessment and intensive rehabilitative care at home from intermediate care teams who were not hindered by distinctions between social and health workers. It also offered the advantage of quicker resource decisions made by a single service and more flexible responses to changes in demand. The service has a single and rapid point of access to a multidisciplinary team offering early intervention.

Figures for the first two years of the partnership show that prevention of hospital admissions alone, based on average cost, would have saved over £2.5m. The multidisciplinary nature of the teams and simplified recruitment attracts social work,

nursing and allied health professionals to the service, reducing agency costs and giving the workforce flexibility.

Other new developments improving cost-effectiveness include intermediate care services within the re-provision of residential care through four special care centres and the incorporation of the falls service.

The subsequent joining of Eastern Birmingham PCT with North Birmingham PCT in 2006 has prompted the partners to look at opportunities to expand the joint service and look for other benefits. Learning from integrated provision and pooled budgets is identified in a report circulated across Birmingham and posted on the integrated care network website. The winning factor identified by the judges was the sustainable model of partnership working, capable of withstanding organisational change and responsive to the needs of a highly diverse community.

No Need to Teach an Old Dog New Tricks, contact sally.plant@benpct.nhs.uk

Judges

Steve Bundred

Chief executive,
Audit Commission

Dr Gill Morgan

Chief executive,
NHS Confederation

Paul Coen

Chief executive, Local
Government Association

HIGHLY COMMENDED BLACKPOOL PCT, BLACKPOOL COUNCIL AND AGE CONCERN BLACKPOOL



Collaborative interventions reduced the number of hospital admissions for falls, fires and road traffic collisions involving over-65s in Blackpool, which has the second worst life expectancy in England and Wales

Strategic environmental changes included a Blackpool decent homes standard and new pedestrian crossings on well-used routes. Joint training encouraged staff entering the homes of vulnerable people to assess for falls risks, accident prevention and home security while a service was established to make changes responding to a hazards assessment.

Domiciliary medicine reviews and exercise are also available to the housebound. Falls and other accidents are being prevented and ambulance call-outs and emergency admissions reduced, saving valuable public sector resources. Most importantly, however, the partnership approach is saving lives and cost to the individual, family and friends.

Judges commended the intelligent use of data and the creativity that went in to service delivery.

Predict and Prevent, contact judith.mills@blackpoolpct.nhs.uk

← **Highly commended: (from left) Carol Bracegirdle, Judith Mills and Carol Ann McElhone.**

→ **Finalist: Alan Dean and Lesley Brougham.**

FINALIST EAST SUSSEX COUNTY COUNCIL AND EAST SUSSEX DOWNS AND WEALD PCT



A whole-systems improvement programme was negotiated to resolve high levels of delayed transfer of care for older people in East Sussex in 2004-05, and to strengthen working relationships

The delays had had a significant impact on care and capacity as well as financial costs to the system. New integrated services promoting independence and cost-effectiveness – including enhanced response teams, single access telephone number, older people's mental health liaison – have since reduced delays.

The keys to this improvement have been engaging users and carers and collaborating on jointly commissioned services that have transformed care provision.

Whole-Systems Improvement Programme, contact juliet.mellish@esdwpc.nhs.uk

← **Finalist (from left): Juliet Mellish, Michele Small and Beverley Hone.**

→ **Finalist: (from left) Catherine Galvin, Vicky Hobart and Helena Pugh.**

FINALIST SANDWELL PCT AND SANDWELL MBC



The Joint Health and Social Care Policy Unit was established in October 2004 as a structured partnership to deliver and manage integrated joint strategic objectives, policy and commissioning

The unit covers broad areas of healthy public policy and enables a more unified response across issues of strategy and service development. Placing mental health strategy and commissioning within the unit gives a more balanced, cost-effective and linked approach to delivery against a broader agenda with improvements in quality.

Joint Health and Social Care Policy Unit, contact joanne.steventon@sandwell-pct.nhs.uk

FINALIST TAMESIDE AND GLOSSOP PCT WITH TAMESIDE MBC



Persistent data reports showing that intermediate care had failed to meet commissioner expectations prompted Tameside and Glossop primary care trust and Tameside metropolitan borough council to redesign the services

The operational management team of lead staff from the PCT and local government developed three new teams. These worked across health and social care in both acute and community settings on admission avoidance, facilitating early discharge and rehabilitation and maintenance.

Strategic and operational collaboration developed a strong vision and turned the reputation and performance of the service around.

Modernisation of Intermediate Care Services, contact m.hyde@nhs.net

FINALIST HARINGEY TEACHING PCT AND HARINGEY COUNCIL



Since 2005, Haringey Council and Haringey PCT's Well-Being Partnership Board has worked to improve well-being for adults

A strategic framework based on the seven *Our Health, Our Care, Our Say* outcomes helps shift the focus from treating illness to the promotion of well-being. Other developments include a plan to reduce inequalities in life expectancy and the start of a joint commissioning approach for projects from the statutory and voluntary sector. Despite significant financial pressures, this has resulted in a number of key indicators showing improvements.

Improving Well-Being in Haringey, contact vicky.hobart@haringey.nhs.uk

GOOD CORPORATE CITIZENSHIP



➔ Winner: (from left) Clive Young, Jo Tomlinson and John Hughes.

WINNER NOTTINGHAM UNIVERSITY HOSPITALS TRUST

Holistic and happening was how the judges described corporate citizenship at this trust, where the environment group is chaired by the chief executive

The panel appreciated that Nottingham University Hospitals trust has a real understanding of how its behaviour can impact on the local community economy – with positive health implications. Good corporate citizenship appears to be embedded across the organisation and produces hard-edged outcomes.

Recent projects supporting this approach include a bus service that connects the two hospital sites and takes 400,000 staff car journeys off the road. The trust considers this to be a socially responsible innovation that reduces carbon dioxide emissions and benefits health by reducing pollutants.

The trust is also working with a medical waste company to develop a plant in the city that, using alternative treatment technologies, will recycle 90 per cent of its clinical waste into rigid sheet material for the construction industry.

Approximately 50,000 miles of road journeys a year will be cut, with subsequent reductions to waste transportation. To

encourage cycling and walking, new showers and cycle lockers have been added.

The catering team sources all of the hospital's milk from a producer just 11 miles down the road, while meat is supplied from a company in nearby Mansfield. Menus are changed to reflect the availability of seasonal vegetables.

Coffee City, the trust's own not-for-profit community social enterprise chain of cafes using Fair Trade coffee and local suppliers, expects to be operating from more than a dozen sites by the end of the year.

The judges sensed an energy and passion for good corporate citizenship, reaping the rewards of the effort put in, and an ambition to do more – the kind of success on which the rest of the NHS could and should set its sights.

Good Corporate Citizen, contact Josephine.tomlinson@nuh.nhs.uk

Judges

Larissa Lockwood

Health policy analyst, Sustainable Development Commission

Martin Gibbs

Local government and community manager, DoH

Neil McKay

Chief executive, NHS East of England

HIGHLY COMMENDED STOCKPORT FOUNDATION TRUST

→ Highly commended: Stephen Youd-Thomas (left) and Steven Smith.



A self-assessment tool driven forward by the modernisation director has helped keep the community heavily involved in the trust's work

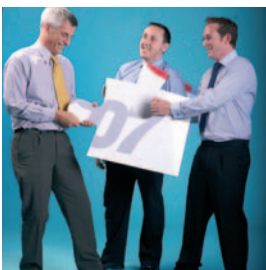
Funding from the Regional Development Agency has supported the ambitions of the trust to achieve exemplar status and the trust used the Sustainable Development Commission self-assessment tool.

A new cardiology and surgical unit figured prominently in the action plan activities. Around 63 per cent of the £16.22m building budget was awarded to contractors and suppliers from within the North West. Ten apprentices were trained on the scheme, the building was used by the fire service for training and nine schools participated in the creation of health-related public art.

Corporate Citizenship Programme, contact darren.hurrell@stockport.nhs.uk

FINALIST ST GEORGE'S HEALTHCARE TRUST

→ Finalist: Hugh Gostling, Shane King, Andrew Beattie.



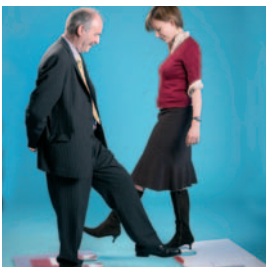
With a focus on sustainability and reducing the organisational carbon footprint, Think Green aimed to change behaviour and raise awareness to achieve trust-wide good corporate citizenship status

A multidisciplinary team has led on technical, operational and cultural aspects of the trust's work. Its achievements include a mixed-waste recycling scheme set up with the local council; more than 140 green champions spreading the message across the organisation; a green travel plan that involved car sharing and an active cycling programme; and recycling of furniture, medical and IT equipment.

Think Green, contact hugh.gostling@stgeorges.nhs.uk

FINALIST ROYAL BROMPTON AND HAREFIELD TRUST

→ Finalist: Mike Duckett and Rosie Blackburn.



Fresh locally bought and seasonal food – organic where possible – has helped introduce a healthier menu at hospitals, care homes and schools across South East England. Numbers and distances of deliveries have also been reduced

The partnership between the trust and Sustain, the alliance for better food and farming, has also helped create and maintain local business and employment opportunities.

Recognition of Good Food on The Public Plate by the National Association of Care Catering has led to the development of a national NACC Sustainability Catering Project.

Hospital Food Project/Good Food on the Public Plate, contact m.duckett@rbht.nhs.uk

FINALIST CAMBRIDGE UNIVERSITY HOSPITALS FOUNDATION TRUST

→ Finalist: (from left) Andrew Sanders, Kate Evans and Ciara Moore.



The Rosie Hospital, which provides services for women's health at Addenbrooke's, challenged staff to come up with ways to save energy or time, and the Rosie Energy Awareness programme was born

Energy used by medical equipment has been monitored, and an ultrasound machine can run for 60 minutes on the energy saved by switching off 12 lights for an hour.

Savings of £19,000 and reductions of 48 tonnes of carbon are predicted for this year. Combining individually small and simple energy-saving measures has a large impact.

Rosie Energy Awareness Campaign, contact ciara.moore@addenbrookes.nhs.uk

FINALIST GLOUCESTERSHIRE HOSPITALS FOUNDATION TRUST

→ Finalist: (from left) Mike Byrne, Sally Pearson and Adrian Eggleton.



Gloucester's Corporate Citizenship Committee was set up to make a positive social, economic and environmental impact in its communities, to help reduce health inequalities and to contribute to sustainable development

Priority areas – transport, procurement, facilities management, employment, community engagement and new buildings – have an identified committee leader, many at director level.

Areas of progress include the introduction of monthly energy and utility reporting facilities in building management systems and an updating of the trust's design and construction requirements.

Whole Trust Approach to Corporate Citizenship, contact alison.short@glos.nhs.uk

IMPLEMENTING NICE GUIDANCE



➔ Winner: Helen Smith (left) and Geraldine Strathdee.

WINNER OXLEAS FOUNDATION TRUST

Comprehensive involvement of service users in this project impressed the judges, as well as the support that it gained from management and clinicians, producing a widely replicable guidance tool across the trust site

This winning project implements National Institute for Health and Clinical Excellence guidance on schizophrenia across a London-based mental health trust. An audit measured the trust's practice against the guidelines and against a technology appraisal for the use of atypical antipsychotics prescribed to service users.

The scheme concentrated on focusing on what clinicians need at ground level. The relevance of the tool to clinicians, including an accompanying database developed for them to monitor their own practice, helped capture their interest. Ongoing changes to practice could be made and teams could make changes that they needed to implement. Depot clinics and clinic caseloads have been reviewed and clozapine clinics set up in each area of the trust, with a dedicated clozapine nurse. A checklist to monitor physical symptoms of service users has been developed and is now used across the trust.

A group has now been set up to establish advanced directives, including a crisis card distributed to service users, and the crisis planning section of electronic records has been promoted in training. Service users were involved in developing easy-to-read versions of the guidance and patient leaflets are available on the staff intranet.

Further work is planned to audit trust work around depression and long-term outcomes for service users.

Judges said the project had included comprehensive involvement of service users, and had not only gained board support but been one of the board's top priorities. It had produced a model which gained clinical engagement and was replicable across a geographically diverse site.

NICE Implementation Support Tool for Schizophrenia, contact jane.moore@oxleas.nhs.uk

Judges

Dr Gillian Leng
Implementation director, NICE
Professor Ian Gilmore
President, Royal College
of Physicians
Dr Peter Carter
General secretary, Royal
College of Nursing

HIGHLY COMMENDED BRADFORD AND AIREDALE

TEACHING PCT

After being informed by the local histopathology department that there were wide variations in the removal of suspected skin cancer lesions by GPs, the primary care trust, local lead clinician and skin cancer team supported a skin cancer review, following which an implementation package was developed. Results had shown not all GPs were following NICE cancer guidance on improving local outcomes for people with skin tumours and GPs were inappropriately removing suspected skin cancers.

The new implementation package included a local skin cancer pathway, guidelines and comprehensive education package for primary care clinicians, including multi-professional educational events developed and delivered by local experts, which over 75 per cent of local GP practices have now attended.

A routine data monitoring system has also now been established.

The work was developed in line with the PCT's policy for clinical guidelines, with the final document published in a style familiar to primary care clinicians.

Judges said the scheme was an opportunity to educate GPs, had strong links across primary and secondary care and had established an effective monitoring system.

Improving Local Outcomes for People with Skin Cancer, contact Peter.Dickson@bradford.nhs.uk



➔ **Finalist: Pam Hancock (left) and Kylie Farbrace.**

➔ **Finalist: Opinder Sahota.**

⬅ **Highly commended: (from left) Claire Seymour, Michelle Turner and Andrew Wright.**

➔ **Finalist: Esther Whitten (left) and Eva Madsen.**

FINALIST NORTH EAST LINCOLNSHIRE PCT



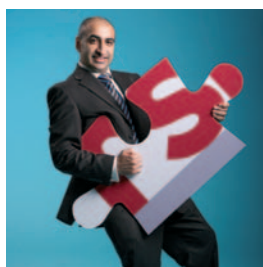
Services for people with chronic obstructive pulmonary disease and at risk of falls were limited and disjointed in this area, largely served by small GP practices. The Health Optimisation, Prevention and Education (HOPE) service offers a one-stop shop

An exercise-led pulmonary rehabilitation-plus programme was developed, including t'ai chi, chair-based exercise instructors and exercise sessions in community settings. Work with the local authority is under way to develop a functional rehabilitation zone that will help people at risk of falls learn to cope with obstacles outdoors.

HOPE for the Future, contact kylie.farbrace@nelpct.nhs.uk

FINALIST NOTTINGHAM UNIVERSITY

HOSPITALS TRUST



The project set up bone and falls risk assessment for all patients aged 50 and over presenting to an outpatient fracture clinic or as an inpatient with low trauma fractures, in a bid to reduce fractures suffered

Day-to-day implementation of the service is conducted by a fracture liaison clerk and patients are referred on to a primary care falls service for home-based falls and environment assessment. Those aged over 70 are offered a bone density scan and high-risk patients are referred to a metabolic clinic.

The Nottingham Fracture Liaison Project, contact opinder.sahota@nuh.nhs.uk

FINALIST SANDWELL MENTAL HEALTH AND

SOCIAL CARE TRUST



Patients and carers from a learning disability service now have their epilepsy care needs addressed by a doctor and epilepsy nurse specialist at a specialised clinic

The nurse specialist had previously made home visits to gather information from patients with complex needs or identified as not likely to attend. Previously people had been seen as outpatients along with those attending mental health diagnoses at a generic clinic that did not have the time to focus on epilepsy needs.

Implementing NICE Epilepsy Guidelines in a Learning Disability Service, contact esther.whitten@smhsct.nhs.uk

IMPROVING CARE WITH E-TECHNOLOGY



➔ Winner: (from left) Sally Chisholm, Joshua Rowe, Joe Rafferty and Steve Ward.

WINNER NHS NORTH WEST, LANCASHIRE AND SOUTH CUMBRIA CARDIAC NETWORK AND BROOMWELL HEALTHWATCH

A project that overcame cultural and social issues improved the diagnosis and pathway for heart problems – and could be replicated nationwide

An NHS North West six-month pilot of telemedical electrocardiograms within Cumbria and Lancashire has the potential to slash NHS bills by at least £46m per year.

Already successful across the 15 GP practices and two NHS walk-in centres in the pilot, nationally the BroomWell HealthWatch handheld 12-lead ECG machine, and specialised cardiac monitoring support centre, could save 90,000 accident and emergency visits, 45,000 hospital admissions and hundreds of lives each year.

The centres in the pilot were recruited with the support of the Lancashire and South Cumbria Cardiac Network, which also provided evaluation advice.

The pocket-sized ECG devices and the monitoring centre help GPs to make diagnoses in minutes. A nurse, clinician or paramedic uses the ECG machine in the same way as a conventional machine. When complete, the trace is transmitted as a sound signal by phone to BroomWell's monitoring centre.

Experienced clinicians give an immediate verbal interpretation, assessing whether there is any need for prompt medical attention. A full written ECG report is e-mailed or faxed to the GP. A referral to A&E or outpatients after the test was only needed in 18 per cent of cases. Local diagnosis and early detection of heart problems in this manner can save hundreds of lives a year. The 82 per cent of patients who had no abnormalities were quickly reassured.

The judges praised what they described as a well-governed project and good all-round proposition with quality outcomes and cost savings. They felt the demonstrable benefits to service delivery and the ECG assessment pathway that overcame cultural and social issues to the uptake of technology were scalable and immediately capable of replication.

Cardiac Telemedicine in Primary Care, contact
sally.chisholm@northwest.nhs.uk

Judges

Dr Ian Denley
Chief executive, System C
Richard Jeavons
Director of IT service implementation, NHS Connecting for Health
Gary Belfield
Commissioning directorate, DoH

HIGHLY COMMENDED SALFORD ROYAL HOSPITAL FOUNDATION TRUST

Three initiatives using choose and book have been used by the Access, Booking and Choice team at Salford Royal to improve patient access and meet the challenges of the 18-week target

The results are a reduced 'did not attend' rate, improved choose and book access and more responsive performance monitoring for capacity planning.

An automated check-in service in main outpatients has also improved throughput and queue management for a more satisfactory patient experience.

The call reminder service uses an automated voice recognition service to contact patients seven to 10 days before their appointment – so they can confirm or cancel. Slots reallocated under this system have saved around £20,000 a month and allowed patients access to earlier appointments.

Demand and capacity tools that highlight constraints and forecast requirements are helping departments plan and maximise outpatient capacity with consequent improvements in access.

Position reports are also being used to measure planned and actual performance levels and make more informed proactive adjustments rather than the traditional reactive approach.

The judges commended what they described as the hardwiring of service improvements with a human touch. The use of touch-screen technology in an outpatient department to reduce queues and improve the patient experience was singled out as an innovative approach.

Access, Booking and Choice, contact tracy.brown@srht.nhs.uk



➔ **Finalist: Reijo Toivanen (left) and Patrick Sachon.**

➔ **Finalist: Dr John Heavens and Helen Page.**

⬅ **Highly commended: (from left) Paul Creely, Toni Coyle and Raj Jain.**

FINALIST MET OFFICE AND MEDIXINE



A pilot scheme in Cornwall across nine GP practices used automated phone calls to alert people with chronic obstructive pulmonary disease to periods of elevated risk

The Health Forecasting Service, provided by the Met Office and Finnish telemedicine company Medixine, with funding from Cornwall Social Care and

Cornwall primary care trust, ran throughout the winter of 2006-07 and involved 447 patients with COPD. The call asked patients two evidence-based questions and the system relayed their answers to their GP. Practices using the service cut COPD admission rates by 52 per cent on the previous year, and 89 per cent of patients found the calls helpful.

Automated COPD Health Forecasting in Cornwall, contact health@metoffice.gov.uk

FINALIST NEWHAM PCT



Newham PCT has introduced community matron-led case management to tackle some of the problems experienced by patients with long-term conditions

As one of the most deprived boroughs in England, Newham is a challenging environment in which to provide care. It has the highest incidence of diabetes in

the UK and the highest rate of deaths from strokes in London. The matrons in Newham are supported by improved information management systems, in partnership with Serco Health, that target vulnerable patients for self-care education.

Mobile technology with workflow software and real-time updating makes clinical delivery in the community more efficient and also improves patient care and safety.

Managing Long-Term Conditions with Appropriate Information Technology, contact imran.devji@newhampct.nhs.uk

FINALIST NORTH YORKSHIRE AND YORK PCT

A multi-partner pilot scheme examined the feasibility of collecting and uploading single assessment process data using digital pens

North Yorkshire and York PCT, North Yorkshire county council SSD, Accenture Health, Liquid Logic, Sheffield University and Standard Register all contributed. Practitioners completed digitised pen and paper assessments with the client. Back at the office the pen was docked into the computer and the information transferred via a handwriting recognition interface to the database, where it was made available to other staff. Staff spent more time with clients and less entering data, the client kept a copy of the assessment and the information was available to other staff more promptly.

Digital Pen Pilot, contact gail.mccracken@nyypct.nhs.uk

IMPROVING PATIENT ACCESS



➔ Winner: (from left) Sue Greenhalgh, Anna Basford and Janet Edwards.

WINNER BOLTON PCT

This innovative musculoskeletal assessment and treatment service shortens patient journey time in orthopaedic services, is a primary care trust flagship and became a government Care Closer to Home national demonstration site

The professionalism and ambitious breadth of work in a holistic and systemic approach were just some of the qualities that impressed in Bolton's Musculoskeletal Clinical Assessment and Treatment Service. The panel also appreciated the strong focus on quality, an evidence-based methodology and robust outcome measures that delivered sound and tangible results. The provision is highly valued by patients, successfully engages them in shared care and responds quickly to their needs. The judges were left with the impression that this was a model service.

Recognising that people with musculoskeletal conditions seek wide-ranging, prompt and convenient support and treatment, the vision of this initiative embraces both orthopaedic and rheumatology services, reducing the time surgeons spend at outpatient clinics, and providing clinically and cost-effective pathways.

The new integrated service is based on guidance within the musculoskeletal service framework to plan and design care

around patient needs. It is a one-stop shop in the town centre delivering care closer to the patient's home.

Support for primary care clinicians provides an evidence base for referral and timely booking and choice. The daily triage service is managed by senior specialist clinicians, ensures appropriate referrals and allows for planning for first-stage diagnostics according to protocol.

Assessment at the centre takes account of objective clinical input and the patient's own subjective story. Diagnostics are performed on the day of this appointment. If the patient is to be treated at the centre by members of the assessment and treatment team, a clinical management plan is agreed with them which can start within four weeks. A 'fit for surgery' nurse specialist assesses and prepares patients referred to secondary care.

Musculoskeletal Clinical Assessment and Treatment Service, contact janet.edwards@bolton.nhs.uk

Judges

Philippa Robinson
18-week national implementation director, DoH
Bob Ricketts
Director of demand-side reform, DoH
Matt Tee
Chief executive, NHS Direct

HIGHLY COMMENDED THE LEAGUE PRACTICE-BASED COMMISSIONING CONSORTIUM



The League needed an innovative ‘quick-win’ project to gain both the confidence and clinical engagement of GPs and approval of the local primary care trust

The Acute Visiting Scheme responded to an issue needing prompt attention – the high numbers of hospital admissions resulting from acute visit

requests to GPs during normal hours. The objective was to reduce unscheduled hospital admissions by getting these patients seen within 60 minutes. GPs used a standard form to triage and refer into the scheme’s specially recruited ‘floating’ GP. Of the service’s 370 visits in its first six months, only four resulted in hospital admissions, a rate of 1 per cent compared with 5 per cent when patients were visited by their own GP. Surgery access for patients has increased. Each scheme visit releases approximately 30 minutes or three additional GP appointments.

Significant savings to the PCT unscheduled care budget have been made.

Judges commended the clinical and financial impact of the work of the League and its achievements in gaining high levels of both GP and patient satisfaction.

Acute Visiting Scheme, contact shikha@ssphealth.com

HIGHLY COMMENDED YEOVIL DISTRICT HOSPITAL FOUNDATION TRUST



Yeovil District Hospital is the first trust to achieve 18-week waiting times, 21 months before the December 2008 target – even though in March 2004 waits were at 20 weeks for a first outpatient appointment and 26 weeks for an inpatient procedure

To improve patients’ experience and restore consultant medical

staff trust that patients would not be cancelled at the last moment, work streams were set up to examine bed day reductions, radiology access, cancelled operations and 18 weeks.

Eliminating or reducing unneeded parts of the emergency pathway have cut ‘bed crisis’ days for October to March 2006-07 to eight. The imaging department scored the highest Healthcare Commission diagnostic review marks in the country and MRSA bacteraemia cases dropped to below 12 in 2006-07.

Learning from Yeovil is spreading nationally. Leading and acting on patient experience in an active way particularly stood out for the judges, as did service improvement methodologies to develop new and flexible roles.

Access – The Yeovil Way, contact pat.jenkins@ydh.nhs.uk

← **Highly commended:** (from left) Alan Rice, Shikha Pitalia and Sanjay Pitalia.

→ **Finalist:** Shirley Crook (left) and Karen Barry.

→ **Finalist:** (from left) Sue Robinson, Mark Jarman-Howe, Tom Bennett and Anna Gillard.

← **Highly commended:** (from left) Nemesia Cave, Adrian Watkins and Pat Jenkins.

→ **Finalist:** Oliver Shipp and Nayna Patel.

FINALIST TORBAY CARE TRUST AND DEVON PCT



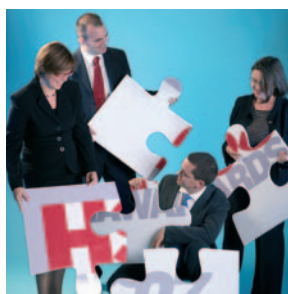
The South Devon Practice Support Team, which has been developed to deliver patient choice at the point of referral, impressed the judges with the successful rolling out of choose and book, patient choice, electronic prescribing and GP IT support

In one of the highest-performing areas in the country

for choose and book, the approach used by the team in South Devon is now being rolled out across all of the 107 practices the new Devon primary care trust.

South Devon Practice Support Team, Delivering Patient Choice at Point of Referral, contact karen.barry@nhs.net

FINALIST CAMBRIDGESHIRE PCT AND CAMBRIDGE UNIVERSITY HOSPITALS FOUNDATION TRUST



Joint working between primary and secondary care has identified opportunities for increased out-of-hospital care. A new accident and emergency department has revolutionised emergency patient access to diagnostics and specialist opinions and significantly reduced admissions

Emergency department patients are subject to the four-hour target, including GP referrals – 39.5 per cent of which are now discharged without admitting.

Waits for tests, investigations or opinions for management plans are also shorter.

Improving Access to Diagnostics and Specialists to Reduce Admission, contact anna.gillard@cambridgeshirepct.nhs.uk

FINALIST HAMMERSMITH HOSPITALS TRUST



Hammersmith Hospitals trust believes that no unnecessary wait for imaging is acceptable – and that zero waits is both a wholly realistic goal and fundamental to a decent hospital service

Following sustained effort over the past 12 months this has been achieved for x-rays, ultrasound and bone density

scanning. Routine MRI waits are down to 11 days and CT waits to just five days, and the grand plan is zero waits before December 2007.

ZERO waits for all imaging!, contact pgishen@hhnt.nhs.uk

INFORMATION-BASED DECISION MAKING



➔ Winner: Ken Lloyd, Christine Elwell (centre) and Elspeth Macdonald.

WINNER LEICESTERSHIRE, NORTHAMPTONSHIRE AND RUTLAND CANCER NETWORK

Services at the two cancer centres in Leicestershire, Northamptonshire and Rutland were improved and standardised using clinical information analysis data, achieving shared protocols for the six main tumour groups

In autumn 2006, the clinical information analysis programme presented data to the Network Oncology Group which showed the treatment approaches being given in radiotherapy and chemotherapy for the same tumour group across the Leicestershire, Northamptonshire and Rutland services. The analyses showed the same data for other cancer centres in the Thames Valley area for benchmarking.

The network pharmacist costed all chemotherapy regimens and talked with commissioners and the oncology network site-specific group leader about how to standardise chemotherapy protocols across the area.

A clinical governance meeting was held to discuss current clinical practice and to attempt to agree protocols. Invitations were sent to all clinical and medical oncologists within the authority and the cancer managers from each trust.

At the meeting, the information analysis team presented data demonstrating the analyses of radiotherapy and chemotherapy regimens by cancer site, provider and primary care trust and showing variations between providers and trends.

Parallel sessions were run covering the main tumour sites – breast, lung, colorectal, urological (prostate and bladder), head and neck and upper gastro-intestinal.

Agreement on protocols of care for radiotherapy and chemotherapy were made for five of the six tumour sites. The meeting agreed that more discussion would be needed for lung cancer, which has since taken place.

The network pharmacist's work showing the cost inconsistencies in care ensured that commissioners were engaged and prepared to support the clinicians' decisions.

The information provided at the meeting empowered the clinicians to make informed decisions on patient care.

The judges said: 'This project offers an excellent demonstration of the importance in any service improvement process of information that is both robust and trusted by users.'

Leicestershire, Northamptonshire and Rutland Cancer Network Oncology Group Clinical Governance Meeting, contact elspeth.macdonald@lcrpct.nhs.uk

Judges

Phil Wade

Business development commercial director, the Information Centre

Frank Burns

Independent healthcare consultant

Mark Jennings

Priority programme head, NHS Institute for Innovation and Improvement

HIGHLY COMMENDED NOTTINGHAM CITY PCT

An equity audit of the New Leaf smoking cessation service improved targeting in geographic areas where uptake was low
Nottingham's life expectancy is significantly lower than the national average, and cutting smoking levels (34 per cent compared with 27 per cent nationally) is vital to narrowing the gap. Mosaic Public Sector, a geo-demographic tool, combined with mapping, identified natural groupings in the population. Four groups, more than 60 per cent of Nottingham's population, showed high levels of smoking.

Postcodes of clients accessing the service were matched to a Mosaic group. A high percentage were from the high need groups, suggesting appropriate targeting. But there were some geographic areas where uptake was low.

Changes then made in the low-uptake areas included advisers working more proactively with GPs, changing some clinic times and venues and adding sessions.

A Health Equity Audit of the New Leaf Smoking Cessation Service Using Mosaic and Geographic Information Systems,
contact jeanelle.degruchy@nottinghamcity-pct.nhs.uk



← **Highly commended:**
(from left) Jeanelle De Gruchy, Jean Robinson and Indu Hari.

→ **Highly commended:** Tom Marshall and Jenny Chen.

HIGHLY COMMENDED SANDWELL PCT

Patients at high risk of cardiovascular disease were identified using an IT algorithm

A three-stage method was developed. First, CVD risk factor data was extracted from GP electronic medical records for all patients in the relevant age groups, excluding patients already known to the practice.

Second, 10-year CVD risk was calculated using age, gender, smoking status, blood pressure, cholesterol levels and diabetes data. This allowed a probable CVD risk to be assigned to all patients. Patients were invited for an assessment in order of probable risk. Third, eligible patients were offered appropriate treatment.

Sandwell predicted that a third of the practice population was aged 35-74 years and not being treated for CVD diagnosis. Further analysis within this group showed that 17.7 per cent of patients would be eligible for preventive treatment.

The judges said it was an excellent example of using the vast repository of patient data held by GPs.

Sandwell CVD Risk Project, contact jenny.chen@sandwell-pct.nhs.uk



FINALIST BEDFORD HOSPITAL TRUST



A capacity planning tool uses forecasting and real-time data to match staff and physical resources to workload

Retrospective data was failing to accurately forecast demand because it did not take into account hourly and daily changes within the organisation. Plans

were often inappropriate by the time they were due to be implemented. CapPlan gives daily and weekly projections on activity which allow the trust to resource according to need, and longer-term projections are 97 per cent accurate. The trust is saving £6,000-£12,000 per week.

CapPlan, contact lisa.hunt@bedfordshire.nhs.uk

← **Finalist:** Lisa Hunt.

→ **Finalist:** Sylvia Russell (left) and Andrea Jones.

FINALIST SOUTH DOWNS HEALTH TRUST



A formula was devised to determine community nurse staffing levels on the south coast

There were inequities between district nursing teams in Brighton and Hove and their workloads. The new formula was based on average rates of productivity and elderly patient populations on GPs' lists across the whole service. The trust then changed the number of district nursing teams, the size of each team, the mix of skills, and the number of staff in each team.

Achieving Equitable Distribution of District Nursing Staff Across Brighton and Hove, contact andrea.jones@southdowns.nhs.uk



➔ Winner: Paul Sheffield (left) Yvonne Taylor and Mike Simm.

WINNER OXFORDSHIRE PCT

The integration of health, education and social care was deemed to be excellent in this children's screening and referral scheme, which is processed through a single point and is believed to be unique in the UK

This service, jointly commissioned by the local authority and primary care trust, delivers a single screening and referral process for children's mental health services. Any agency, including health, can access the service through a referral form. The form includes the views of the child and their family about what service they want and why, gains their consent, is processed through a single point and channelled to the most appropriate service.

The service has significantly decreased waiting times – 90 per cent of children are now seen within four weeks – and integrated the protection database with those who require mental health services.

The number of children inappropriately seen by specialist mental health services has also been reduced and high customer satisfaction scores with the service have been given by

children and their families. The service is managed by a multi-agency strategic board, including senior officers from health, the local authority, voluntary sector and social care.

Its multi-professional team includes social workers, counsellors, teachers, psychiatric nurses, psychologists, health visitors and nurses. Work is under way on disseminating its good practice regionally and nationally.

Judges said the scheme demonstrated excellent integration of health, education and social care and showed whole-systems ambition and delivery while delivering a real impact on difficult issues. There was good evidence of the service's effectiveness and its commitment to working with families.

Oxfordshire Primary Children's Mental Health Service, contact paul.sheffield@oxfordshire.gov.uk

Judges

James Fitton

Director, Mental Health Strategies

Angela Greatley

Chief executive, Sainsbury Centre for Mental Health

Barry Day

Chief operating officer and deputy chief executive, Leicestershire Partnership trust

HIGHLY COMMENDED BRADFORD DISTRICT CARE TRUST

→ Highly commended: (from left) John Nixon, Kate Stewart and Lesley Hewson.



This multi-agency education-based service aims to improve outcomes for children who are unable to attend school due to severe anxiety and whose lives may be adversely affected as a result

Open three days a week in a primary school setting, it has 14 places for 13 to 16-year-olds and is staffed by teachers and an educational social worker with input from an educational psychologist and Connexions worker. Child and adolescent mental health services are integral to the service, providing group work through the school refusal team. The scheme has tripled the amount of education received by the young people. Some children have returned to mainstream school and others have gone on to further education and training.

Tracks, contact kate.stewart@bdct.nhs.uk

HIGHLY COMMENDED NORTHUMBERLAND, TYNE AND WEAR TRUST

→ Highly commended: (from left) Rachel Weddle, Elizabeth Moody and Lisa Purvis.



Three acute adult inpatient wards at the trust won accreditation in the Royal College of Psychiatry Accreditation of Acute Inpatient Mental Health (Aims) pilot. The project improved patient experiences, staff morale and staff sickness rates, drawing on standards from over 40 sources

As a result a welcoming, relaxed atmosphere is reported on wards, with service users who speak positively about staff and report that they find them easy to access through initiatives such as protected time. Service users are involved in recruiting staff members and training levels in cognitive behavioural therapy have been assessed as excellent.

There are now plans to roll out the Aims accreditation to all of the trust's acute inpatient wards.

Accreditation for Acute Inpatient Mental Health Services, contact elizabeth.moody@ntw.nhs.uk

FINALIST OXFORDSHIRE AND BUCKINGHAMSHIRE MENTAL HEALTH PARTNERSHIP TRUST

→ Finalist: Catherine Sage and Pat Corbett.



The project in Oxfordshire enables day services for inpatients and those accessing alternatives to admission to 'bridge build' clients into community opportunities. These are mainstream opportunities in work, education and leisure

A six-week programme at the day service aims to stabilise clients and help them gain confidence, skills and strength to begin recovery. Therapeutic groups run every day of the year and individual interventions are provided. If a client appears to be socially excluded or indicates that they want to change the direction of their life, the team provides a bridge builder. They help provide initiatives such as back-to-work packages and general spread of activity in the client's life.

Crisis Day Service Bridge Building Team, contact patrick.corbett@obmh.nhs.uk

FINALIST THE ZONE AND PLYMOUTH TEACHING PCT

→ Finalist: (from left) Ruth Marriott, David Dilorenzo and Nick Booth.



Icebreak is believed to be the only service working with 16 to 25-year-olds with emerging personality disorder and aims to prevent young people entering adult mental health services in crisis, to reduce self harm and suicide and to enable young people to lead positive, socially inclusive lives

Referrals can come from any organisation in the city and young people can refer themselves; about a third of referrals come from within The Zone, the street-based agency where the project is located.

It aims to ensure young people access appropriate services including education, criminal justice, housing, substance misuse and community activities, and is available 24 hours a day.

Icebreak, contact Booth.nick@pcs-tr.swest.nhs.uk

FINALIST CENTRAL AND NORTH WEST LONDON FOUNDATION TRUST

→ Finalist: John McNeill and Rami Jumnoodoo.



This Brent-based project developed a therapeutic model to offer relapse prevention for people with a severe and enduring mental illness, based on an evidence-based model used in substance misuse work

The model focuses on high-risk factors for stress and relapse such as withdrawal from help, alcohol and drugs, and non-compliance with medication, and on understanding individual warning signs. Service users learn coping skills and take an active part in managing their own conditions and a number are now working as trainers in relapse prevention.

Relapse Prevention to Reduce Readmissions, contact rami.jumnoodoo@nhs.net



➔ Winner: Claire Shepherd.

WINNER LEEDS PCT

Take-up of a needle-exchange service was revived with a request pad which preserved users' privacy while enabling staff to collect demographic data

A pharmacy-based needle exchange service providing sterile injecting equipment or 'works' to drug users in Leeds had no guidelines, governance or contracts – and was becoming increasingly fragmented.

Needle exchange plays an important role in reducing the spread of blood-borne viruses through the use of shared equipment. 'Sharing' in Leeds, however, was on the rise.

Through a series of interviews and questionnaires, a pharmacy co-ordinator discovered that users were turning away from the service because of poor attitudes, limited choice of equipment and pharmacies and a lack of confidentiality.

An important suggestion made by users was a pictorial, prescription-style 'What Works?' pad that allowed them, in a public setting, confidential access to equipment from the full range.

Pharmacy staff place requested needles, condoms, filters etc in an opaque bag. The record of this request along with basic personal details such as gender, postcode and principal drugs is

used to collect demographic information and drug use trends for commissioners as well as calculating payments and providing data for performance management.

Pharmacists shared ownership of this redesign, which proposed changes to their practice and more client contact. Administrative tasks were reduced and payment scales renegotiated. NVQ level 1 and 2 training packages were developed for assistants.

Pharmacy contracts are set to more than double in the next two years while users have more choice and improved contact with healthcare services. The move away from pre-packed equipment also offers considerable savings.

The balance of user engagement and professional input in a difficult area impressed the judges. They praised the scheme for the simple but effective system redesign.

What Works? Pharmacy Needle Exchange, contact sam.prince@leedspect.nhs.uk

Judges

Dr Simon Wallace
Physician executive, Cerner
Sir John Oldham
Head, Improvement
Foundation
Candy Morris
Chief executive, NHS South
East Coast

**HIGHLY COMMENDED UNIVERSITY COLLEGE
LONDON HOSPITALS FOUNDATION TRUST**

A two-day educational programme is helping children and young people adjust to self-managing their insulin therapy
Getting insulin therapy right for children and young people with diabetes is not easy. While there are options for how it can be administered, any comparisons or calculations for deciding what method best suits a child must take into account their daily life and that of their parents or carers.
Continuous subcutaneous insulin infusion or insulin pump therapy is increasingly offered as a safe and effective alternative to multiple daily injections, offering significant improvements in glycaemic control and quality of life. Recent guidelines have identified that these benefits are more likely to be achieved with education and support from a trained multidisciplinary team.

In partnership with families, UCL has developed an innovative two-day psycho-educational programme – Pump School – that promotes flexible self-management, with promising improvements in psychological adjustment and long-term metabolic control. The 40 young people who have attended the sessions since 2004 have maintained consistent improvements in glycaemia control.
Pump School was recognised by the judges as an innovative project of great importance for children with diabetes. The scheme was commended for its integration with other diabetes-related projects, its user and carer-centred approach, positive outcomes and some strong data analysis.

Pump School, contact rebecca.thompson@uclh.nhs.uk



➔ **Finalist: Anne Buchanan and Rami Jumnoodoo.**

➔ **Finalist: John Havard.**

⬅ **Highly commended: Rebecca Thompson.**

➔ **Finalist: John Sampson and Phyllis Shelton.**

**FINALIST CENTRAL AND NORTH WEST LONDON
FOUNDATION TRUST**



This relapse prevention project is working among people with serious enduring mental illness
It offers a well-researched whole-system approach of partnerships with leadership and expertise from within and beyond the organisation and has developed equal opportunity community training. Stakeholders recognise the trauma and stigma of relapse, the losses associated with illness and how much this service helps to reduce hospital admission rates and reinvest resources in the community.

Brent Relapse Prevention Project: a Patient-Centred Approach, contact rami.jumnoodoo@nhs.net

FINALIST SAXMUNDHAM HEALTH



A small rural general practice in Suffolk promotes patient-centred care – which it calls patient centricity – in the belief that it is the only real means for effectively tackling the big public health issues of the future
The practice, with considerable input from its expert patients, has developed a number of projects, protocols and leaflets that offer a more clinically and cost-effective range of community-led and self-help services. The conditions and concerns covered by this approach include chronic obstructive pulmonary disease, glaucoma, deep vein thrombosis, smoking and obesity.

Customer Centricity in Primary Care, contact Dr John Havard, www.saxquax.co.uk

FINALIST NORFOLK PCT



Norfolk PCT and Health Dialog UK's Norfolk Healthline offers free telephone coaching to patients across five conditions – diabetes, asthma, chronic obstructive pulmonary disease, chronic heart failure and coronary heart disease
The project helps patients navigate healthcare services and improve their self-care. Specially trained registered nurse 'health coaches' support patients at risk to manage their condition using shared decision-making techniques. Patients more actively engaged in managing their care with health professionals can be shown to have improved outcomes. Health coaches have successfully engaged with 82 per cent of the targeted populations.

Norfolk Healthline, contact john.sampson@norfolk.nhs.uk

SECRETARY
OF STATE'S
AWARD
WINNER



➔ Winner: (from left) David Loughton, Lynne Fieldhouse and Jonathan Odum.

WINNER ROYAL WOLVERHAMPTON HOSPITALS TRUST

The dramatic improvements at a trust that once had some of the worst MRSA bacteraemia reduction figures in the country is the result of one over-arching theme – making infection prevention and not just control the top priority

The open-ended programme to strengthen infection control at Royal Wolverhampton Hospitals trust began in 2005, with a number of key actions including the launch of Saving Lives Standards and a Clean Hands initiative, moving responsibility for the infection control team to the director of nursing and midwifery, and a new high-profile infection prevention board chaired by the chief executive.

Meetings and cleanliness audits with the patient and public involvement forums profiled concerns and prompted policy changes. The Department of Health MRSA Improvement Team was also invited to suggest high-impact interventions to combating hospital-acquired infections.

An action plan with more than 70 key areas for improvement followed. The emphasis on shared responsibility with a strong leadership can be seen in the part that divisional clinical directors played in developing this plan and the appointment of infection prevention champions.

Infection prevention objectives have been set for matrons as part of the drive to strengthen accountability. Prevention of infection also now appears in all job descriptions and agreed objectives for consultants and forms part of their appraisal.

The whole-systems approach saw the trust achieve its MRSA reductions. Cases of MRSA bacteraemia dropped from 18 in the first quarter of 2006-07 to just one over the corresponding period in 2007-08. Having linked infection prevention to other established processes, the trust believes it has developed sustainable improvements.

The judging panel was highly impressed by the time scale of transformation and the clear metrics for demonstrating improvement. They described the programme as an outstanding achievement.

Facing the Challenge – Healthcare-Acquired Infections,
contact cheryl.etches@rwh-t.nhs.uk

Judges

Suzette Woodward
Senior strategic adviser,
National Patient Safety Agency
Christine Beasley
Chief nursing officer, DoH
Dr Maureen Baker
National clinical lead for safety,
NHS Connecting for Health

**HIGHLY COMMENDED IMPERIAL COLLEGE LONDON
AND ST MARY'S TRUST**

A video has emphasised and enhanced the role that patients' own knowledge can have in improving safety

Many safety campaigns have targeted staff and systems' failures. The patient has been largely ignored as a source of experience and expertise but evidence shows that when developing clinical teamwork, enabling patients to take a more active role can lead to better outcomes.

The PINK patient safety video embodies this in its 'Participate, Inform, Notice, Know' message, using animation, modern technology and flight-safety-style briefing features.

Devised by Lord Darzi and colleagues from Imperial College London and St Mary's trust, the video follows a typical admission from the patient's point of view, introducing events and members of the multidisciplinary team.

Viewers meet members of the team and learn about key interventions such as hand washing.

The PINK Patient Safety Video, contact o.warren@imperial.ac.uk



← Highly commended:
Oliver Warren.

→ Highly commended: (from left) Stephen Ramsden, Anne Thomson and John Pickles.

**FINALIST DEVON DOCTORS AND SOUTH WESTERN
AMBULANCE SERVICE TRUST**



A pilot between the Devon GP practices' out-of-hours service Devon Doctors and the ambulance service trust uses paramedics to treat patients in their homes when possible

Non-conveyance details, which support more effective community care and elective admission planning, are passed to the GP and intermediate care teams by 8am the next working day. The number of acute admissions prevented over the past 12 months is estimated at around 940.

Non-Conveyance of Patients to Hospital after 999 Call, contact lee.grant@devondoctors.nhs.uk

→ Finalist: (from left) Bill Cuntliffe, Shirley Richardson and Avril Lowery.

← Finalist: Neil Le Chevalier (left) and Chris Wright.

**HIGHLY COMMENDED LUTON AND DUNSTABLE
HOSPITAL FOUNDATION TRUST**

Transformational goals and 29 improvement projects have cut adverse events by 70 per cent

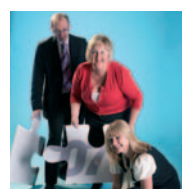
Patient safety has been top of the agenda at the trust for the past five years. In 2004 the organisation became the England pilot site for the Health Foundation's Safer Patients Initiative.

Clinical governance, risk management, reporting, quality assurance and regulation – the traditional approaches to patient safety – are essential but not enough, says the trust. Its enhanced approach seeks transformational goals – no needless deaths, pain or harm for example – and has high ambitions. One stated aim is to reduce the hospital standardised mortality rate. The trust has implemented 29 improvement projects through five work streams, with 35 monitoring measures. Over three years the mortality rate has gone from 11 per cent worse than the national average to 10 per cent better, with 70 per cent fewer adverse events.

Patient Safety, contact anne.thomson@ldh.nhs.uk



FINALIST GATESHEAD HEALTH FOUNDATION TRUST



SafeCare is a three-year strategic relaunch of a process of clinical governance to renew ownership and all-round participation

Quality and safety improvement activity now takes place at a local divisional level within multidisciplinary teams.

SafeCare is built on six key commitments: leadership and planning, promotion, accountability, analysis, openness, and education and learning.

Greater patient assurance, fewer complaints, increased staff confidence and evidence of year-on-year progress will be the measure of a developing culture and a successful strategy.

SafeCare, contact avril.lowery@ghnt.nhs.uk

SECRETARY OF STATE'S AWARD HIGHLY COMMENDED



➔ Winner: (from left) Steph Lawrence, Eleanor Longden and Gillian Proctor.

WINNER BRADFORD AND AIREDALE TEACHING PCT

This pilot service is designed to provide round the clock support for young people who self-injure. The judges praised it as a ‘trailblazer’ for the UK and other countries, which is helping to fulfil an unmet need

Despite a recent study showing that as many as 11 per cent of 16-year-old girls self-injure, the lack of compassion that they and others like them frequently experience in accident and emergency, along with an overall dissatisfaction with the service, means most choose not to attend hospital.

A pilot self-injury service was set up in October 2006 as a response to this, National Institute for Health and Clinical Excellence guidelines and other indicators. Managed by a clinical psychologist it provides 24-hour primary care medical treatment seven days a week to people over 16 years old who self-injure.

As well as improving attendance rates for medical treatment, the pilot also sought to assess the support and service needs of clients, to give information about other services and to equip practitioners with information about safe self-injury.

Service users call a central number for a co-ordinated clinical response.

Appointments at a GP practice or community hospital are made within three hours of the call. Treatment is accompanied

by a psychosocial assessment, which is passed to the GP for follow-up.

While initially small numbers used the service during the first six months of the pilot, interim evaluation results show that money was saved through a reduction in A&E visits, that clients would use the service again and that it was perceived as better than going to casualty.

The opinion of the judges, in choosing Bradford and Airedale as their winner, was that it provides an important means to reducing the stigma and addressing the prevalence of self-injury through a more supportive and understanding service.

In meeting an unmet need and challenging underlying misconceptions, the scheme has allowed for improved care in a priority area. The judges thought the service would prove to be a trailblazer, both domestically and internationally.

Self-Injury Service, contact gillian.proctor@bradford.nhs.uk

Judges

Nick Goodwin
Senior fellow in health policy, King's Fund
Dr David Woodhead
HSJ columnist
Michael Sobanja
Chief officer, NHS Alliance

HIGHLY COMMENDED SOUTH BIRMINGHAM PCT, HEART OF BIRMINGHAM TPCT, BIRMINGHAM EAST AND NORTH PCT AND LLOYDS PHARMACY

Identifying patients at risk of cardiovascular disease is integral to the Birmingham Health and Wellbeing Partnership's bid to improve male life expectancy. Under the umbrella of this wider strategy South Birmingham PCT and Lloyds Pharmacy developed a community pharmacy-based CVD pilot screening and advice service to operate throughout the city

The pilot plans to screen at least 1,600 patients by March 2008, develop integrated pathways with the NHS, improve the patient's quality of life and reduce the economic burden.

Measurements taken include total cholesterol, blood pressure, blood glucose, body mass index and waist circumference. The service also obtains family, medical and lifestyle histories. Results are given in a summary that includes a CVD risk score, with a GP referral if high, and lifestyle advice.

A service brand – 'Heart MOT' – with recognisable materials and logos markets the service to patients.

Pilot results confirmed that 32 per cent of people screened are found to be at high risk of CVD. Most (81 per cent) of these are male. Almost half of all individuals offered a Heart MOT were referred to their GP.

The judges commended the Birmingham PCTs and Lloyds Pharmacy for the innovative combination of an understanding of public health need with a pharmacy-led system of recruiting and screening people in areas of CVD risk prevalence.

Heart MOT Community Pharmacy Cardiovascular Screening Pilot, contact jonathan.horgan@sbpct.nhs.uk



➔ **Finalist: (from left) Rufus Helm, Helen Page, and Charlotte Emery.**

➔ **Finalist: Kylie Farbrace (left) and Pam Hancock.**

⬅ **Highly commended: (from left) Jonathan Horgan, Louise Baglole and Jacqueline Small.**

➔ **Finalist: Cathy Worthy (left) and Marjorie Finnigan.**

FINALIST NEWHAM PRIMARY CARE TRUST AND SERCO HEALTH



Newham PCT has introduced community matron-led case management to tackle some of the problems experienced by patients with long-term conditions

The London borough is one of the most deprived areas in England and has the highest incidence of diabetes in the UK and the highest rate of deaths from stroke in

London. In partnership with Serco Health the matrons use improved information management systems to target patients for self-care education, and mobile technology.

Community Matrons – Empowering Those with Long Term Conditions, contact imran.devji@newhampct.nhs.uk

FINALIST NORTH EAST LINCOLNSHIRE PCT



The HOPE – Health Optimisation, Prevention and Education – service is a patient-centred one-stop shop for people with chronic obstructive pulmonary disease and older people at risk of falls. Local people play a central role in its design, development and delivery

Initiatives include Pulmonary

Rehab Plus, an ongoing exercise programme that runs once pulmonary rehabilitation has finished and makes a real difference to greater functional independence. Quality of life indicators show improvements since its inception and accident and emergency attendances from falls in people over 65 have been cut by 7 per cent.

HOPE for the Future, contact kylie.farbrace@nelpct.nhs.uk

FINALIST BOLTON SALFORD AND TRAFFORD MENTAL HEALTH TRUST, SALFORD ROYAL HOSPITALS TRUST AND SALFORD SURESTART



The Salford Perinatal Mental Health Project was developed to tackle the high prevalence of postpartum depression in SureStart areas of Salford.

Women can be offered a range of integrated support and psychological therapies.

Rates of clinical depression have fallen from 89 per cent

at time of referral to 44 per cent at the point of discharge or referral.

The Salford Perinatal Mental Health Project, contact suzanne.glendenning@bstmht.nhs.uk

RECRUITMENT AND RETENTION



➔ Winner: (from left) Alison Smith, Joe Wilkinson and Debbie Donald.

WINNER NHS TAYSIDE

Judges described the winner as an impressive partnership between health and local government that addressed both long and short-term recruitment issues. They praised the focus not just on healthcare but on community benefits, providing real opportunities for staff development and progression

NHS Tayside provides primary and secondary healthcare to 390,000 people spread over 3,000 square miles of both urban and remote, rural environments. Its three local authorities – Dundee City, Angus and Perth and Kinross – include areas of significant and multiple deprivation.

The NHS is the region's biggest employer and the Tayside Healthcare Academy is part of a human resources and workforce development strategy for a sustainable, locally responsive workforce.

The academy's objectives include opening up employment opportunities for a wide variety of people who are unemployed or from excluded groups, and shape its role in the inclusion and diversity agenda.

Social responsibility is seen in its partnership-based workforce development and planning that seeks to put people into work. Partners include Jobcentre Plus, Scottish Enterprise,

Careers Scotland and local further education colleges. Start-up funding came from the Scottish Executive Health Department.

The academy was established in early 2006 and its first students arrived in August that year. Three programmes are available. A six-week pre-employment course provides statutory and mandatory training and helps students to understand the multidisciplinary contribution to patient care.

Modern apprenticeships for electricians, fitters, plumbers and other trades have been taken up enthusiastically and a 20-week SVQ level 2 programme for school leavers began in Dundee recently.

A great deal of pastoral care supports the transition to work. Success is evident. In the academy's first seven months 69 per cent of students secured permanent work with NHS Tayside.

NHS Tayside Healthcare Academy, contact debbie.donald@nhs.net

Judges

Karen Jennings

National secretary of health, Unison

Jon Restell

Chief executive, Managers in Partnership

Clare Chapman

HR director, Department of Health

Steve Barnett

Director, NHS Employers

HIGHLY COMMENDED MERSEY CARE TRUST

When service users and carers at Mersey Care trust talked about people with disabilities being disadvantaged in employment and how those with mental health problems and learning disabilities who wanted to work were more disadvantaged than most, the board decided to involve service users in all of the trust's work

The aim was to help them overcome discrimination and prejudice, regain confidence and skills and get used to being back in the workplace.

Mersey Care trust puts great emphasis on the right of service users to employment and has created flexible opportunities to match people's circumstances.

There is a wide range of paid sessional opportunities. Service users and carers are trained and paid £12 per hour plus expenses to be involved in the recruitment, induction and training of all staff. They participate in incident reviews and even evaluate the performance of the chief executive and the executive team.

A partnership with social enterprise Green Apprentices is now working to grow 12 people with mental health needs into domestic, catering and portering roles. More than 20 service users have come off benefits.

The judges commended the originality of Mersey Care's approach and its potential to share learning with other organisations.

A Different Experience, contact lindsey.dyer@merseycare.nhs.uk



➔ **Finalist: Kathryn Davies (left) with Ann-Marie Coyne and Roy Wallworth.**

➔ **Finalist: Pauline Fryer.**

➔ **Highly commended: Mary O'Reilly (left) and Lindsey Dyer.**

➔ **Finalist: (from left) Julie Ribbons, Nicola Fair and Dave Thornton.**

FINALIST EAST LANCASHIRE TEACHING PCT



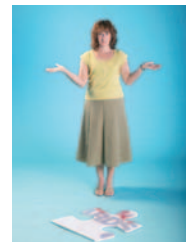
The primary care trusts that merged to create East Lancashire were in the bottom 10 per cent of PCTs for numbers of GPs per head of population. The organisation has been participating in a national initiative to aid recruitment and retention in deprived areas and general practice has been made a key priority

A project manager has focused on supporting foundation year expansion into primary care and mental health to resolve the recruitment problem and a historical lack of training capacity.

In two years, East Lancashire has trebled the number of GP registrars and achieved 100 per cent primary care placements for foundation year 2 doctors.

Where Have All the Doctors Gone...?, contact kathryn.davies@bwdpct.nhs.uk

FINALIST ROTHERHAM PCT



When five organisations merged in 2002 to form Rotherham primary care trust, the staff turnover rate was at 13 per cent. Improving the local population's health and well-being was a challenge that was met through a comprehensive human resources development strategy

By focusing on the goal of growing into an exemplar employer capable of developing and retaining a responsive workforce, Rotherham became the first PCT to achieve *Improving Working Lives Practice Plus*, it got best quality of work-life balance status in the country in the 2006 staff survey and reduced turnover to 1.6 per cent.

Recruitment and Retention, contact peter.smith@rotherhampct.nhs.uk

FINALIST NHS INSTITUTE FOR INNOVATION AND IMPROVEMENT



Part of the role of the NHS Institute is to build capability and develop leadership that stimulates high-impact innovations and improvements. One responsibility of the Building Leadership Capacity team is recruiting and developing future NHS leaders through the high-flier graduate NHS Management Training Scheme

A range of value-for-money best practice initiatives were introduced in 2007 to ensure that the scheme continued to recruit the best graduates, contributed to promoting and supporting a diverse workforce within the NHS and built knowledge and skills transferable to other areas of the service.

Recruitment Campaign for the 2007 NHS Graduate Management Training Scheme, contact angela.antolini@institute.nhs.uk

REDUCING HEALTH INEQUALITIES



➔ Winner: (from left) Julie Carman, Tim Mansfield and Janet West.

WINNER EAST LANCASHIRE PCT

The Accident Prevention Team project was developed in 2001 to reduce the number of children under five attending accident and emergency or GP surgeries due to home accidents, and has expanded to other safety issues

One of the first tasks was to develop a home safety scheme for 200 families in one Sure Start area. More than 4,000 homes have been given advice on safety, and equipment including fireguards, safety gates, smoke alarms and cupboard locks have been supplied and fitted. A multi-agency safety network has also been set up, with representatives from more than 20 organisations, and provides at least eight safety events each year.

ACAP works with over-55s in the community to develop and deliver falls-prevention initiatives and has provided training to healthcare assistants and voluntary agencies on falls prevention.

More than 50 accident prevention talks have been given to local parents and older people's groups. Training on childhood

accident prevention has also been provided to more than 200 health visitors and early years professionals.

The whole tenor of the work has been to avoid 'doing things to/at people' but instead to work hand in hand with parents and local community members. As a result of the project it is estimated 660 local children have been saved from potential harm, a saving to the local NHS of £331,000 – £1.9m. The judges said: 'Good exploratory engagement with people, and solutions tailored to diverse communities in the area. Well evaluated, including value for money.'

Accident Prevention Team (ACAP), contact julie.carman@eastlancspct.nhs.uk

Judges

Maggie Rae

Joint director of public health for Wiltshire PCT and Wiltshire county council

Professor Alan Maryon-Davis

President, Faculty of Public Health

Liam Hughes

National adviser, healthy communities, IDeA

FINALIST BLACKPOOL PCT, BLACKPOOL COUNCIL AND AGE CONCERN BLACKPOOL

➔ Finalist: (from left) Carol Bracegirdle, Judith Mills and Carol Ann McElhone.



An accident prevention programme set out not only to reduce accidental deaths and injuries across Blackpool but to focus on the greater incidence of these in deprived areas

The causes of Blackpool's poor life expectancy, which is the second worst in England and Wales, were analysed and falls were found to be a major cause of ill health and premature death.

Older people were also more likely to die or be injured on Blackpool's roads, or to die in a house fire, and older people in deprived neighbourhoods, compared with other areas of the town, were more likely to be repeat fallers, and to die on the roads or in a house fire. Older people living in care homes and sheltered housing had a high incidence of repeat falls.

Road traffic fatalities have been reduced across Blackpool, with a proportionately greater reduction in the most deprived areas. Hospital admissions from falls have also decreased.

Predict and Prevent, contact judith.mills@blackpoolpct.nhs.uk

FINALIST BRADFORD ADULT SERVICES

➔ Finalist: Akhlak Rauf.



This project raised awareness of dementia for older South Asian people as it was a taboo subject in this community and services were not being accessed

Bradford Adult Services began the project and now works in partnership with Bradford and Airedale teaching primary care trust, Age Concern and the Alzheimer's Society. It runs conferences, roadshows, radio programmes, a support group and home visits, and has a leaflet in six languages. The aim is to help people learn how to slow down the onset of dementia and access NHS and social services. Since January 2006, more than 50 live case files have been generated and 17 community road shows have been held for people from a variety of multi-lingual, religious and ethnic backgrounds.

The Meri Yaadain (My Memories) Dementia Project, contact akhlak.rauf@bradford.gov.uk

FINALIST CHESHIRE AND WIRRAL PARTNERSHIP TRUST, WIRRAL PCT, CENTRAL AND EASTERN CHESHIRE PCT, WESTERN CHESHIRE PCT, AND WIRRAL AND CHESHIRE BOROUGH COUNCILS

➔ Finalist: Michele Bering (left) and Sheila Hillhouse.



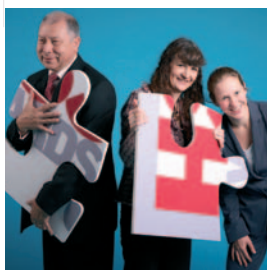
The managed clinical network was set up in 2006 to address health inequalities and access issues faced by people with learning disabilities across Cheshire and Wirral

The network aims for the needs of people with learning disabilities to be reflected in area plans, for training and support around learning disabilities, and for direct clinical support for clients having problems accessing care. Teams adopt a strong leadership approach to change. The network harnesses the enthusiasm of people who want to make a difference.

Learning Disabilities Managed Clinical Network: Health Access and Inequalities, contact michele.bering@cwprnt.nhs.uk

FINALIST SOUTH STAFFORDSHIRE PCT AND STAFFORDSHIRE COUNTY COUNCIL

➔ Finalist: (from left) Brian Camfield, Liz Dipple and Lucy Heath.



Local statutory and voluntary agencies tackled health inequalities with no extra money

The project did not attract targeted deprivation funding, so a health needs assessment was made to provide strong evidence to key stakeholders and high-level sign-up was achieved. The project built on existing programmes to work more effectively with voluntary sector partners, culminating, so far, in a community health facility. The costs for running the building are kept to a minimum and statutory partners contribute within existing resources.

Tackling Health Inequalities on a Shoestring, contact sue.wardle@southstaffspct.nhs.uk



➔ Winner: (from left) Sue Cradock, Marian Carey, Mike Bonar and Heather Daly.

WINNER THE DESMOND COLLABORATIVE

This integrated programme has developed professional development and patient education courses that could be a model for the rest of the NHS

The DESMOND – diabetes education and self management for ongoing and newly diagnosed – Training and Quality Development programme is delivered by two trained healthcare professional educators to a group of patients over two sessions.

It is designed to give people the best start in living with this chronic condition, by providing them with the information, motivation and skills to self manage in the way they choose.

The programme was developed by a task group of the DESMOND Collaborative, a multidisciplinary group of health professionals, academics and people with diabetes.

Through involving educators, trainers and patients in the development process, the programme has created training, mentorship and continued professional development that is integrated with the patient education programme being delivered.

The benefits of the DESMOND programme have been proven in a randomised controlled trial, funded by Diabetes UK. One of the keys to its success is that the educators undergo a training programme. Potential educators are put forward by

their employing trust. By June 2007, this training had produced over 350 graduates in 67 primary care organisations in the UK.

A further crucial element of the training programme is the support provided by the DESMOND national programme team. This central infrastructure has facilitated the growth of the training programme, provided project management and ensured tasks were accomplished to deadline.

The national director and programme manager advise and support the trainers and educators, oversee the organisation of training and related events; expedite the production of manuals, materials and teaching aids, and ensure that trainers and assessors are supported in their roles within DESMOND.

The judges said: 'Highly relevant to NHS of 2007 and very impressive.' What is more, it has 'great potential for transfer to other disorders'.

DESMOND Training and Quality Development Programme,
contact marian.carey@uhl-tr.nhs.uk

Judges

John Rogers

Chief executive,
Skills for Health

Deborah O'Dea

President, Healthcare People
Management Association

Professor Bernard Crump

Chief executive, NHS
Institute for Innovation and
Improvement

➔ Highly commended: (from left) Kim Hacker, Martin Williams and Harry Hayer.

HIGHLY COMMENDED NORTH BRISTOL TRUST



A staff development policy was devised to provide training opportunities and encourage career progression

North Bristol trust experiences a high turnover of staff in the lower pay bands; for healthcare assistants, turnover is more than 18 per cent.

In the past, healthcare assistants had little opportunity to access higher level learning and other support workers had even less. In 2005, the trust received Skills for Health funding to develop skills escalators and a personal development portfolio for all its support workers.

Where possible, these skills escalators will dovetail into other role-specific skills escalators. For example, healthcare assistant skills will link to the skills needed to enter nurse training. The portfolio is a tool for individuals to collect evidence of their development.

Now the portfolios are given out as a matter of course to all new support workers at induction.

Support Worker Skills Escalator and Personal Development Portfolio Project, contact kim.hacker@nbt.nhs.uk

➔ Finalist: Mike O'Sullivan.

FINALIST DERBYSHIRE MENTAL HEALTH TRUST



A postgraduate certificate was created to develop skills for working with personality disorder. Accredited through Derby University, the course is for qualified staff working at Derbyshire Mental Health trust

The course came about because there were no accredited programmes for care co-ordinators within mental health outside of very specific and extensive psychotherapy training.

The trust felt that developing a cohort of staff with a recognised qualification in dealing with personality disorder would create the 'tipping point' which would change the culture in mental health services. The course content and assessments are benchmarked against the continuous professional development indicators in the capability framework for working with personality disorder.

Working with Personality Disorders, contact michael.osullivan@derbysmhservices.nhs.uk

➔ Finalist: (from left) Pauline Brown, David Griffith and Jo Dale.

FINALIST HOMERTON UNIVERSITY HOSPITAL FOUNDATION TRUST



A model of good practice and a guide for work-based placements were developed, in preparation for delivering the specialised diploma in society, health and development in Hackney

The work was undertaken by Homerton University Hospital and Inspire, the education business partnership for Hackney. It came after the borough's school and college partnerships won approval to deliver three of the new 14-19 diplomas as part of the first wave of pilot schemes in 2008. The diplomas combine essential skills and knowledge, hands-on experience and employer-based learning.

The project involved aligning work experience in an acute hospital setting with specific curriculum outcomes.

Skills for Hackney – the New Diplomas, contact pauline.brown@homerton.nhs.uk

➔ Finalist: (from left) Kay Butterfield, Wyn Jones, Christine Peake

FINALIST NHS YORKSHIRE AND THE HUMBER



A strategic partnership was set up between the NHS and the Learning and Skills Council, first in West Yorkshire and more recently across Yorkshire and Humber

As the largest employer in the region, the skills requirements of the NHS have a major effect on the skills profile locally. The aim of the partnership was to co-ordinate regional skills development and NHS needs.

The main focus is the skills development needs of support staff within the NHS, *Agenda for Change* bands 1-4, who traditionally have had limited access to training and development.

The 'train to gain' work stream led to 850 staff being nominated for level 2 training this year.

Skills Development Through Partnership, contact christine.peake@yorksandhumber.nhs.uk