Copies of this information are available in other languages and formats (e.g. easy-read, audio-cassette, Braille) upon request from the Communications Team on 0161 212 4116 or emailing communications@salford.nhs.uk or via Mincom 0161 212 4858.

Copies of this report are available to download or access in a speaking format on our website at www.salford-pct.nhs.uk. We have tried to use plain English as far as possible throughout this report. However, if you find an unfamiliar or technical term, you will find a Glossary of Terms on our website (address above), which may help your understanding.

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Welcome

Our Vision

An Award Winning PCT

**Pledge 1:** Protect people and help everyone enjoy longer, healthier lives

**Pledge 2:** Provide better and more services

**Pledge 3:** Improve the quality of care

**Pledge 4:** Improve access to the right treatment and services

**Pledge 5:** More involvement of staff and people

**Pledge 6:** Be a well run organisation

Finance and Summary of Accounts

Inside back pocket
In the following pages, you will read about some of the work we have been doing to improve the health and wellbeing of the people living in Salford, together with our aims and objectives for the next 12 months.

You will also read about our many successes during the year and some of the awards we have received for our services. We are proud of our services and of the people who work for us, providing healthcare to more than 232,000 people.
Our Vision

We are a forward looking and ambitious organisation, responsible for:

- Improving the health of people who live in Salford;
- Developing and providing primary and community health services;
- Securing the provision of high quality services from a range of hospitals and care providers.

The PCT was established on April 1st 2001 and is one of 10 PCTs across the Greater Manchester area.

We work in partnership with other organisations in Salford to deliver these responsibilities, including the local hospital and City Council.

The PCT also has a key role to play in the regeneration of the City and is committed to being “Your Leader for Health IN Salford”

The PCT has developed a long-term vision that: “The people of Salford will live longer, healthier lives supported by a world class health system”.

This vision will be achieved by working with our partners to improve the health, wellbeing and social care of the population, commissioning a movement of resources from hospitals to communities and preventative services.

Supporting the vision are three aims:

- Significantly improve health and wellbeing for all in Salford;
- Ensure the delivery of high quality healthcare in the most appropriate setting;
- Commission services to world class standards.

The Six Pledges

Supporting our vision are six pledges, which were put together following wide-spread consultation with patients and members of the public. They demonstrate our long-term commitment to staff and the people of Salford.

- **Pledge 1:** Protect people and help everyone enjoy longer, healthier lives
- **Pledge 2:** Provide better and more services
- **Pledge 3:** Improve the quality of care
- **Pledge 4:** Improve access to the right treatment and services
- **Pledge 5:** More involvement of staff and people
- **Pledge 6:** Be a well run organisation

The rest of our annual report is structured around these pledges.
Professor Eileen Fairhurst, Chairman of Salford Teaching Primary Care Trust, was awarded an MBE in the New Year’s Honours List.

She said of her award:

“I am honoured and delighted to receive this award, which I believe also gives recognition to the hard work and tremendous effort of staff in Salford PCT, making us one of the leaders in the country.”

This is a tremendous acknowledgement of her leadership role within Salford PCT and also the many years of dedicated work within the NHS in Greater Manchester as a Non-Executive Director and Chairman.

The Cardiac Rehabilitation Team is one of the PCT’s award winning teams.
The PCT Executive Team expresses their congratulations to each of the award winners and runners-up during a very successful 2007/08.

<table>
<thead>
<tr>
<th>Team/Group</th>
<th>Award/Conference</th>
<th>Description</th>
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<tbody>
<tr>
<td>Sexual Health Team</td>
<td>Nursing Times Award</td>
<td>Outstanding Services following service re-design</td>
</tr>
<tr>
<td>Charmaine Eckersley, Marie Clayton, Steve Elliot, Rae Ellis, Yvonne Russell and Angela Gillon</td>
<td>Health Service Journal Awards</td>
<td>Clinical Service Redesign for joint work with Salford Royal NHS Foundation Trust on neurosciences and the 18 week target</td>
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<tr>
<td>Toni Doyle, Jean Mullineux, Janice Lowndes, Janice McGrory and Michelle Robinson</td>
<td>Nursing Times Award</td>
<td>Leadership Award for Innovation for working as a team, demonstrating leadership skills and innovative ideas</td>
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<td>Samantha Haycoks and Paul Chadwick</td>
<td>Wound UK Awards</td>
<td>Ark Diabetic Foot Ulcers Award for a practice development paper</td>
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<td>Bethany Mills and Cath Byrne</td>
<td>National Association of Palliative Care Educators Conference</td>
<td>Runners up for Frances Sheldon Award</td>
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<tr>
<td>Cardiac Rehabilitation Team</td>
<td>NHS National Centre for Involvement</td>
<td>Runners up in Involvement to Impact in service redesign</td>
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<tr>
<td>Library and Resource Service</td>
<td>HeLicon</td>
<td>Stage 3 Accreditation with significant evidence of excellence and innovation</td>
</tr>
<tr>
<td>Mandy Williams, Lisa Lynch and Paul Finch</td>
<td>The Caroline Walker Trust Award</td>
<td>Improving Public Health Through Good Food</td>
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<tr>
<td>Policy Team, led by Jack Sharp</td>
<td>Healthcare Financial Management Association Award</td>
<td>Short-listed for the Governance Award to highlight best practice and an innovative approach with the e-BMS tool</td>
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<tr>
<td>Patient Information Group (PInG)</td>
<td>NHS National Centre for Involvement</td>
<td>Short-listed for Involvement to Impact award in Primary Care</td>
</tr>
<tr>
<td>Local Improvement Financial Trust (LIFT)</td>
<td>LIFT Awards 2008</td>
<td>Health Service Delivery</td>
</tr>
<tr>
<td>Mast LIFT Partnership</td>
<td>LIFT Awards 2008</td>
<td>Value For Money Award</td>
</tr>
</tbody>
</table>
We will promote an environment for healthy living and enable Salford citizens to make informed lifestyle choices. We will also plan and respond to emergency situations.

In 2007/08 we worked to achieve this by:

- Ensuring the effective management of long-term conditions in Salford.
- Maximising the quality of life and reducing health inequalities.
- Working with partner organisations and people living in Salford.
- Protecting the health of Salford people.

Councillor Pat Karney, NHS director of Smoke Free Greater Manchester, visits the Quit It bus in Salford.
Smoking Cessation and Tobacco Control

The Smoke Free Legislation, which became law on July 1st 2007, encouraged an increasing number of Salford people to come forward for help to quit smoking. Between April and September over 3,333 people sought help compared with 1,699 in the same period the year before and 35% of these people stopped smoking for at least four weeks.

Before the Smoke Free Legislation was implemented, the Stop Smoking Service was widely promoted to ensure that people knew where to get help.

Salford PCT, along with nine other Greater Manchester PCTs, funded a freephone telephone number (0800 432 0303), a free text line (Quit It 81066), and a website (www.quit-it.org.uk) to help people access their local services more easily. In addition, over 200 people visited the double decker Quit It bus for on the spot advice and information, whilst it was based in Eccles, Pendleton, Swinton and Walkden.

The PCT has developed the Smoke Free Homes initiative in conjunction with Salford City Council. Salford’s Community Health Action Partnership (CHAP) was commissioned to recruit and train local people to be Smoke Free Homes advisors.

The advisors work in areas with the highest smoking prevalence, explaining to parents and carers the harmful effects of second hand smoking on their children, which can lead to increased cases of respiratory infections and hospital admissions.

By encouraging parents and carers to make a promise not to smoke in front of their children (Bronze and Silver Promise), and preferably to only smoke outside the home (Gold Promise), we also encourage some parents to quit smoking altogether.

Between July 2007 and February 2008, 2,986 households signed up to Smoke Free Homes, of these, 1,382 homes had smokers. This sign up had a positive impact on 4,052 children who live in the same house as those who have made the Smoke Free Homes promise.
Food and Physical Activity

The Salford Food and Physical Activity Partnership are responsible for tackling obesity in Salford by addressing social and cultural behaviour at both a community and organisational level. Some of our work includes:

**Community Food Workers** - based in our communities to support parents to understand food and encourage children to follow healthier diets.

**Healthy Schools Scheme** - 100% of all schools across the city have signed up to the scheme, which supports schools to work closely with other agencies to improve the provision of physical activity and healthy eating, for example:

- **Grow your own** - four high schools, 40 primary schools and one Children's Centre successfully applied for funding to expand fruit and vegetable growing activities. These will link to community allotments and growing schemes.

- **Cookery Club for pupils** - The School Nursing Team, with the help of schools, deliver cookery classes in half our primary schools.

- **Fitbods** - Staff from 55 schools have been trained to teach children about healthy lifestyles through physically active games at playtime. Teachers and school staff have positively evaluated the programme.

**Postural Stability** - a new service is being delivered to help reduce the number of falls in adults, particularly those who have a history of falls.

**Salford Community Leisure** - provides a range of physical activity opportunities in partnership with the PCT and Salford City Council, to increase physical activity in adults by 3.75% by 2009. Activities are delivered in community settings and in established facilities.

**Health Improvement Teams** - deliver a range of community based activities to increase physical activity and improve nutrition. These are provided in response to community consultation and include fun walks, cookery clubs and courses, cycling projects and food hygiene training.

**Workplaces** - the PCT is in the process of adopting healthy cooking and hospitality standards to offer healthier choices in the workplace.

We encourage staff to participate in healthy activities through the Health Time Scheme and the City Council has provided PCT staff with concessionary gym membership to encourage physical activity.
**Vaccinations**

We have again exceeded the national targets for influenza vaccination uptake in the over 65 year olds with an uptake of 74%.

Areas of inner city Salford, which historically have a poor uptake, have made some improvement, although there is still more work to do.

Work during the next year will focus on certain areas of Salford where there is a need to improve our vaccination rates further.

Salford PCT has maintained uptake at 74% for the last two years, this year focusing on supporting GP practices to achieve their targets. Involvement and hard work by individual practices and frontline staff, together with partnership working to promote the influenza vaccine, has been key to our success.

**Childhood Immunisations**

Further changes to the childhood immunisation programme took place in September 2007. These included a Haemophilus Influenza Type B (HIB) booster to be added for pre-school children. As disease patterns change and new evidence becomes available about preventable disease, continual changes to the immunisation programmes remain a challenge.

During the next year we will see the introduction of the vaccines for year eight girls preventing infection from Human Papiloma Virus (HPV), the major cause of cervical cancer. Training is in place for staff delivering the HPV vaccine and for GPs and other health care workers who require information to support the campaign.

A weekly vaccination clinic will maximise accessibility, giving children who have missed vaccination appointments further opportunity to attend the clinic. Further work is planned to increase the uptake of the vaccine across the city over the next five years.

During 2007/08 changes to childhood immunisations have taken place.
Diabetic Retinopathy Screening

This year Salford was part of the launch of the Greater Manchester Diabetic Retinopathy Screening Programme. This is a comprehensive screening programme based on digital photography, led by the Association of Greater Manchester Primary Care Trusts. It is a co-ordinated service across Greater Manchester in an area which used to rely on a totally hospital-based service. The programme brings the service closer to patients in Salford by using high street optometrists.

Coronation Street actress Sue Cleaver, a diabetic herself, helped launch the programme and promote the message that ‘Screening Saves Sight’.

The new service enables the PCT to reach more people who are at risk of preventable premature blindness. The technology allows for an easier and more detailed examination of the central retina, in addition to better quality control since it is easy to pass the images electronically for a second opinion.

The images can also be stored for comparison on subsequent visits. The service also offers greater efficiency, convenience and accessibility due to the locations of screening services in high street optometrists.
Don is 63 and discovered he had diabetes when he was 17. His diagnosis came after he experienced blurred vision. Tests for retinopathy were unknown in 1961 and it was 19 years later that he became one of the first to have an examination. Laser technology was also in its infancy and he had already lost the central vision in one eye.

He started having annual eye tests to check the extent of the damage. Treatment also took place annually, but sometimes when problems with his eyes were worse it was almost one a week.

Now he has what he calls “reasonable sight” in the context of his history, which has included operations to remove debris at the back of the eye and another for cataracts. He has navigational vision in one eye and the other has damaged peripheral vision.

Don welcomes the cross-Manchester screening programme. He said: “When I was young, diagnosis was slow and hit and miss. If I had had effective early tests for diabetic retinopathy I wouldn’t have had all the damage to my eyes that I have suffered.”

He much prefers the convenience of visiting the local optician and draws comfort from the idea that the images can be stored and used as a record. Up to 12 months ago a test cost £10 but now it is free.
Emergency Planning and Business Continuity

We have a duty to make sure we are prepared for incidents and emergencies and that we are able to respond to any such incidents in a timely and effective way. We must provide assurances to the population of Salford that we are working with partners to assess and address risks by planning adequately. Within the framework for emergency planning (The Civil Contingencies Act) the PCT has a duty to undertake the following:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Establish business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with local responders to enhance co-ordination and efficiency.

Being prepared for emergencies has been identified within the NHS Operating Framework as one of the five top priorities for the NHS. The PCT has progressed a significant amount of work in this area and continues to work closely with all partners across Salford to ensure this remains a priority for us all. We are also actively involved in working with the lead PCT for Emergency Planning across Greater Manchester - Bolton PCT, so that we can ensure consistency in planning and the most effective use of resources.

A number of developments have taken place during 2007/08 within the area of emergency preparedness, resulting in:

- A PCT webpage dedicated to emergency planning issues - a useful reference source for Salford residents and a forum for warning and informing.
- A Flood Plan for Salford - jointly developed across all partners, to aid all agencies in responding to a flood warning as necessary.
- Development of a Greater Manchester Training Programme to be rolled out across PCTs in the region.
- Development of internal and multi agency plans for situations like pandemic flu, mass vaccination, suspected bomb threat and suspicious package protocol.
- We have undertaken training exercises with partners such as the Local Authority and Hospital Trust. An exercise is planned with partners for September 2008, which will test our current plans and enable us to review these to ensure they are fit for purpose.
Looking Forward

During 2008/09, we will:

- Reduce smoking and exposure to second hand smoke in the home.
- Develop mechanisms for reducing obesity by agreeing and commissioning the Obesity Strategy for Salford.
- Reduce childhood obesity by delivering the Healthy Schools Programme across the city.
- Improve the uptake of immunisations for vaccine preventable diseases.
- Ensure resilience is strengthened in relation to pandemic flu, working closely with partners to have plans in place by the end of December 2008.
- Provide more dedicated resources to ensure internal business continuity processes are robust and fit for purpose.
- Continue to work with colleagues across Greater Manchester to ensure multi agency plans are reviewed and tested on a regular basis.
Pledge 2:

Provide Better and More Services

We will commission and provide high quality, convenient and responsive community services.

In 2007/08 we worked to achieve this by:

- Ensuring services commissioned were value for money.
- Improving primary care by ensuring services were of high quality and accessible.
- Improving the health of children, ensuring that services were close to home where appropriate.

Salford PCT will work with partners to improve healthcare for the people of Salford.
Salford’s Health Investment for Tomorrow (SHIFT)

In several locations across Salford, investment is being made in providing a new standard of building to integrate local health and City Council services.

These ‘Gateway’ developments, formerly referred to as health and social care centres, are being constructed in Eccles, Pendleton and Walkden and each Gateway will be the local health and lifestyle centre for the surrounding community, but with specialist aspects.

For example, the Pendleton Gateway will focus on services for children and young people and the Walkden Gateway will have a focus on rehabilitation therapies, such as physiotherapy, speech and language therapy. They will each provide an important resource for the city.

These have been built through the Local Improvement Finance Trust (LIFT) and form part of the SHIFT Programme. This programme of investment is bringing improved care both in and out of the hospital. SHIFT is providing an improved hospital for Salford Royal NHS Foundation Trust on the Hope Hospital site.

Double Success at the LIFT Awards 2008

We won the Health Service Delivery category at the LIFT Awards 2008 for the way we have used the LIFT initiative to help redesign health and public services in Salford.

The PCT has worked with Salford City Council, MaST LIFTCo and Laing O’Rourke to create a series of multi-purpose buildings, where members of the public can not only access healthcare but also change their library books or meet friends in the café.

MaST LIFT Partnership was also triumphant at the awards, picking up the Value for Money award for its management of the Willow Tree Healthy Living Centre LIFT scheme in Lower Kersal.
Mental Health Services

Salford’s Mental Health services are commissioned through a Mental Health Partnership Board. This board has representation from local service users, carers, the City Council and voluntary sector.

Over the past year significant achievements and developments have included:

- In February 2008, Bolton Salford and Trafford Mental Health NHS Trust began operating as a Foundation Trust and changed its name to Greater Manchester West Mental Health NHS Foundation Trust. By becoming a Foundation Trust, the organisation is able to engage far more with local communities, and be more in tune with the needs of those living with mental health and substance misuse problems.

- Further primary care mental health service developments, giving people with common mental health problems quicker access to psychological therapy. Salford became one of 11 national pathfinder sites for these developments, sponsored by the Department of Health.

- As an extension of this, a new computerised Cognitive Behavioural Therapy service has been established - run by a voluntary sector organisation.

- Enhanced care pathways for diabetes sufferers and women with pre and postnatal psychological problems to receive support and treatment.

- Increased crisis and home treatment services, therefore reducing need for hospital admission.

- Establishment of Older Persons Integrated Community Mental Health Teams.

- Expansion of early intervention services for psychosis.

- Innovative new women-only service, which offers accommodation and rehabilitation support to eight women at a time.
Children’s and Maternity Services

We are working with the Greater Manchester Network Supervisory Board to implement major changes in the way children’s and maternity services are delivered across Greater Manchester. This follows the decision of the Joint Committee of PCTs in December 2006 regarding obstetric, paediatric and neonatal services across Greater Manchester.

We have asked over 4,000 women where they want to have their babies in the future. Some of their feedback included having their babies at home or at a stand alone midwife led unit.

The PCT expanded the Community Paediatric Team in 2007/08 and is finalising plans for new Children’s Services at Salford Royal Hospital and in Pendleton at the new Gateway centre.

Throughout this work the priority has been to ensure high quality services continue in Salford with minimum disruption as the changes are implemented.
In 2004 we reviewed our Genito-Urinary Medicine (GUM) and community family planning services. This review specifically targeted improvements in sexual health delivery to encourage a high quality and comprehensive sexual health service for the people of Salford. This aimed to reduce the stigma around sexual health and encourage people to use the services on offer.

It was also a priority of the Sexual Health Team to ensure the services they provided were easy to reach with a fast track facility for those requiring more urgent treatment.

These improvements in the sexual health service have given staff the opportunity to develop and take part in educational activities, which have increased their knowledge in the sexual health field.

Sexual Health Nursing Times Award

The Sexual Health Team celebrated a win at the prestigious Nursing Times Awards in November for outstanding services.

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Dr Goodman and the Sexual Health Team at the opening of the Goodman Centre for Sexual Health.
Diana Community Nursing Team’s Date with Royalty

In the summer of 2007 Diana Nurses from Salford PCT were invited to meet with Princes William and Harry at an event designed to celebrate the extraordinary life of their mother, Diana, Princess of Wales.

They met the Princes for an informal discussion on the work they are doing in Salford before sitting down to join them for lunch.

The Diana Team provides invaluable care and support to children with life threatening or life limiting illnesses across the city.

The Lord Mayor of Salford also nominated the Diana Team as one of her ‘Charities of the Year’.
Primary Care Commissioning Strategy

In January 2007 we launched our Primary Care Commissioning Strategy, which sets out the vision for services provided by GPs, pharmacists, dentists and optometrists over the next 10 years.

Salford PCT is committed to ensuring that primary care services are fit for the 21st Century and are truly patient-orientated. The vast majority of patients are cared for in primary care and Salford has many examples of innovative services that deliver an excellent service to patients.

Progress has been made over the last few years, with the introduction of new ways of working and improved services. Primary care clinicians and their staff have demonstrated dedication, professionalism and a commitment to provide high quality care.

However, significant changes will be required to ensure that all primary care services are able to meet the increasing needs of our population and provide world class, high quality care to the people of Salford. The PCT has already identified that there are not enough GPs in Salford and is encouraging existing practices to take on more doctors. The PCT will also commission three new practices and a GP-led health centre in the next 12 months.

Over the course of the 10 year strategy the PCT will develop improved premises for primary care services and will establish new models of care with practices working together. The PCT will also ensure that there are learning opportunities in primary care for all clinical staff.

The Primary Care Commissioning Strategy has been widely consulted on and is the product of considerable input from primary care clinicians, staff and managers. It incorporates the views of patients and the wider public who have identified the changes they would like to see in primary care.

Provider Services

Due to national changes we have to consider separating our commissioning function from our role as a provider of services. We started the Provider Services Development project during 2007/08 to study the different models which could be used in the future.

A number of options have been identified; one of these will be to integrate with partner organisations including Salford City Council.

This project will continue throughout 2008/09 and we will work with other partners to introduce a number of models for consideration by the PCT’s Trust Board and the City Council.

Before a final decision is taken, Provider Services will move to a new position of an “arms length organisation.” This means that whilst remaining a part of the PCT, it will have its own governance arrangements with delegated responsibility. It is expected the level and scale of delegation will be decided by the Trust Board during 2008.

Any changes to the long term model of services for the people of Salford would be subject to a formal consultation.
Looking Forward

During 2008/09, we will:

- Develop primary care mental health services.
- Work with mental health services to improve urgent psychiatric assessment and psychiatric liaison services and support general acute services.
- Improve user and carer participation e.g. through establishment of the Partnership Development Board.
- Redesign and bring improvements to acute inpatient services.
- Plan for the new maternity services, including options for midwifery-led care.
- Improve sexual health by developing interventions to achieve national chlamydia screening target and continue to respond to teenage pregnancy levels.
Pledge 3:

Improve the Quality of Care

We will commission and provide services based on the best evidence available.

In 2007/08 we worked to achieve this by:

- Ensuring the provision of high quality, accessible evidenced-based community services.
- Introducing an integrated governance system using the work of the Association of Greater Manchester PCTs.
- Providing care environments beneficial for good clinical practice, which supports the physical, emotional and social wellbeing of patients and staff.

The PCT will strive to ensure patients see continuing improvements in the care they receive.
Clinical Service Redesign Success

Salford PCT and Salford Royal NHS Foundation Trust jointly received a prestigious Health Service Journal (HSJ) Award for Clinical Service Redesign in November.

The Neuroscience Integrated Clinical Assessment and Treatment Service Team behind the award received the accolade for the complete service redesign of the patient pathway in neurosciences, which enabled the achievement of the 18-week patient waiting target.

The award demonstrates further the achievements both Salford PCT and Salford Royal NHS Foundation Trust have made through joint working.

Clinical Governance

We are committed to commissioning and providing high quality services. We have submitted our declaration to the Healthcare Commission on Standards for Better Health and have rated our organisation as fully compliant with the 24 core standards.

This will contribute to the “Annual Health Check” as assessed by the Commission (see page 46 for further information on this assessment).
Teaching PCT Activities

As a Teaching PCT we continue to make excellent progress in our commitment to training and education, career and workforce development initiatives and our significant contribution to research and development.

Staff training and development continues to be a priority, to better enable us to meet the changing health needs of the population of Salford. During the last year, the Training Department has focussed on the following areas:

Implementation of the NHS Knowledge and Skills Framework - staff recruited to the PCT are provided with a post outline, in addition to their job description, which details the knowledge and skills they are required to apply in their work to deliver quality services. A Personal Development Review is undertaken on a minimum of an annual basis to ensure staff are supported to develop their skills and to address any training needs.

Skills development for Bands One to Four - Salford PCT has signed the “Skills Pledge”, demonstrating a commitment to proactively support the development of staff working in the lower pay bands.

Development of an Administration Apprenticeship Scheme - the scheme aims to attract young, local residents into a career within the Health Service.

Partnerships with Higher Education - the PCT has developed a number of joint posts with Salford University to address two key priorities:

- The development of business skills and competencies.
- The development and implementation of work-based learning within integrated health and social care teams.

The PCT uses National Learning at Work Day to encourage staff to seek training opportunities.
Supporting Primary Care Education - the importance of supporting the development of the independent contractor workforce has been demonstrated through the provision of education and training to improve the management of long-term conditions and improve access to primary care health professionals.

The recent introduction into our General Practitioner (GP) appraisal process of an on-line 360° feedback tool has further enhanced the quality of the appraisal process for our GPs.

Salford Teaching PCT hosts the Greater Manchester School for Dental Care Professionals whose innovative programmes go from strength to strength.

In addition to students achieving diplomas in dental therapy and dental hygiene the school has now developed a new course for Extended Duties for Dental Nurses.

Salford PCT, Salford Royal NHS Foundation Trust and the University of Manchester have been awarded a £1.5million research grant by the National Institute for Health Research to help patients manage their chronic gastrointestinal disorders. The four year programme will involve GPs and patients across the city and aims to find and implement new ways for sufferers to cope with their abdominal or gastrointestinal illnesses, which are not usually fatal but cause chronic distress.

The National Institute for Health Research approved the funding application after deciding the Salford research team had a track-record of high-quality health research, the research provided value for money, was relevant and would bring significant health benefits. Salford was also chosen due to its experience in the gastrointestinal field and the well-established links between the PCT, Salford Royal NHS Foundation Trust and the university.
The Association of Greater Manchester PCTs

Through Chief Executive Dr Mike Burrows, we currently lead the Association of Greater Manchester PCTs.

The Association is a partnership between the 10 PCTs in Greater Manchester, who work together for their mutual benefit, the welfare of patients and for improvements in health for the local population.

**During 2007/08 the Association has:**

- Developed a new model of stroke care, delivering rapid access to scanning and treatment. This way we expect to save over a hundred lives a year and significantly improve recovery for over 700 stroke patients across Greater Manchester.
- Co-ordinated efforts to procure and provide faster access to assessment and treatment to ensure achievement of the 18 week waiting time target.
- Undertaken a Greater Manchester wide social marketing activity to maximise the opportunity of Smoke Free legislation, and in doing so focus on stop smoking services offered.
- Overseen the Commissioning Business Service, which provides support to all 10 PCTs and other commissioners to obtain high quality and effective services.

Corporate Citizenship

We are committed to being a good corporate citizen and tackling health inequalities through the PCT’s daily activities.

In 2007/08, the Strategic Health Authority NHS North West identified us as one of the best NHS Corporate Citizens in the North West.

Using a self-assessment tool developed by the Sustainable Development Agency, we measured how we behave as an employer, a purchaser of goods and services, a manager of transport, energy, waste and water, as a landlord and commissioner of building works, and as an influential neighbour within our community. Over the course of the year we found we were able to improve our score and have made the most progress of any North West NHS organisation.

Salford scored well in all categories, including being rated as excellent for community engagement. Over the last year we have established an action group who plan to introduce a strategy to combat workforce obesity and reduce the PCT’s car use.

We have also introduced practical measures. We have established staff bicycle discounts with a local retailer to encourage staff to use their bikes for work and share tips with staff about how to limit damage to the environment, such as turning off computer monitors when not in use.

We have worked with the Manchester Metropolitan University to increase our knowledge and understanding of our environmental impact. We have hosted a student who has gained practical work experience within the NHS and brought us additional knowledge and the capacity to look at transport infrastructure planning and environmental impact assessments.

Working with the Carbon Trust we have started to look more broadly at our carbon footprint by undertaking energy audits at sites across Salford and considering ways in which, over the coming year, we can plan how we will become carbon neutral.
Looking Forward

During 2008/09, we will:

- Establish a system to allow the PCT to learn from all aspects of risk management.
- Ensure the workforce of the PCT has the necessary skills and competencies to commission and deliver high quality and effective services.
- Develop and implement a strategy to improve the PCT’s position on sustainable development and corporate citizenship.

The table below shows our corporate citizenship self-assessment scores in 2007, compared to 2006.

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<th>Sections</th>
<th>2006 self-assessment score</th>
<th>2007 self-assessment score</th>
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<tbody>
<tr>
<td>Transport</td>
<td>35%</td>
<td>54%</td>
</tr>
<tr>
<td>Procurement</td>
<td>38%</td>
<td>42%</td>
</tr>
<tr>
<td>Facilities Management</td>
<td>52%</td>
<td>54%</td>
</tr>
<tr>
<td>Employment &amp; Skills</td>
<td>67%</td>
<td>76%</td>
</tr>
<tr>
<td>Community Engagement</td>
<td>71%</td>
<td>78%</td>
</tr>
<tr>
<td>New Buildings</td>
<td>72%</td>
<td>74%</td>
</tr>
</tbody>
</table>
In 2007/08 we worked to achieve this by:

- Ensuring vulnerable groups received fully integrated services.
- Further implementing GP Practice Based Commissioning.
- Improving access to hospital and community services within agreed timescales.
- Providing urgent and emergency care as close to people’s homes as possible.

The PCT will help elderly people to have their voices heard and make sure they can access the services they need.
Practice Based Commissioning

We have made real and lasting progress this year in the development of Practice Based Commissioning.

Practice Based Commissioning puts the local GP at the centre of development of new and better services for patients, whilst at the same time ensuring the services we deliver keep on improving and provide good value for money.

The PCT and GPs worked together to implement the Best Value review, including the implementation of “Scriptswitch”, a programme that helps make prescribing to patients more efficient and cost effective, and higher quality patient referral processes through review with fellow GPs.

GPs in Salford have continued to work together in eight groups or clusters, one in each council neighbourhood. From April 1st 2008 all the GPs in Salford joined together to form a consortium to formalise their already close working relationships and to take on more accountability for services. The consortium structure gives GPs a stronger collective voice in improving health outcomes for the people of Salford and allows them to build on their experience of delivering health and wellbeing services.

The PCT and GPs have also agreed a new set of priorities for improving health in the coming year. These include working with opticians to introduce a greater variety of ophthalmic services closer to patients in community locations. This would include services around glaucoma and cataracts.

Practice Based Commissioning continues to be a key policy priority for both the PCT and GPs. Strengthened by positive progress this year; we look forward to Practice Based Commissioning delivering real patient benefits long into the future.

Salford GPs are working together to create better healthcare in the city.
In 2007/08, working with local providers of cancer services, we continued to make excellent progress in improving cancer care, including:

- Reductions in treatment waiting times.
- Increased take up of cervical and breast screening.
- Introduction of the bowel cancer screening programme.
- Encouraging those with symptoms of cancer (breast, bowel and lung) to seek help earlier.
- Programmes of work to raise awareness about cancer risk factors.

Salford is part of the Healthy Communities Collaborative project, promoting the early presentation of cancer symptoms for breast, bowel and lung cancer. Community based teams, of which half are volunteers from the local community, are engaged in increasing awareness of the signs and symptoms of the three target areas. The teams also promote the benefits of taking up all screening opportunities that are offered.

Initiatives to increase the number of people taking up the three national screening programmes have included:

- Increasing local awareness of the mobile breast cancer screening van.
- Development of an improved system used to contact women who do not attend for cervical screening. This resulted in a 7% increase in screening at the pilot practice for the first six months of implementation. The new administrative pathway is being rolled out to other practices and it is planned to adapt this to include breast and bowel cancer screening in the future.
- A new Cervical Screening Clinic for women with disabilities.
- A designated Health and Wellbeing Officer working with the Bowel Cancer Screening Centre to improve knowledge of the benefits of screening and what completing the test entails.
- Including cancer screening in the plans for the development of a social marketing campaign for targeted health promotions to reach the most deprived and vulnerable groups.

The graph below shows improvements in breast screening rates in Salford over the past year.
In addition, in Salford and across Greater Manchester, cancer services have continued to be redesigned, so that specialist services are developed and improved, ensuring that they are of the highest quality and meet clinical standards.

We have targets relating to cancer waiting times. The maximum waiting times targets are:

- two weeks for an initial appointment following an urgent GP referral.
- 62 days for treatment following an urgent GP referral.
- 31 days for treatment following diagnosis for all patients diagnosed with cancer.

Apart from a very small number of cases, all these standards were achieved for people in Salford throughout 2007/08.

Despite improvements, the cancer death rate in Salford is still extremely high and reducing this remains a significant challenge. The national ‘Cancer Reform Strategy’ published in December 2007, focuses on new opportunities for cancer prevention, early detection, treatment and supportive care.

Implementing this new strategy will become the focus of cancer services development in Salford for the next few years. This will include:

- Implementing the new national vaccination programme for cervical cancer.
- Extension of breast screening age range and roll out of digital mammography.
- Expansion of bowel cancer screening.
- New waiting time standards and extension to more cancer patients.
- Quicker and more local access to radiotherapy.
- Improvements in End of Life Care.
Supportive and Palliative Care

Palliative Care services continue to develop across the city in partnership with health and social care organisations. A five year strategy has been launched containing 30 recommendations, which provide a framework for supportive and palliative care services to develop further.

Current developments include:

- All GP practices use the principles of the Gold Standards Framework (GSF) to plan and organise care for patients thought to be in the last 6 - 12 months of life.

- Use of the Liverpool Care Pathway for the Dying (LCP) is normal practice for all GPs and District Nurses.

- GSF and LCP is established in five nursing care homes. Extension of the programme is planned for the remaining care homes. An Education Facilitator for End of Life Care in Care Homes has been appointed to achieve this.

- The Cancer Action Team’s Communication Skills Programme, accredited by the Department of Health for senior health care professionals, is now available to Salford PCT staff and will be led locally by the Supportive & Palliative Care Education Facilitator.

- Regular meetings of the Salford Palliative Care Interest Group (SPIN) in collaboration with St Ann’s Hospice and Salford Royal NHS Foundation Trust. SPIN is an education and networking forum for staff to develop skills in supporting patients and their families.

- The Education Strategy for Supportive and Palliative Care has been updated and a Strategic Action Plan for 2007-2012 has been produced.

- Procedure for Verification of Death by Nurses has been ratified and training completed.

Plans for the next year include:

- Adaptation of GSF for use within Salford Royal NHS Foundation Trust and linked to primary care, to be piloted following the appointment of a GSF Facilitator for Acute Care (hospital care).

- Building on the End of Life Care baseline review to further develop End of Life Care services for the population of Salford in light of the Department of Health’s End of Life Care Strategy (due to be published June 2008).

- Pilot implementation of the third End of Life Care Tool, Preferred Priorities for Care (PPC). This is a patient held document that records their End of Life Care choices and preferences.

- Development of a Do Not Attempt Resuscitation Policy.
**Unscheduled Care A & E pilot**

We have piloted a new primary care service at Salford Royal NHS Foundation Trust (Hope Hospital) to provide a more efficient service within the Accident and Emergency (A&E) Department.

Patients who visit the A&E Department with a non-emergency related complaint are seen by a clinician at the Primary Care Centre, which is open 24 hours a day.

The benefit of this new service is that patients are seen quicker and by the most appropriate doctor or nurse.

In addition, waiting times for people requiring emergency treatment will also reduce. Feedback on this service from patients has been excellent. The pilot is due to be reviewed during 2008.

**End Waiting, Change Lives - 18 Weeks Referral to Treatment for Patients**

By December 2008, no patient referred to a consultant-led hospital service should have to wait longer than 18 weeks from referral to treatment. This will apply to all trusts in the NHS and represents the coming together of the various waiting time targets for the different elements of hospital services. In a similar way to our approach to cancer waiting times, the 18 week target will cover the whole patient pathway.

From a patient’s point of view, 18 weeks is a fairer target; and from the PCT’s point of view it is a more complete target that should enable us to measure and manage all the timings of the care delivered to the residents of Salford. The process aims to bring the right care, at the right time, of the right quality, without unnecessary delay.

We have a good track record in achieving national access targets and, in many cases, have been ahead of national targets. In 2007/08, we have achieved the 18 week referral to treatment national milestones giving us confidence that we will achieve the December 2008 target.
Older people

We have continued to improve services for older people through partnership with Salford City Council, older citizens, voluntary and not-for-profit organisations. As part of the LinkAge Plus initiative we will be participating in three national conferences to showcase the innovative work that has taken place in Salford. There has been continued expansion of the roles for older citizens to ensure they have their voices heard.

Salford celebrated the International Day for Older People on October 1st 2007, with a week of events entitled ‘Young At Heart’. These events were the result of successful planning through the Events Steering Group led by older citizens, and working in partnership with statutory, voluntary and community sector agencies.

Older citizens have completed a review of independent sector home care services and as a result a number of recommendations have been made. A newly established monitoring group, which includes older citizens, commissioners and providers, will oversee the implementation of these recommendations.

As part of the LinkAge Plus initiative, a new service has been designed in partnership with Salford City Council’s Housing and Investment Directorate. Housing Choice is a free service for people aged over 50, who would like impartial advice regarding available housing choices. This will help citizens to make informed decisions on the most appropriate options to maintain independence, health and wellbeing, as they grow older in Salford.

Working with the Community Health and Social Care Directorate at the City Council, a new resource booklet has been produced as a short guide to services available throughout the city. This provides information and contact details for services and demonstrates the range of activities available to ensure older citizens remain active and valued participants in their local communities.

We have increased investment in the memory assessment and treatment service for older people and The Alzheimer Society’s telephone support line has been launched in Salford. There has been ongoing work to identify the impact of dementia in Salford. ‘Rethinking Dementia’, a keynote event organised by a range of partners during the Young at Heart programme, was attended by more than 200 people, including many older people and carers.

Many of the actions prioritised in 2006, in relation to ‘Growing Older in Salford: A Strategy for Wellbeing’, have been achieved by the PCT and its partners. A new piece of consultation was due to start in May, to determine those priorities that are important to Salford’s older citizens. This will cover the period 2008 - 2011.

Following the success of ‘Young At Heart 2007’ we are again bringing together the Events Steering Group. This will enable older citizens and staff to work together to plan events and workshops for 2008, around the International Day for Older People on October 1st.

Intermediate Care has introduced a referral management system to manage admissions to acute and elderly medicine. GPs now have extra services through Intermediate Care to help people recover from illness or injury in their own homes, without the need to admit them to hospital. Intermediate Care has extended working hours and weekend working to facilitate weekend discharges.
Looking Forward

During 2008/09, we will:

- Provide public health advice and leadership to allocated GP clusters.
- Ensure Practice Based Commissioners have information resources that meet their business needs.
- Reduce cancer morbidity by ensuring the uptake and coverage of cancer screening.
- Continue to implement the Salford Supportive and Palliative Care Strategy 2007 - 2012.
- Ensure all patients are able to book GP appointments at least four weeks in advance.
- Continue to work in partnership to implement Salford’s strategy for integrated services for older people with mental health needs and their care including:
  - Working with a range of partners to implement a dementia strategy in line with national best practice.
  - Contributing to the development of a resource centre for dementia, working in partnership with the aim of establishing a centre of excellence for Salford.
  - Develop our ‘Affordable Warmth’ project in Salford, which will take place over the next two years and will have a national rollout beyond this period.
We will be responsive to the concerns and aspirations of staff, patients and the public and will support them to influence and shape health services.

In 2007/08 we worked to achieve this by:

- Effectively communicating with staff, patients and the public to address local and national requirements and feedback.
- Involving staff, service users and carers in decision-making, including commissioning and reviewing services and improving the patient experience.

Members of the Citizen and Patient Panel at our inaugural Panel event
Patient and Public Involvement

Commissioners and providers of services regularly consult with members of the public, involving them in shaping services for the PCT. Recent consultations have included:

- Major surveys (The Big Listening, Our NHS Our Future and Primary Care First) continue to help us gather views from the people of Salford.
- The PInG (Patient Information Group) meets six-weekly and has helped the PCT develop patient information on a range of services, treatments and options in acceptable formats for service users.
- The Citizen and Patient Panel represents a cross section of the population and continues to support the PCT by engaging in surveys and consultations.
- Recent reconfiguration of GP services was heavily influenced by patient involvement throughout the process, and following evaluation of this process a commitment has been made from commissioners to repeat this process in future.

We are continuing to find ways of involving groups who have not yet been reached or heard to ensure we can truly represent all service users across this diverse city.

Staff Involvement

Staff involvement is crucial in helping Salford PCT to create truly patient-centred health services.

The PCT continuously seeks to improve staff involvement and respond to staff issues and priorities by implementing its Staff Involvement Strategy.

The PCT encourages staff to give their views on service delivery, planning and proposals for change.

The PInG at the National Centre for Involvement Awards.
Advice, Compliments and Complaints

During 2007/08, the Customer Care Team has continued to provide a high quality service and provided general support and advice to its customers, as well as individual guidance and help on the complaints process.

An updated and revised Complaints Policy was launched in Summer 2007, which was followed by a series of training and awareness events to help managers who deal with complaints to better understand the needs of complainants and respond to their concerns as thoroughly as possible.

In 2007/08 the Customer Care Team dealt with 901 cases of advice, compliments and complaints. Of these, the PCT received 87 complaints in total - 49 of which were about its services, and 38 about services provided by GPs and Dentists, Opticians or Pharmacists.

Overall performance for the year stands at 82% of complaints resolved within 25 working days. Any complaints that cannot be resolved locally may be referred to the Healthcare Commission, which has responsibility for independently reviewing NHS complaints. Complaints can also be referred to the Parliamentary and Health Service Ombudsman.

In the last year the Healthcare Commission received only eight requests for independent review. Of these, four related to PCT services, and four related to contractor services provided by GPs and Dentists, Opticians or Pharmacists. Of these:

- PCT cases - three cases were not upheld and one remains a current case with the Healthcare Commission, pending a decision.
- Contractor cases - two were upheld and two cases were not upheld.

We also received over 20 individual comments, and a number of compliments, both in relation to services, and regarding individual members of staff. All comments or compliments are recorded and acknowledged wherever possible, before being sent directly to the managers of the services concerned.

During 2008/09 the Customer Care Team will continue to improve the way we respond to concerns and complaints, including response times. We will ensure that as many issues as possible are resolved locally and help highlight any service changes made as a result of complaints received.

We will ensure that we are ready to accommodate the changes in both the National NHS Complaints Process and also to adapt to the demands of the changes within Salford PCT.

In accordance with the Parliamentary and Health Service Ombudsman’s publication, titled; ‘Principles for Remedy’ where poor administration or service has led to injustice or hardship, the PCT will take steps to provide an appropriate and proportionate remedy, which could include financial compensation for direct or indirect financial loss of opportunity, inconvenience, distress or any combination of these.

Further information about how to make comments, seek advice or make a complaint can be found via the PCT website.
Equality and Diversity (E&D)

We are developing a Single Equality Scheme, which incorporates the equality strands of age, belief or religion, disability, ethnicity or race, gender and sexual orientation.

E&D training is mandatory within the PCT and is given to the Trust Board and all staff. Staff have undertaken specific equality training around disability, ethnicity and sexual orientation.

The E&D Steering Group, chaired by Andrew Clough, Executive Director of Clinical Professional Leadership, continues to monitor our actions, ensuring that strategies are making a difference and improvements can be realised. Progress this year included the acquisition of “The Daring to Do Diversity Board Game” for E&D Training, the recruitment of the E&D Officer and implementation of a robust process for Impact Assessment of all PCT policies and procedures to ensure they meet all E&D requirements.

Salford’s Disability Forum were commissioned to undertake some work to assess accessibility to many of the GP and PCT premises and the attitude of staff to people with a disability. Findings from this work will inform improvements where weaknesses are identified.

Josie Browne, chair of Salford’s Disability Forum, shows civic dignitaries a new wheelchair training track.

Looking Forward

During 2008/09, we will:

n Ensure all clinical and public health services have accessible patient information, which meets minimum standards.

n Continue to monitor the information on services by involving patients and the public.

n Increase patient and public involvement across commissioned and provided services.

n Improve staff involvement and respond to staff issues and priorities by implementing the Staff Involvement Strategy.

n Ensure the PCT complies with all E&D legislation.
We will continue to be an effective organisation with a highly skilled and motivated workforce and will use our money wisely. We will also play our part in improving the City of Salford.

In 2007/08 we worked to achieve this by:

- Being an effective organisation by promoting a business and performance culture, with model employer status.
- Developing a long-term financial strategy and ensuring effective financial planning.
- Establishing and delivering the Salford PCT Information Management and Technology Strategy providing effective support to clinical and corporate services.
- Improving the capability and capacity of the health and social care workforce.
World Class Commissioning

We are making significant steps in our journey to become a World Class Commissioning Organisation.

We were one of five PCTs in England to participate in a National World Class Commissioning Assurance pilot during December 2007 and January 2008.

This process culminated with a visit from an external panel, which consisted of the Director of Commissioning for NHS North West, the Vice-President of Operations at Kaiser Permanente, the Director of Social Services at Blackburn with Darwen Borough Council, the Medical Director of Kingston Cooperative Initiative and the Chief Executive of Oldham PCT.

We were assessed on our strengths and development needs as a commissioning organisation. Feedback from the assessment was extremely positive - assessors identified that the PCT has the infrastructure in place to improve health outcomes for the local population and sufficient ambition to achieve transformation.

The panel identified four main recommendations for us to successfully change healthcare in Salford:

1. Develop and clearly articulate ambitious, measurable health and healthcare goals to transform outcomes.
2. Re-invigorate partnerships by challenging partners to focus much more on transforming the local population’s health outcomes.
3. Ensure the PCT creates a new set of relationships with its local population at every level to raise higher health aspirations.
4. Use organisation development to promote the PCT’s culture with greater innovativeness, ambition and risk awareness.

During 2008/09 we will be developing a long-term strategic plan, setting out our vision for becoming a world class commissioner and the means by which this will be achieved.
Best Value Plan 2007/08

The Best Value Review identified the two main workstreams for 2007/08 as Provider Services Best Value and Commissioning Best Value. Those were based on project management disciplines using tools and techniques proven to work in turnaround organisations.

The Provider Services Best Value programme was led by Meridian Productivity and supported by a dedicated Project Director.

As part of our overall strategy to ensure that our provider services are fit for the future, a programme focusing on the economy and efficiency of our directly provided services has been implemented.

The programme was designed to:

1. Improve the productivity and efficiency of our provider services.
2. Introduce, in each PCT provided service, a management system to improve performance management and capacity planning.
3. To embed within the PCT the management skills to continue to effectively manage our provider services and plan for the future.

The programme delivered efficiencies of £2.9m for 2007/08 and a further £4.6m is planned for 2008/09.

The Commissioning Best Value Review identified a number of programme areas, which were broken down further into individual projects for implementation and delivery plans.

Plans were created for each project using a simple template and rigorous governance and monitoring framework has been established whereby the sponsoring directors are held accountable by the Trust Board for the successful completion of the plans.

Practice Based Commissioners have been identified to provide clinical leadership to each of the projects and two Cluster Leads were on the Project Board.

This approach has helped to support the development of the capacity and capability of managers within the PCT and has assisted with growing and utilising the skills of the staff more effectively whilst ensuring that it introduced improved models of patient care and better ways of working.

The Best Value approach has been to ensure clinical engagement and promote clinical leadership. Staff have been supported to develop relationships with other stakeholders in order to improve communication and understanding.

Success has been achieved through ownership by PCT staff and the cultural change that has driven increased efficiency and better management.
**Working for the PCT**

We have continued to develop and build upon our employment practices and we now employ 1,600 staff.

In 2007/08 Human Resources undertook:

- The introduction of a national Human Resources and Payroll system along with a local employee attendance system.
- Restructuring of executive directorates.

Projects to specifically support managers and staff include:

- Development of key human resource performance management indicators.
- Development of a dedicated human resources helpdesk to provide instant access for employees and line managers during office hours.

Key Human Resources objectives have been identified for 2008/09, which will continue to improve employment practices to ensure Salford PCT is considered to be a ‘good place to work’.

Full details of Senior Managers’ remuneration are given on page 14 in the Finance and Summary of Accounts section of this report. Remuneration for Executive Directors and other senior officers is determined by the Remuneration and Terms of Service Committee, which comprises Salford PCT’s Non-Executive Directors who are detailed on page 14 of the Finance and Summary of Accounts.

The PCT’s staff are located at a number of bases across the city.
In October 2007, the Healthcare Commission, which measures NHS performance, published the results of the 2006/07 Annual Health Check. We not only significantly improved on our performance from the previous year but were also rated as one of the highest performing PCTs in the country.

The Annual Health Check rating is in two parts and is based on information gathered throughout the year, providing an indication of how well we are carrying out our work. This includes information about meeting targets and standards set by the Government. These are the same for all PCTs so that weaknesses and strengths can be identified and comparisons made between organisations.

Use of Resources - We scored ‘Excellent’ for Use of Resources, against a four-point scale (Excellent, Good, Fair, Poor). This compares to a rating of ‘Good’ in the 2005/06 Annual Health Check and puts us in the top 3.4% of PCTs nationally. This means that there was extremely strong evidence that our arrangements for managing resources are effective. This part of the assessment also commended us for our strong planning, management of risk, and the effective way in which we communicate and engage with patients and the wider community.

Quality of Services - We scored ‘Good’ for Quality of Services, against a four-point scale (Excellent, Good, Fair, Poor). This compares to a rating of ‘Fair’ in the 2005/06 Annual Health Check and puts us in the top 26% of PCTs nationally. This covers a range of areas that can affect the care and treatment a patient receives, in the services we directly deliver and those we commission, including access to services, safety and the way the PCT is run. This is based on our performance in delivering core clinical and organisational standards, national targets as well as an assessment of key areas of service provision.

### Salford PCT scored as follows:

<table>
<thead>
<tr>
<th>Assessment of compliance with core standards</th>
<th>Fully Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing national targets</td>
<td>Almost Met</td>
</tr>
<tr>
<td>New national targets</td>
<td>Good</td>
</tr>
<tr>
<td>Improvement Review of Substance Misuse</td>
<td>Excellent</td>
</tr>
<tr>
<td>Improvement Review of Tobacco Control</td>
<td>Excellent</td>
</tr>
<tr>
<td>Improvement Review of Adult Community Mental Health Services</td>
<td>Good</td>
</tr>
<tr>
<td>Improvement Review of Diabetes</td>
<td>Fair</td>
</tr>
<tr>
<td>Improvement Review of Heart Failure</td>
<td>Fair</td>
</tr>
</tbody>
</table>

We are proud to have achieved all our core standards. We met almost all of our existing national targets, improving our performance in a number of key areas. Importantly, we considerably improved our performance against new national targets, many of which address long-term public health issues. The ratings highlight the significant progress we have made in our commitment to ensure that world class health services are available for the people of Salford.
Our Performance during 2007/08

We have continued to deliver a strong performance against the standards assessed within Use of Resources and expect to retain our exceptional performance in this area. For Quality of Services, we submitted our declaration of fully meeting all core standards during 2007/08, which can be found on our website, and we are on track to continue to improve our performance from the previous year. As in 2006/07, this reflects the high quality of services we provide.

We have made considerable progress in improving our performance against existing and new national targets, and have seen continued improvement in the following performance indicators during 2007/08:

- Diabetic Retinopathy screening.
- Reducing waiting times for hospital appointments.
- Key milestones to ensure that no one waits longer than 18 weeks.
- Number of emergency ambulance calls (category A) responded to within eight minutes.
- Use of Choose and Book within GP surgeries.
- Access to crisis resolution services for people with mental health problems.
- Support and treatment for drug misusers.
- Systems to support infection control.
- Number of people who gave up smoking for at least four weeks.
- Access to sexual health services.
- Breast cancer screening.
- Supporting patients who may be at risk of developing coronary heart disease.
- Effective treatment in primary care for chronic diseases.

The full set of targets is displayed on pages 48 - 49, which includes a comparison against 2006/07 performance and trends for this financial year. We have further work to do next year to improve performance against some of the more challenging targets, including improving access to ambulance services for less urgent calls (category B), extending the chlamydia screening programme and reducing teenage pregnancy rates.

More information about our 2006/07 Annual Health Check rating and our performance during 2007/08 can be found in the performance section of our website at www.salford-pct.nhs.uk/performance
### Annual Health Check Performance

#### Existing Targets

**2007-08 PERFORMANCE BALANCED SCORECARD - Year-To-Date**

**Annual Health Check (AHC) - Existing Targets (ET)**

<table>
<thead>
<tr>
<th>April 2007 - March 2008</th>
<th>2006/07 Position</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetic retinopathy screening</strong></td>
<td>97.82%</td>
<td>87.02%</td>
<td>87.96%</td>
<td>102.54%</td>
<td>102.4%</td>
</tr>
<tr>
<td><strong>Inpatient waits - Number of patients waiting longer than standard (26 weeks)</strong></td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.03%</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Outpatient waits - Number of patients waiting longer than standard (13 weeks)</strong></td>
<td>0.01%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>All cancers: 2 month GP urgent referral to treatment</strong></td>
<td>93.44%</td>
<td>100.00%</td>
<td>95.00%</td>
<td>96.30%</td>
<td>97.06%</td>
</tr>
<tr>
<td><strong>Category A calls meeting 8 minute target - ambulance (K34 standard) cumulative GM level</strong></td>
<td>72.66%</td>
<td>75.72%</td>
<td>75.42%</td>
<td>75.46%</td>
<td>75.72%</td>
</tr>
<tr>
<td><strong>Category A calls meeting 19 minute target - ambulance (K34 standard) cumulative GM level</strong></td>
<td>97.48%</td>
<td>98.33%</td>
<td>98.98%</td>
<td>98.98%</td>
<td>98.98%</td>
</tr>
<tr>
<td><strong>Category B calls meeting national 19 minute target - ambulance (K34 standard) cumulative GM level</strong></td>
<td>91.19%</td>
<td>93.97%</td>
<td>94.95%</td>
<td>94.83%</td>
<td>94.86%</td>
</tr>
<tr>
<td><strong>Delayed transfers of care</strong></td>
<td>0.74%</td>
<td>1.12%</td>
<td>1.91%</td>
<td>1.69%</td>
<td>2.48%</td>
</tr>
<tr>
<td><strong>Thrombolysis - 60 minutes call to needle time</strong></td>
<td>83.33%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>All cancers: 1 month diagnosis to treatment</strong></td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Convenience &amp; choice - PCT booking (utilisation)</strong></td>
<td>-5.51%</td>
<td>50.02%</td>
<td>48.94%</td>
<td>48.27%</td>
<td>51.64%</td>
</tr>
<tr>
<td><strong>Convenience &amp; choice - PCT facilities in place to support choice (aware of choice)</strong></td>
<td>54.00%</td>
<td>62.00%</td>
<td>50.00%</td>
<td>54.00%</td>
<td>54.00%</td>
</tr>
<tr>
<td><strong>Convenience &amp; choice - PCT facilities in place to support choice (offered choice)</strong></td>
<td>54.00%</td>
<td>54.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Access to GP within 48 hours</strong></td>
<td>99.78%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Access to primary care professional within 24 hours</strong></td>
<td>99.92%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Commissioning a comprehensive Child &amp; Adolescent Mental Health Service (CAMHS)</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Commissioning of crisis resolution/home treatment services</strong></td>
<td>58.71%</td>
<td>56.69%</td>
<td>41.58%</td>
<td>51.16%</td>
<td>59.20%</td>
</tr>
<tr>
<td><strong>Practice based registers –patients called for review – Diabetes</strong></td>
<td>17.52%</td>
<td>45.51%</td>
<td>54.36%</td>
<td>61.88%</td>
<td>57.81%</td>
</tr>
<tr>
<td><strong>All cancers: 2 week wait</strong></td>
<td>100.00%</td>
<td>99.58%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Total time in A&amp;E: 4 hours or less (cumulative)</strong></td>
<td>97.96%</td>
<td>-</td>
<td>97.80%</td>
<td>97.80%</td>
<td>98.10%</td>
</tr>
<tr>
<td><strong>Patients waiting longer than three months for revascularisation</strong></td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
**New Targets**

### 2007-08 PERFORMANCE BALANCED SCORECARD - Year-To-Date

**Annual Health Check (AHC) - New Targets (NT)**

<table>
<thead>
<tr>
<th>April 2007 - March 2008</th>
<th>2006/07</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infection Control</strong></td>
<td>100%</td>
<td>66%</td>
</tr>
<tr>
<td><strong>Community Equipment</strong></td>
<td>97.32%</td>
<td>94.00%</td>
</tr>
<tr>
<td><strong>Drugs Misusers</strong></td>
<td>75.37%</td>
<td>75.00%</td>
</tr>
<tr>
<td><strong>Number of drugs misusers in treatment</strong></td>
<td>108.04%</td>
<td>70.10%</td>
</tr>
<tr>
<td><strong>Data quality on Ethnic Group</strong></td>
<td>98%</td>
<td>99.43%</td>
</tr>
<tr>
<td><strong>Infant health &amp; Inequalities: Breastfeeding initiation rates</strong></td>
<td>59.82%</td>
<td>61.28%</td>
</tr>
<tr>
<td><strong>Smoking status amongst the population aged 16 and over</strong></td>
<td>20.90%</td>
<td>19.89%</td>
</tr>
<tr>
<td><strong>Four smoking quitters (cumulative)</strong></td>
<td>1906</td>
<td>190</td>
</tr>
<tr>
<td><strong>Access to GUM clinics</strong></td>
<td>66.67%</td>
<td>66.96%</td>
</tr>
<tr>
<td><strong>Access to reproductive health services - contraception</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Access to reproductive health services - chlamydia screening (cumulative)</strong></td>
<td>1.02%</td>
<td>2.29%</td>
</tr>
<tr>
<td><strong>Teenage Conception rates (2006)</strong></td>
<td>60.6</td>
<td>66.67%</td>
</tr>
<tr>
<td><strong>Experience of patients</strong></td>
<td>96.59%</td>
<td>99.10%</td>
</tr>
<tr>
<td><strong>Suicide Audit</strong></td>
<td>48%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Commissioning of Early Intervention in Psychosis services</strong></td>
<td>61.30%</td>
<td>70.56%</td>
</tr>
<tr>
<td><strong>Community Development Workers</strong></td>
<td>48</td>
<td>62</td>
</tr>
<tr>
<td><strong>Breast cancer screening for women aged 53-64</strong></td>
<td>50.87%</td>
<td>67.52%</td>
</tr>
<tr>
<td><strong>Improving Cancer Services</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Cancer mortality rate (Deaths per 100,000) 2005-07</strong></td>
<td>150.90</td>
<td>162.80</td>
</tr>
<tr>
<td><strong>Blood Pressure - Part I</strong></td>
<td>89.33%</td>
<td>84.79%</td>
</tr>
<tr>
<td><strong>Blood Pressure - Part II</strong></td>
<td>50.00%</td>
<td>60.79%</td>
</tr>
<tr>
<td><strong>Cardiovascular Disease Mortality (Deaths per 100,000) 2005-07</strong></td>
<td>126.2</td>
<td>124.27</td>
</tr>
</tbody>
</table>

**Key:**
- Actual/Target to be confirmed
- Achieved/Within Threshold
- Underachieved
- Failed

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**New Targets**

**2007-08 PERFORMANCE BALANCED SCORECARD - Year-To-Date**

**Annual Health Check (AHC) - New Targets (NT)**

<table>
<thead>
<tr>
<th>Position</th>
<th>Current Position</th>
<th>Year end Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Control</td>
<td>100%</td>
<td>66%</td>
</tr>
<tr>
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<td>97.32%</td>
<td>94.00%</td>
</tr>
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<td>67.52%</td>
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<td>Improving Cancer Services</td>
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<td>100%</td>
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</tr>
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</tr>
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<td>Blood Pressure - Part II</td>
<td>50.00%</td>
<td>60.79%</td>
</tr>
<tr>
<td>Cardiovascular Disease Mortality (Deaths per 100,000) 2005-07</td>
<td>126.2</td>
<td>124.27</td>
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</table>
## New Targets (Continued)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Cholesterol levels</strong></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>73.30%</td>
<td>79.61%</td>
</tr>
<tr>
<td>(CHD prevalence models)</td>
<td>97.00%</td>
<td>97.99%</td>
<td>97.99%</td>
<td>97.88%</td>
<td>97.88%</td>
<td>98.14%</td>
<td>98.01%</td>
<td>97.94%</td>
<td>97.25%</td>
<td>98.70%</td>
<td>98.60%</td>
<td>99.31%</td>
<td>99.37%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>Practice Based Register of patients at high risk of developing CHD</strong></td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
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<td>85%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td><strong>GP recording of Body Mass Index (BMI) status - 16 and over</strong></td>
<td>33.48%</td>
<td>35.60%</td>
<td>36.22%</td>
<td>36.42%</td>
<td>35.57%</td>
<td>35.70%</td>
<td>50%</td>
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<td></td>
</tr>
<tr>
<td><strong>National Child Measurement Programme (NCMP): data quality</strong></td>
<td>88%</td>
<td>88.82%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Obesity: Compliance with NICE Guidance 43</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>RTT Admitted (Part 1A): Total&lt;18weeks/Total</strong></td>
<td>39.44%</td>
<td>42.78%</td>
<td>40.99%</td>
<td>43.93%</td>
<td>43.95%</td>
<td>44.05%</td>
<td>45.65%</td>
<td>50.89%</td>
<td>52.19%</td>
<td>55.26%</td>
<td>72.52%</td>
<td>87.93%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RTT Non-admitted (Part 1B): Total&lt;18wks/Total</strong></td>
<td>91.03%</td>
<td>87.25%</td>
<td>88.28%</td>
<td>88.37%</td>
<td>85.89%</td>
<td>89.31%</td>
<td>92.13%</td>
<td>94.08%</td>
<td>94.97%</td>
<td>94.54%</td>
<td>95.68%</td>
<td>93.73%</td>
<td>93.75%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td><strong>RTT Completeness (Admitted) against trajectory</strong></td>
<td>109.82%</td>
<td>110.55%</td>
<td>112.44%</td>
<td>115.16%</td>
<td>112.62%</td>
<td>112.80%</td>
<td>101.70%</td>
<td>101.95%</td>
<td>102.15%</td>
<td>100.82%</td>
<td>64.94%</td>
<td>64.94%</td>
<td>85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RTT Completeness (Non-Admitted) against trajectory</strong></td>
<td>72.15%</td>
<td>72.62%</td>
<td>71.78%</td>
<td>66.75%</td>
<td>69.48%</td>
<td>88.01%</td>
<td>75.48%</td>
<td>78.27%</td>
<td>76.17%</td>
<td>83.83%</td>
<td>90.99%</td>
<td>112.67%</td>
<td>112.67%</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td><strong>Waiting Times for Diagnostic Audiology (Comm)</strong></td>
<td>97.57%</td>
<td>99.40%</td>
<td>98.63%</td>
<td>98.78%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>97.96%</td>
<td>100.00%</td>
<td>99.01%</td>
<td>99.11%</td>
<td>98.95%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>Waiting Times for Diagnostic - 14 (Comm)</strong></td>
<td>84.70%</td>
<td>90.95%</td>
<td>90.92%</td>
<td>91.60%</td>
<td>87.06%</td>
<td>91.52%</td>
<td>94.64%</td>
<td>97.03%</td>
<td>95.97%</td>
<td>98.38%</td>
<td>97.57%</td>
<td>97.57%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of community matrons /Additional Case Managers</strong></td>
<td>46</td>
<td>53</td>
<td>54</td>
<td>48</td>
<td>50</td>
<td>50</td>
<td>22</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Number of community matrons</strong></td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Number of Additional Case Managers</strong></td>
<td>40</td>
<td>47</td>
<td>48</td>
<td>42</td>
<td>44</td>
<td>44</td>
<td>14</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency bed days - Number of bed days in period (cumulative)</strong></td>
<td>124475</td>
<td>9419</td>
<td>23342</td>
<td>37416</td>
<td>51901</td>
<td>66675</td>
<td>79792</td>
<td>95151</td>
<td>109457</td>
<td>122906</td>
<td>138632</td>
<td>151672</td>
<td>162468</td>
<td>122906</td>
<td>127438</td>
</tr>
<tr>
<td><strong>Number of Very High Intensity Users (VHIU’s)</strong></td>
<td>1487</td>
<td>1776</td>
<td>1800</td>
<td>1878</td>
<td>1833</td>
<td>1833</td>
<td>1760</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Older people’s mental health: assessment of needs and services</strong></td>
<td>100%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
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<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

**Key:**
- Actual/Target to be confirmed
- Achieved/Within Threshold
- Underachieved
- Failed
Looking Forward

During 2008/09, we will:

- Develop a development strategy to enable the organisation to become more business focused.
- Plan and implement the annual cycle of work for the Trust Board, in line with governance and statutory requirements.
- Effectively select and retain an appropriately skilled workforce.
- Monitor information governance policies and standards to ensure partnership working.
- Carry out a systematic financial review of all services to facilitate identification of areas for further review e.g. Best Value projects.

The PCT’s specialist podiatrist Samantha Haycocks was awarded a Wounds UK national award.
Freedom of Information

The Freedom of Information Act 2000 allows the general public to ask authorities, like Salford PCT, for any information they hold which may be of interest, subject to a few legal exemptions. The information Salford Primary Care Trust gives out is usually on general issues of business.

We do not give out personal data or records, as they are confidential and do not qualify to be released under this Act. However, personal data can be applied for under the Data Protection Act 1998.

Salford Primary Care Trust’s website has a Freedom of Information section that contains our Publication Scheme which shows what the PCT has agreed to publish. A lot of information, such as minutes of meetings, board papers etc, are already available separately on the site to be downloaded. If you cannot find the information you need on our website and would like to make a request under the Freedom of Information Act, please write to: Information Governance Manager, St James’s House, Pendleton Way, Salford M6 5FW or email: information.governance@salford.nhs.uk

At the end of the financial year, Salford Primary Care Trust had received 117 requests for information under the Act.
Contacts

Salford Primary Care Trust
St James’s House
Pendleton Way
Salford
M6 5PW

Tel: 0161 212 4800

Communications and Marketing - 0161 212 4116
communications@salford.nhs.uk

Customer Services
(Including Patient Advice and Liaison Services (PALS) And Complaints)
0161 212 4862
customercare@salford.nhs.uk

PA to Chief Executive - Janet Shenton 0161 212 4821
janet.shenton@salford.nhs.uk