

Annual Report

2004/2005



Contents

Contents	Page
Welcome	4
The Vision and Values of Brent tPCT	5
Developments	6
Localities	8
Tackling Health Inequalities in Brent	10
Health Improvements in Brent	14
Partnership Working	15
Performance	20
Clinical Governance	22
Staffing and Staff Management	25
Complaints	28
Emergency Planning	28
Consultations with our Community and Staff	29
Foreword to Accounts	31
Accounts	32



Welcome

Welcome to Brent Teaching Primary Care Trust Annual Report 2004/5

This Annual Report covers another busy year, (our third), for all at Brent Teaching Primary Care Trust (Brent tPCT). We provide services ourselves, we commission services from the mental health trust and many acute trusts and we work closely with the independent contractors – GPs, dentists, opticians and community pharmacists. We want to make sure the health care received in Brent is of a high standard, and we want to prevent illness, promote health and reduce health inequalities.

We have all worked hard to reduce waits for general practice, community and hospital care. Service have moved closer to patient's homes, increasing convenience and we have opened the new Willesden Centre for Health and Care.

Eating healthily and taking exercise is good for us, and smoking is bad. We are working with new mums and schools to encourage healthy eating from an early age and our stop smoking service which offers free nicotine replacement therapy is open to all. We are working hard to support patients with long term illness to increase their confidence and to take control of their illness.

As you will see in this report, there is a lot of action underway locally to improve Brent tPCT. You can also view this report online by visiting www.brentpct.nhs.uk or if you would like further copies contact communications on 0208 795 6109 who will be happy to send them on to you.

We hope you find this an interesting and informative read that shows the dedication of all who work for the Trust to ensure a healthier Brent.

Signed



Dr Lise Llewellyn
Chief Executive



Jean Gaffin
OBE Chair



Dr Ethie Kong
PEC Chair

The Vision and Values of Brent tPCT



The Vision

To improve health and wellbeing and reduce inequalities;

To develop an integrated health service to meet the needs of local people;

To commission high quality secondary care from other NHS trusts, including acute hospital services.

The Values

Put the patient at the centre

We involve local people, users and carers in reviewing and designing services to meet their needs.

Be a good employer

We develop and implement innovative ways of being a good employer of quality staff who can provide quality services in a quality environment.

Be a trusted partner

We work closely with key local partners, including Brent Council, local NHS hospital Trusts and neighbouring PCTs. The independent and voluntary sector are also a vital part of our approach to improving the NHS for you.

Be innovative

We are creative challenging, flexible and above all in touch with our communities' needs.

Be accessible

We work hard to reflect the diverse nature of the community, in terms of language, culture and physical accessibility.

Be outcome focussed

We set ourselves some key targets against which we will measure our success.

Developments

As more and more services are being developed and modernised it is vital that staff can provide these services in appropriate 21st century buildings. Some of the current clinics and health care centres are too old or small to support these new initiatives. That is why the capital developments programme to either modernise or rebuild premises, came into being. These new buildings will support the smooth running of these services while providing a place where our community feel comfortable and safe. There are quite a few redevelopments taking place across the patch.

Brent, Harrow and Hillingdon LIFT

It has been over 2 years since Brent, Harrow and Hillingdon Local Improvement Fund Trust (LIFT) came into existence. It is all about local improvements. This idea was introduced to bring together the public and private sector to build and refurbish NHS primary and community premises. This is a long-term project expected to last 25 years with new developments and improvements being incorporated every few years.

The three first-wave sites for development in Brent are Monks Park Clinic, Sudbury Flats (opposite Vale Farm Leisure Centre), and Kingsbury – Robert's Court (Stag Lane).

Monks Park Primary Care Centre

Building the new Monks Park Primary Care centre is underway. This is the leading scheme in the group of first-wave developments currently being worked on. The new building is to be three times the size it used to be. The centre will house a number of GP's Health visitors, district nurses, podiatry, physiotherapy, women's services and many more. The new centre is set to be completed by December 2005.

Sudbury Primary Care Centre

The Sudbury Centre is a fantastic new development which will house a variety of services complementing each other all under one roof. Services will include physiotherapy, podiatry, women's services and much more spanning over three floors. The completion date for this development is planned for Spring 2006.

Kingsbury Primary Care Centre

The Kingsbury development will be a new build on the Robert's Court site, Stag Lane. The aim of this development is to cater for all the health needs of the ever increasing population in the area. Stag Lane Clinic will be rehoused here. User group meetings are due to commence on the operational policy. The project is still in its early stages and is anticipated to be completed late 2006.





Other Developments

Willesden Centre for Health and Care

The redevelopment of Willesden Centre for Health and care was completed in April 2005, with full occupation in the summer of that year. Staff and patients are now fully settled into this purpose built 21st Century building. The future sale of the remaining site for redevelopment can now begin.



Brent Emergency and Care and Diagnostics (BECaD)

The Brent tPCT strategy is designed at its heart to enable the delivery of the right services at the right time to the right people. This means that services needs to provide services fit for the 21st century. The BECaD scheme is probably the biggest development alongside the existing ACAD centre at Central Middlesex Hospital. BECaD will open in early 2006 with state of the art facilities providing services substantially different than at present.

The three main concepts of how BECaD will work are

- Most acute care can be provided by a local hospital and primary care by working together.
- An immediate assessment for patients with acute problems should be available when required.
- Continuity and support should be available for patients throughout their experience.

Kilburn Health Centres

A new primary care centre is planned for North Kilburn as part of rejuvenating health services in the area. The facility will provide accommodation for 3 GP practices, a chronic disease centre, dental, podiatry, and a range of training suites as well as a café and retail pharmacy. LIFTco are currently working on the schedule of accommodation and site details. There are a series of consultation events planned to take place throughout the design development process.

Localities

Brent tPCT is broken into five localities to provide a more responsive and effective health service. Brent has one of the most diverse populations in Europe. In order to meet the needs of the population a flexible health service is required. Brent tPCT does this by tailoring services to meet the needs of the population in each individual locality. Brent tPCT is the main and local organisation providing and commissioning healthcare services for the 300,000 residents of Brent.

At Brent tPCT we are responsible for

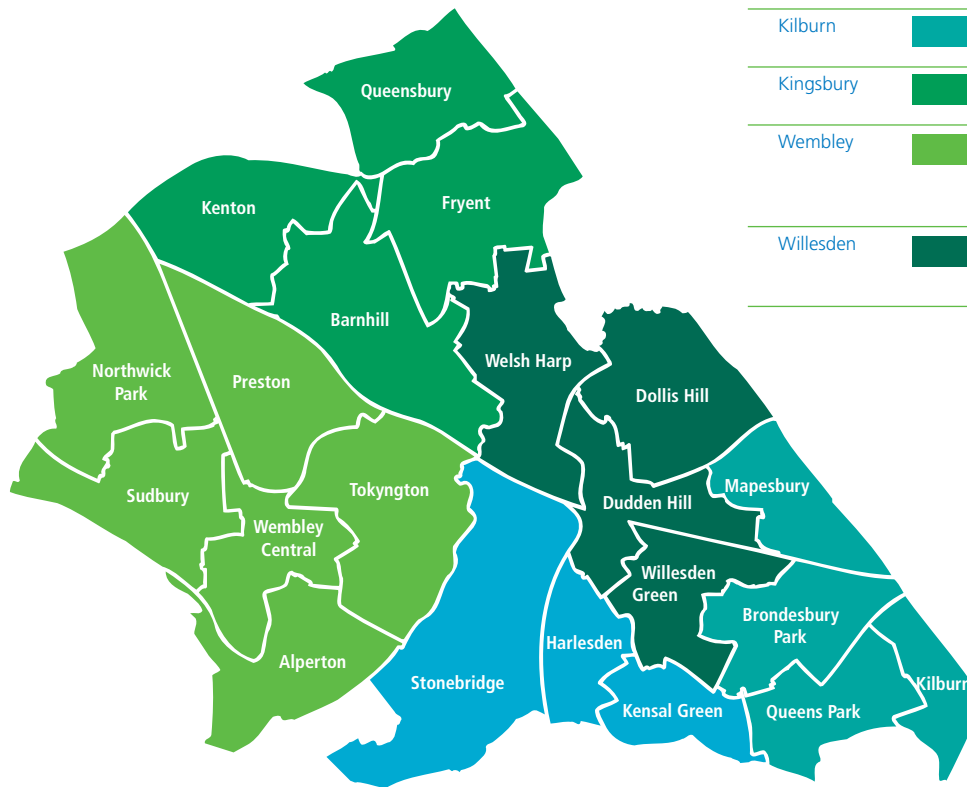
- Improving the health of the community, by working with local people and organisations.
- Deciding what services are needed in specific areas of Brent, and making sure they can be continually provided, checked and re-assessed.
- Ensuring there are enough services to look after the population effectively, that includes hospitals, dentists, mental health services, pharmacists, GPs and opticians.

Brent tPCT plan called *'Improving your health'* is the three-year strategic plan for our partners and us. It describes what we will need to do over the next three years. Our main priorities; and the resources that will be invested so we can achieve this. It also describes the standards to which we will work. A copy of this plan can be obtained by contacting the Press and Communications Department on Tel 020 8795 6109.





Map of Localities



Key

Locality	Colour shown on map	Composite Wards
Harlesden		Stonebridge, Harlesden, Kensal Green
Kilburn		Kilburn, Queens Park, Brondesbury Park, Mapesbury
Kingsbury		Barnhill, Fryent, Kenton, Queensbury
Wembley		Alperton, Tokyngton, Wembley Central, Preston, Sudbury, Northwick Park
Willesden		Welsh Harp, Dollis Hill, Dudden Hill, Willesden Green

Personal Dental Service (PDS) and Personal Medical Services (PMS)

The tPCT sent 22 completed PDS applications to the Department of Health, which have been acknowledged. We are awaiting decisions on the applications, unfortunately, PDS applications nationally to the Department of Health have been stopped in July 2005. A new contract scheme called nGDS (new General Dental Scheme) which will mean that by March 2006 Brent will be commissioning dental services within this new contract scheme.

The tPCT currently runs the following Personal Medical Services: Refugee and Asylum Seekers PMS; Homeless and Hostel PMS; and the APP PMS within Central Middlesex Hospital which provides urgent care.

Tackling Health Inequalities in Brent

Brent is a borough with marked variations in deprivation and health. Levels of deprivation (lack of economic and material resources) can be measured using the Index of Multiple Deprivation (IMD) Score 2004. The IMD Score was developed by the office of the Deputy Prime Minister. An area such as an electoral ward is assigned a score based on several indicators, including levels of income, employment, health, education and crime within that area. A higher score signifies greater deprivation. Brent has an average IMD score of 25, which ranks it 81st out of 354 boroughs in the country, where a ranking of 1 equals the least deprived borough in the country.

However the Brent average deprivation score value has significant variation in ward-level scores. Kenton is the least deprived ward in the borough and it has a score of 12.84. Harlesden has a score of 43.54, which makes it the most deprived ward in Brent. In general the two localities in the south of the borough (Harlesden and Kilburn) are the most deprived, although pockets of deprivation also exist in the other 3 localities.

Brent is culturally and ethnically diverse. 55% percent of the population are from black and minority ethnic communities. There is a concentration of black or black British residents living in the Harlesden locality, whereas wards in the Wembley and Kingsbury localities have the highest concentration of Asian or Asian British residents. Brent also has a large white Irish community. 7% percent of Brent's population classify themselves as White Irish, compared to 3.1% in London and 1.2% in England & Wales.

Variations within the borough are associated with inequalities in health. There is a big difference in life expectancy between the least and most deprived wards in the borough. The lowest male life expectancy is in Harlesden ward, where men can expect on average to live to 73.1 years. This compares to an average life expectancy of 81.6 years for men living in Northwick Park. Female life expectancy follows a similar pattern although the difference in life expectancy is slightly less (5.9 years).

Similar inequalities can be found for different diseases. Cancer and CHD (Coronary Heart Disease) are the two largest causes of death within the borough. The graph opposite (Figure 1) shows cancer death rates for men for the 5 Brent localities, London and England between 1998 and 2002. It can be seen that the Harlesden rates were higher than the London and England rates and were consistently the worst in the borough. Similar trends are also seen for coronary heart disease deaths.



Figure 1: Mortality rates for males for all cancers, 98-00 to 00-02



Diabetes is an important cause of ill health in Brent and is a risk factor for other diseases such as coronary heart disease. Almost 4.5% of the population in Brent have been diagnosed with diabetes, although the true figure may be even higher as many people with this disease do not have symptoms and do not know that they have it.

During 2003, teenage pregnancy rates were very high. For every 1000 girls aged 15-17 years old, about 56 became pregnant during the year. This compares to 51 girls for London and 42 for England as a whole. Some wards in the borough had some of the highest teenage pregnancy rates in the country.

Progress against National Targets

Inequalities Targets

In order to reduce inequalities in health, the Department of Health has set a target that by 2010 the gap in life expectancy should be reduced by 10% between areas that have the lowest life expectancy in the country and the population as a whole.

In Brent, Harlesden ward has the lowest life expectancy, for both males and females. Between the periods 1998 to 2002 and 1999 to 2003, life expectancy in this ward increased by 0.4 years amongst males and by 0.6 years amongst females.

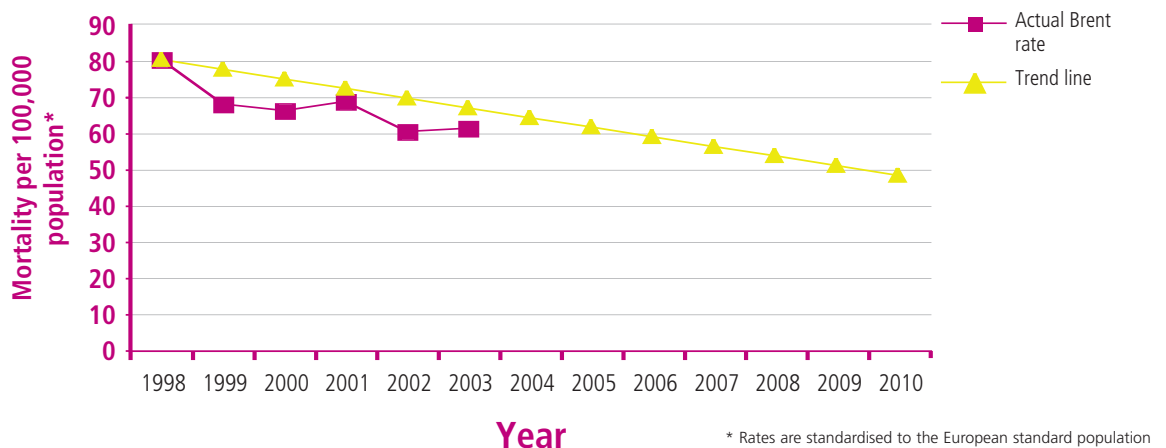
Our Healthier Nation Targets

In 1999 the government set targets aimed at reducing deaths due to coronary heart disease, stroke, cancer, suicide and accidents. These targets are dealt with individually (national targets highlighted in **light blue**) on the following pages.

Reduce the death rate from coronary heart disease, stroke and related conditions in the under 75s by at least 40% by 2010

In 1998 the mortality for Coronary Heart Disease (CHD) for all persons under 75 in Brent was 80 deaths per 100,000 population. To meet the target, this needs to decrease to 48 per 100,000 population. In 2003, the mortality rate was 61 per 100,000 representing a reduction of 23.75% compared to 1998. If the death rate continues to fall in the same way until 2010, Brent will have a CHD rate of 46.5 per 100,000 thus meeting the target (figure 2).

Figure 2: Mortality due to Coronary Heart Disease for persons under 75 years old in Brent

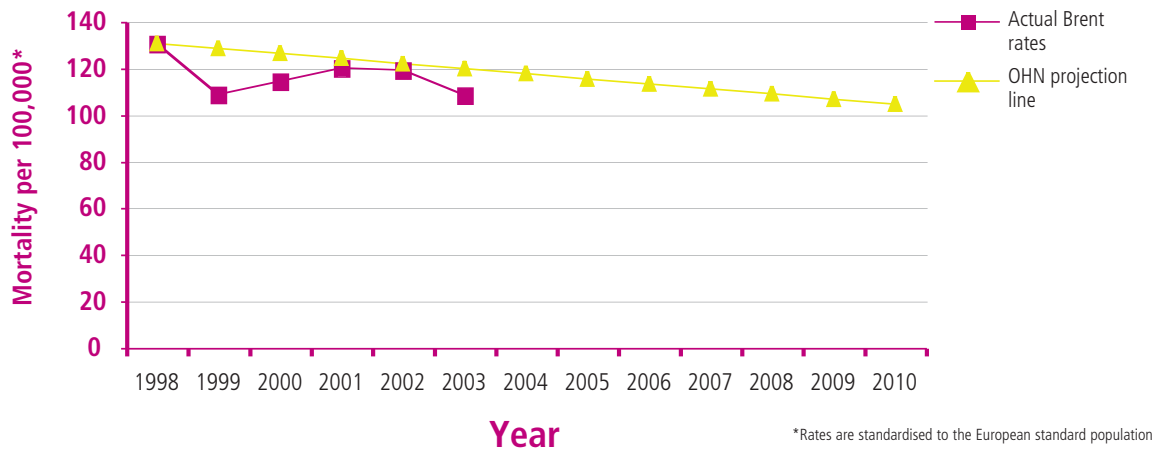


In 1998 the death rate for stroke for people aged 65-74 in Brent was 186 per 100,000. This needs to decrease to 112 per 100,000 to achieve a 40% reduction in deaths. The 2003 death rate was 126 per 100,000 which is a reduction of 32%. If death rates continue to fall at the same rate the Brent 2010 stroke death rate will be 86 per 100,000 and the target will have been met.

Reduce the death rate from cancer in the under 75s by at least one fifth (20%) by 2010

In 1998 the death rate for all cancers for all persons in Brent was 131 per 100,000. This needs to decrease to 105 per 100,000 to achieve a 20% reduction. The 2003 death rate was 108 per 100,000 which is a reduction of 18%. If death rates continue to fall at the same rate the Brent 2010 cancer death rate will be 89 per 100,000 and the target will have been met (figure 3).

Figure 3: Cancer mortality for all persons under 75 years old in Brent



Reduce the death rate from suicide in all ages by at least one-fifth (20%) by 2010

The death rate for all persons for suicide for Brent decreased from 5.74 per 100,000 in 1998 to 1.74 per 100,000 in 2003. This exceeds the target required.

Reduce the death rate from accidents by at least one-fifth (20%) by 2010

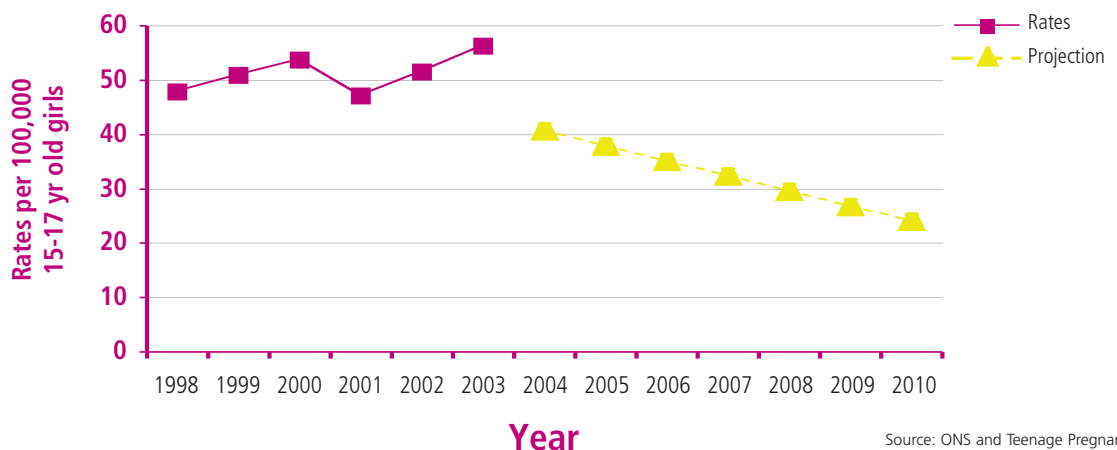
The death rate for all persons for accidents for Brent has decreased from 15.51 per 100,000 in 1998 to 13.03 per 100,000 in 2003. This is a 16% reduction and if death rates continue to fall at the same rate the target will be met by 2010.

Teenage Pregnancy

To reduce teenage conception rates by 15% by 2004 and 50% by 2010

Figure 4 shows the actual teenage conception rates in Brent between 1998-2003 and the rates that need to be attained (projections) in order to meet the 2010 target. Since 1998 there has been a 17% increase in teenage pregnancies in the borough. This trend needs to be reversed in order to reach the target.

Figure 4: Actual teenage conception rates in Brent and predicted projections required to meet the national teenage pregnancy target



Source: ONS and Teenage Pregnancy Unit

Health Improvements in Brent



The tPCT is doing many things to improve health within Brent. National Standards Framework (NSF) which aim to prevent disease and improve the care of individuals with disease throughout the borough. A primary prevention strategy is currently being developed. This is being led by the tPCT but has high level input from the local council ensuring that the determinants of ill health (smoking, obesity, poor diet and sedentary lifestyles) are tackled through joint working. The tPCT runs a smoking cessation service and is currently working with clinicians to improve referrals into it.

The tPCT has jointly developed a teenage pregnancy strategy with Brent local authority. The aims of the strategy are to emphasise prevention messages through the use of media campaigns, improve access to contraceptive services and support teenage mothers. The tPCT is working with the organisation, Dr Foster who have conducted many focus groups with young people and teenage parents in the borough. They are currently developing ways at putting sexual health wellbeing messages across to at risk teenagers.

The tPCT has also developed sexual health and suicide strategies. A recent health equity audit showed that there were inequalities in access to secondary care cardiac services. Individuals in the more deprived wards were less likely to access services than their counterparts in more affluent parts of the borough. The tPCT has rectified this by increasing its service level agreement for cardiac revascularisation services.

Inequalities have also been demonstrated in immunisation and cancer screening uptake. The tPCT is running a project that is increasing MMR uptake rates through the identification and targeting of unimmunised individuals. Uptake rates have risen dramatically. This method will be used to improved cervical screening uptake rates.

In order to improve the health of people with established diseases the tPCT is developing care pathways. These are patient centered which will enable the individual to receive the most appropriate care with minimum wait by the most appropriate health care professional. Care that may have been traditionally delivered in the hospital setting by consultants will now take place in primary care delivered by GPs and other primary health care professionals.

Partnership Working



Since the publication of Brent Community Care Plan for 1998/2001, joint working has been made easier. The Health Act 1999 changed the law to allow local authorities and the NHS to share their resources in order to provide the right combination of skilled treatment and care. To facilitate this process, each service area has a local implementation team, where the National Service Frameworks (NSF), valuing people agenda, and the substance misuse guidelines, are monitored and reviewed on monthly basis by the multi-agency partnership.

All priorities and future developments are discussed and approved at the Health and Social Care Partnership, who in turn reports to the local strategic partnership and the Brent tPCT board.

Brent tPCT and the local authority are in the process of establishing an umbrella agreement to reduce administration and to ensure service users and carers are at the centre of the planning and commissioning process.

Integrating Services example

In Brent the Teaching Primary Care Trust and the Council have pooled their budgets for services for people with learning disabilities. There is now a joint service headed by one manager. For people with mental health problems, there are now joint community mental health teams and a joint assessment of their needs.



Working in Partnership - Benefits to Childrens' Services

- Early years development – more prevention and support for children and families at this age.
- Education achievement and school improvement – ensuring good physical and emotional health so that children can achieve their potential.
- Support for young people and teenagers so that they are able to access the services they need.
- Focus on excluded groups who need to be encouraged to seek assistance.
- Protecting children from harm and neglect and promoting their health and wellbeing.

Key to these developments will be the creation of a new generation of 'local, personal and needs-led' services for children and families that will meet the needs, priorities and preferences of local people.

Working in Partnership - Benefits to Older People in Brent

- Increase resources for the promotion of wellbeing among older people through prevention, rehabilitation, intermediate care, primary care and nursing care.
- Reduce use of acute hospital beds.
- Increase the supply of extra care sheltered housing and provide more hours of intensive support to enable people to live at home.
- Empower and enable older people e.g expert patients programme and better government for older people.
- Ensure services address the needs of the increasing black and ethnic minority older population.
- Refocus services for carers.
- Establish closer partnership working with the voluntary sector.
- Improve the range and co-ordination of mental health services for older people.



Working in Partnership

- Benefits to Mental Health Services in Brent

- Review of day services and reconfiguring day services enabling service users to be more involved in the services they are receiving.
- New service developments include the assertive outreach service and the crisis resolution team. These services are targeted at reducing in-patient admissions and delayed discharges as well as enabling more support to people in their own homes.
- Suicide prevention strategy and action plan, as part of this work we plan to carry out a suicide audit as well as to implement the “Safety First” action plan.
- Women’s services and single sex accommodation, increasing provision of day services and residential services to meet the needs of women.

Working in Partnership

- Benefits for People with physical Disabilities in Brent


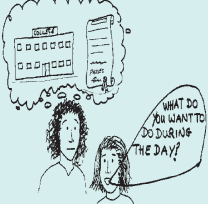




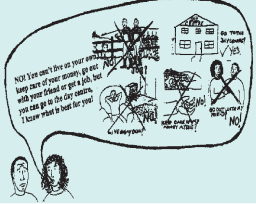

- Enable people to live as independently as possible.
- Deliver high quality inclusive services that meet the needs of the adult population, across the Brent community, who are living with impairment.
- Ensure the best use is made of resources to do this.



Working in Partnership Benefits - for people with Learning Disabilities in Brent

Area	
	<p>Information</p> <p>Improve information available to plan services. Improve range and accessibility of information for service users and carers.</p>
	<p>Partnership working</p> <p>Develop ways of making sure that everybody who provides a service works together.</p>
	<p>Commissioning</p> <p>Make sure that the services we provide are what people need. Make sure that we spend our money wisely.</p>
	<p>Contracts</p> <p>Make sure that we have up to date contracts in place so that everyone knows what services should do. Make sure that these services are good quality and provide what we need.</p>
	<p>Person centred planning</p> <p>Develop person centred planning.</p>
	<p>Quality</p> <p>Make sure that services provide the kind of support that service users want to receive.</p>
	<p>Health</p> <p>Make sure that people with learning disabilities get the right kind of health care at the right time. Make sure that people with learning disabilities are not treated differently because of their disability.</p>
	<p>Housing</p> <p>Develop a range of different kinds of homes for people to live in. Make sure that people are supported to live as independently as they like.</p>



Area	
	Employment Make sure that everyone who wants a job can get one.
	Day opportunities Make sure that people can choose what they want to do during the day.
	Transition Make the move from childrens' services to adults' services as easy as possible.
	Short breaks Increase the kind and number of short breaks for service users and carers.
	Older carers Make sure that older carers and the people they support get the right kind of help.
	Workforce development Make sure that we have lots of trained staff providing our services.
	Increasing choice and control Make sure that people with learning disabilities have more control over what they do with their lives.
	Services for people from black & minority ethnic communities Make sure that we do not discriminate against people from Black and minority ethnic communities and that we provide the kind of services that people want to use.

Performance

Brent tPCT performance is rated by the Healthcare Commission. The Trust received a one star rating for 2004-2005 for its achievements of eight national targets.

They were

- Access to a GP within 48 hours achieved at 100%
- Access to a Primary Care Professional (PCP) within 24 hours achieved at 100%

Figure 5: Percentage of patients who can get an appointment to see a GP or PCP within standard times.

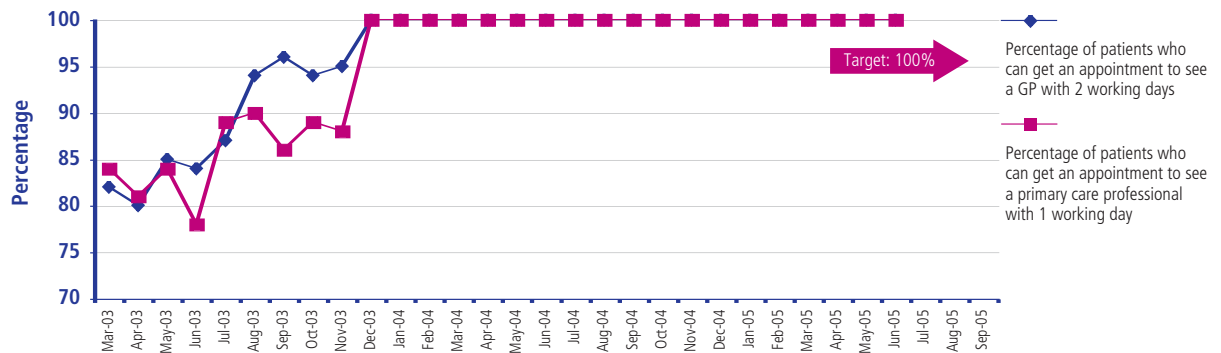
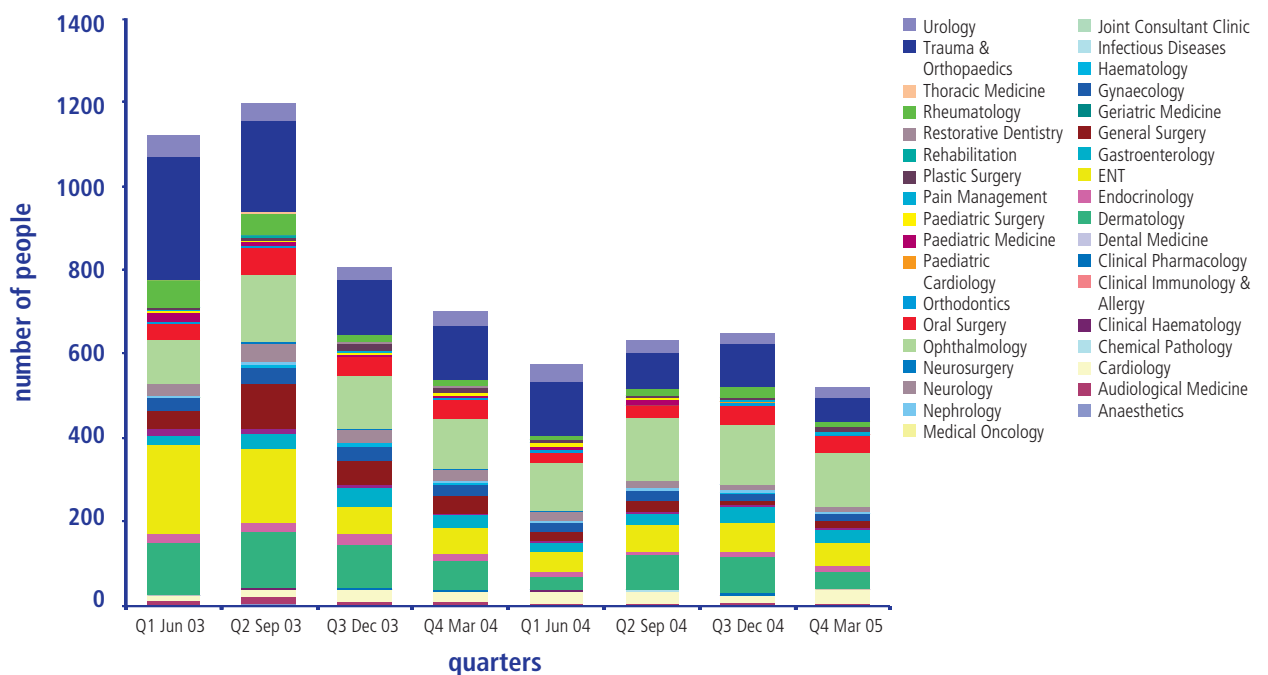


Figure 6: Quarterly monitoring of Brent Outpatients waiting over 13 weeks for their first attendance.

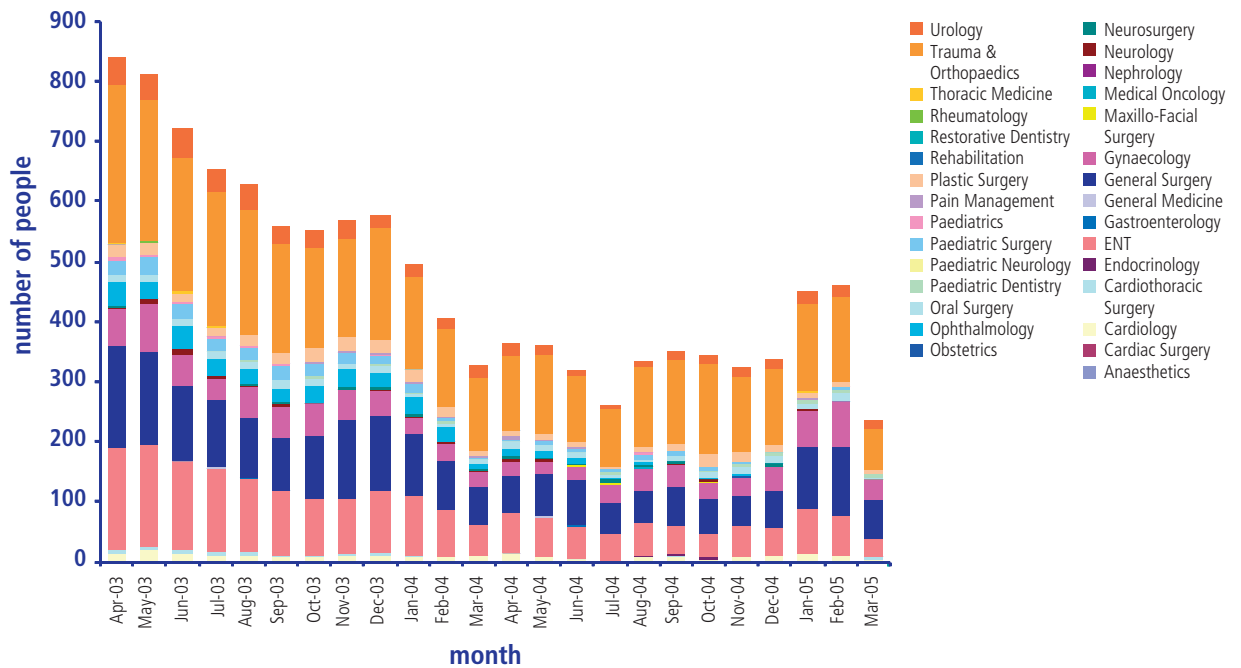


Source: Brent tPCT waiting list database 2003/05, supplied by Informatics Department.



- Outpatients waiting longer than the standard has been achieved

Figure 7: Monthly monitoring of Brent inpatients waiting over 6 months



Source: Brent tPCT waiting list database 2003/05, supplied by Informatics department.

- Inpatients waiting longer than the standard has been achieved
- Drug misuse treatment target has been achieved
- 4 week smoking quitters target has been significantly underachieved
- Total time in A & E less than 4 hours has been underachieved
- Financial management has been achieved

Clinical Governance

Clinical governance is about establishing and implementing processes to improve the quality of patient care. With an open and participative culture, staff are encouraged to share good practice and develop new approaches to care, ensuring that the tPCT maintains high standards, minimises risk and provides safe services.

The tPCT has made significant progress in ensuring the principles of improvement and good clinical governance are embedded in the culture. Part of the success has also been due to greater integration between clinical and non-clinical services. This pro-active approach will be further developed in the coming year to support the drive for a more integrated service to continuously improve the quality of care that is offered by the tPCT to the population in Brent.

During 2004-2005 the seven components of clinical governance have remained central to enabling staff to use their knowledge and skills in a structured way for the benefit of patients, carers and service users. The seven components of clinical governance are:

- Risk management
- Clinical audit
- Clinical effectiveness
- Patient and public involvement
- Staffing and staff management
- Education, training and development
- Use of information

In 2005-2006, these components will be transformed into seven new domains as described in the Department of Health's "Standards for Better Health".

The tPCT believes that having effective risk management and organisational controls is fundamental to ensuring the success of clinical governance. Managing risk well provides a solid foundation upon which a strong organisation can be built, an environment where quality care can be provided and clinical excellence can flourish.

In March 2004, the organisation was subject to an assessment for its compliance to the risk management standard level 1b for PCTs by the NHS Litigation Authority. This standard gives assurance to the Board that the tPCT has appropriate systems in place to minimise risk. The tPCT was successful in its assessment, which identified five areas of notable practice.



An overview of 2004-2005

- Strengthening the accountability structure that included services directly managed by the tPCT, contracted by the tPCT and commissioned by the tPCT.
- Increasing the opportunities for patients and the public to be involved in health care service developments in Brent and respond appropriately to the concerns of service users.
- Managing clinical governance performance by setting key targets, action planning and monitoring progress.
- Developing an action plan that reflected the seven key principles of clinical governance.
- Encouraging multidisciplinary working between all healthcare professionals.
- Identifying, support and encourage education programmes.
- Demonstrating the quality of care through clinical audit.

As a result of this work, the tPCT has achieved notable improvements in the following:

- Engagement of primary care contractors (general practitioners, general dental practitioners, community pharmacists and optometrists) via the Clinical and Corporate Governance Committee and Professional Executive Committee (PEC).
- The development of a patient and public involvement strategy and engagement of users via a number of stakeholder events and the Patients and Public Involvement Committee (PPI).
- The involvement of all staff in setting clinical governance targets and monitoring progress.
- Improvement in the identification of reporting and investigation of hazards, adverse incidents and serious untoward incidents.
- A positive joint review of older people's services.

As a result of this work, three recurring themes emerged:

- All tPCT personnel are committed to providing safe and effective care and place great importance on putting the patient at the centre of all that they do.
- Staff working in general practice, general dental practice, community pharmacy and optometry services would like greater opportunities to network with and to share practice with other primary care contractors and health care providers.
- Working in partnership with patients improves care and promotes satisfaction with the services being provided.



Patient and Public Involvement

During 2004/05, the tPCT increased its commitment to improving the involvement of the public in the decisions it takes. A number of tPCT groups have representation from patients/carers in addition to the patient support groups in specific areas of the tPCT. The tPCT continues to be committed to finding ways which will improve the patient experience.

Patient Advice and Liaison Service (PALS): Raising awareness about the PALS service with patients and staff has been a priority during the year - understanding the ethos of PALS, ensuring PALS support staff in resolving issues, has been the key message.

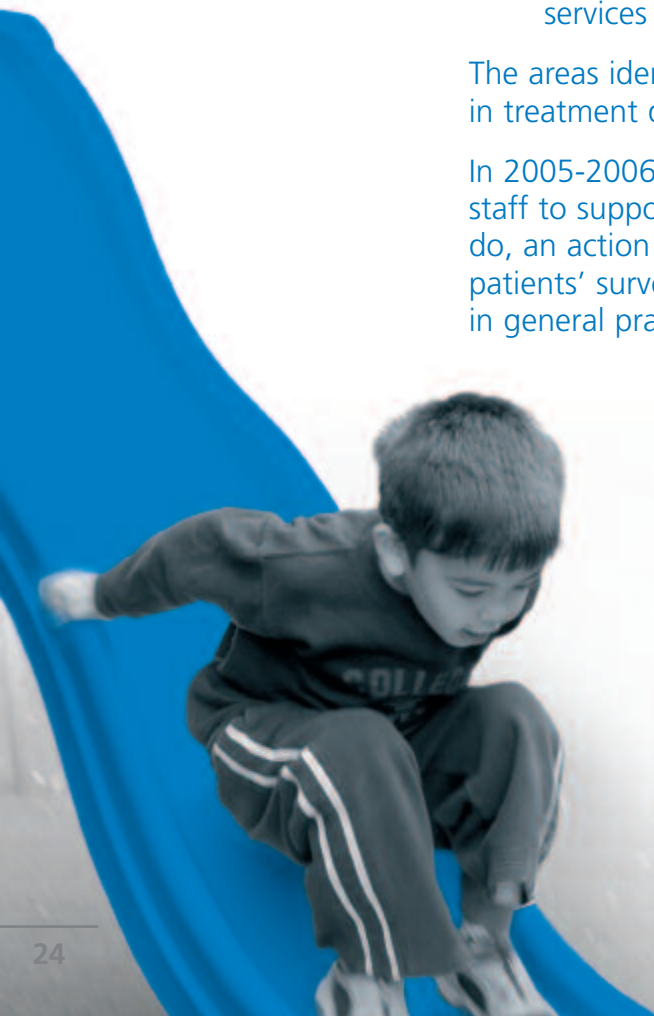
Surveying Patients' Experience: Patients experience of tPCT provided services and general practice gained through surveys, complaints, compliments and listening programmes have informed the type of developments the tPCT is now delivering.

The participants of the annual patients' survey of services identified a number of highly positive areas saying that:

- They were given a choice of hospital or specialist
- They had access to a dentist and the guide to local health services was useful

The areas identified that the tPCT needs to work on are involving patients in treatment decisions and reviewing access arrangements to practices.

In 2005-2006, the tPCT intends to develop the training for healthcare staff to support them to fully engage patients/carers in the work that they do, an action plan to address areas of improvement identified in the patients' survey, and support general practice to address areas identified in general practice patient surveys.



Staffing and Staff Management



About 1000 health care and support staff are employed by the tPCT, including nurses, therapists, doctors, administrative and clerical staff and managers. Each person has a key role to play in the care of patients.

Brent tPCT is pledged to be a good employer and intends to improve the working life of all its staff. The commitment to staff resulted in the following:

- Improving Working Lives: The achievement of practice status in the Improving Working Lives standard, set by Department of Health.
- Personal development record rates increased from 35% to 72% in the last year.
- The Trust has an active Gay Lesbian and Bisexual (GLB) forum, and the Trust was named in one of the top 100 employers in the UK who supported GLB in the Stoneway survey, because of its approach to integrating legislation into policies and practice.
- Improvement in staffing levels: Brent Bank, the Trust's in-house bank of temporary staff was launched in January 2005 after 6 months' research into how best to implement such a project.
- Lifelong Learning Strategy: Brent tPCT is recognised as providing excellent education and training opportunities for all staff.
- Staff Survey: A staff opinion survey took place during the year and the response rate increased to 60% in 2004/05. Staff have also identified priorities for action from the survey which include addressing the long working hours culture.
- Induction Programme: The corporate induction programme has been expanded further it ensure all clinical, non-clinical and support staff receive mandatory updates.
- Clinical Supervision: A clinical supervision skills based training programme has been running across the tPCT during the year.

Involving our Staff

The Trust has worked to develop strong partnership working with staff side over the last year. Staff side representatives are members of a number of committees such as Agenda for Change steering group, Health & Safety Committee, learning disability Brent change group.

The Joint Negotiating and Consultation Committee (JNCC) continues to meet on a regular basis. An away-day to build understanding and trust between staff side and management, led by UNISON was held in Summer 2004.

Keeping our Staff Informed

The Trust continually works to improve the two-way communication channels in the organisation. Brent tPCT's intranet went live in Sept 2004 and has been successfully rolled out throughout the trust for staff to access information such as news and events, policies and meetings thus reducing the reliance on e-mails. Some of our GPs are piloting the extranet at the moment with hopes of it being rolled out later this year.

The team brief format was also changed in the last year. The team brief is now given in a verbal format from the Chief Executive to all third in lines to report back to team, each team is encouraged to ask questions and feed them back directly to the trusts business manager who raises these questions on behalf of the staff at executive management meetings.

Directors attend locality forums every two months after board meetings. Staff queries are discussed and a director given responsibility to respond. Feedback is gathered from these meetings and shared with the Executive team who undertake to respond to staff's queries.

Update magazine has also grown over the last year, as more staff submit articles on their achievements and service developments. A recent survey on the magazine has resulted in an overwhelming majority saying that they enjoy and value the articles.

There are numerous examples of staff who are involved in service redesign an example of this is in Harlesden. The team are working towards corporate caseload working for health visitors and building capacity in Public Health. There have been a variety of meetings and an away day for clinical services managers, health visitors leads, children services manager, health visitors and their admin & clerical support. All that still needs to be sorted is the best use of the limited space so that those who need to work together are able to do so.

All the above form part of the communications strategy, that seeks innovative ways to capture the imagination of staff, making them feel proud of the organisation they work in.



Disabled Employees

Across the Trust, there is visible evidence of staff with a range of disabilities working throughout the Trust in a variety of roles. The Trust achieved the two ticks disability symbol early in 2004. The Trust is committed to maintain this award by ensuring that robust recruitment systems are in place, and actively monitors applicants who are disabled. The Trust actively recruits disabled staff through Job Centre Plus and job fairs.

Occupational Health and Health and Safety

In 2004, the Health & Safety Committee was established. The first priority of the group was to implement a health and safety policy and to draw up a 3 year action plan. The Committee, which reports into the Corporate & Clinical Governance Committee has a wide membership and includes staff side representation. The Trust Board also receives regular updates on progress. Health & Safety is currently provided through a shared service, hosted by neighbouring PCT.

The Trust has an SLA (Service Level Agreement) with Westminster PCT to provide Occupational Health Services. Staff can self-refer, or they can be referred through a management referral. In 2004, working in conjunction with the Occupational Health. On going recording and monitoring of service demonstrates that it is well used by a range of staff.



Complaints

The tPCT is committed to learning from any feedback it receives from complaints, compliments or informal comments.

During the last year Complaints department have:

- Advised and trained staff.
- Managed 38 formal complaints against directly employed staff compared with 50 complaints last year.
- Managed 108 complaints against independent contractors compared with 206 last year.

The complaints department acknowledged 81% (31 letters) of complaints within 2 working days. Full response sent within 20 working days 54% (17 letters).

There are various reasons to explain the delays in responses. For example, two wheelchair complaints took longer than twenty working days to complete because assessments for the wheelchairs' suitability for the clients took longer than anticipated to assess. Other setbacks were due to the complexities involved in some of the complaints and changes in staffing arrangements. More training is being carried out to ensure that staff are able to meet the deadlines.

When complaints are received in the complaints department at Brent tPCT almost all are referred back for local resolution. The conciliation service is also widely used to try and resolve complaints locally.

Some examples of change that has occurred as a result of the learning process. They are:

- Providing feedback to staff of the learning outcomes from the incident reporting process through locality forums and professional meetings
- Using root cause analysis techniques to identify systems failures
- Complaints training is now included in the corporate induction programme

The Complaints team are now training staff in the risk management software and risk assessment process

The Healthcare Commission has received one request for Independent Review. We are awaiting further details at this time.

Emergency Planning

Brent Teaching Primary Care Trust has a central role for planning and co-ordinating an effective response to any incident that could have major consequences to health services. In partnership with neighbouring Trusts, the emergency services and the local authority, Brent tPCT has a plan in preparation for a co-ordinated response to any major incident.

Continuity of business plans are being developed to ensure Brent tPCT continues to provide services with minimum disruption to the local community.

Consultation with our Community and Staff



Consultation with local groups and organisations, including local people, GPs, local statutory and voluntary organisations took place in a number of ways.

- **Local Delivery Plan** – a one-off consultation involving a range of stakeholders.
- **Implementing Choose and Book** – A patient and public involvement action plan was produced. Consultation took place with service users, community and voluntary organisations and general public. Consultative methods employed included questionnaire for general public; discussions at on-going tPCT facilitated forums; discussions with members of the Patient and Public Involvement Forum (PPIF). Presentations to local area consultative forums, facilitated by the local council were made.
- **Older People's Services** – discharge interviews with older people at Willesden Hospital. Draft report and action plan has been produced.
- **Patient and Public Involvement (PPI) Conference, in partnership with Voluntary Sector** – to consult on how NHS and voluntary sector can work in partnership to take forward the patient and public involvement agenda.
- **Patient and Public Involvement Forum** – This statutory forum is facilitated by Harrow Age Concern. The forum represent the views of patients and service users and monitors the work of the tPCT.
- **Ongoing consultation with service users/carers/voluntary and community sector led Forums** – These tPCT facilitated forums involve a wide range of stakeholders from both the statutory and voluntary sector.

These forums include:

User and Community Working Group – Enables ongoing dialogue between service users, carers, community and voluntary organisations and NHS organisations, like the tPCT and NHS Trust. During the year discussions took place on many issues including lay involvement in the Quality and Outcomes Framework assessment, progress on local PALS, GP registration issues and concerns about the expert patient programme.



HAZ (Health Action Zone) Community Involvement

Workstream – is the main forum for consultation with the wider community on the future of Brent HAZ, community-led healthy living projects, community and voluntary sector concerns and issues around health and health services, raising awareness of NHS priorities such as smoking cessation, General Medical Service (GMS) contract, Choose and Book, GP registration and ways of involving service users in health PPI strategy.

Race, Health and Social Care Forum – A partnership forum which considers the race equality impact of health and social care initiatives and policies. The forum has been funded to take forward a TB prevention project aimed at black and minority ethnic communities. Representatives from the forum sit on tPCT Board sub-committees like the Access and Equality Committee and other committees such as the Health and Social Care Partnership steering group.

Muslim Health and Social Care Forum – enables on-going dialogue with Muslim and refugee communities on health and social care matters. Brings a faith perspective to health matters.

Area Consultative Forums – These are the local authority public involvement forums which take place in Brent's five localities – Kingsbury, Willesden, Kilburn, Wembley and Harlesden. The tPCT is working with the Council to put health onto the agenda of these forums.

- **Annual Patients Survey** – An anonymised survey carried out with over 850 patients from randomly selected GP practices. Outcomes from the survey count towards tPCT star ratings and NHS organisations are required to produce an action plan to deal with problem scores arising from the survey.
- **Improving Practice Questionnaire (IPQ)** – During the year 65 GP practices took part in this project which involved the use of the IPQ Toolkit to collect views on the operation of their practice from a sample of 50 of their patients. The views were then analysed by an independent body – Client-Focused Evaluation Programme (CFEP). Each practice is then required to produce an action plan to respond to problem areas and report on progress.
- **Patient Participation Groups in GP Practices** – Currently there are two patient participation groups in GP practices in Brent. There is a desire by a number of other GPs to set these up. The existence of these groups are regarded as good practice under the Quality and Outcomes Framework as a means of improving the involvement of service users, carers and the wider community in primary care planning and decision-making.

Foreword to the Accounts



The report is a summary of the information in the full financial statements for the year ended 31 March 2005 which have been prepared by the Brent Teaching Primary Care Trust (Brent tPCT) under section 98 (2) of the National Health Service Act 1977 (as amended by section 24 (2), schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.

Brent tPCT was established with effect from 1 April 2002 as per Statutory Instrument 2002 No. 1005 dated 20 March 2002. The name of the Brent Primary Care Trust was changed to Brent Teaching Primary Care Trust with effect from 21 October 2003 as per Statutory Instrument 2003 No. 2649 dated 7 October 2003.

The details of the performance are in section headed 'Performance'.

Financial Performance

The Brent tPCT's Revenue Resource Limit (the funds allocated by the government to commission health care services for the residents of Brent) increased from £320,653,000 in 2003/04 to £375,069,000 in 2004/05. The increase in the Resource Limit of 17% reflected the growth for inflation and additional Health Services. During the same period Brent tPCT reduced its underspend against Revenue Resource Limit from £2,063,000 to £750,000 in 2004/05.

The Department of Health requires the Brent Teaching Primary Care Trust (Brent tPCT) to achieve five key financial targets:

- To ensure that the total operating cost is within the agreed Revenue Resource Limit.
- To ensure that the total cash outflow is within the agreed Cash Limit.
- To ensure that the total net capital expenditure is within the agreed Capital Resource Limit.
- To ensure that tPCT recovers full costs in relation to its provider functions.
- To comply with Better Payment Practice Code.

Accounts

Revenue Resource Limit

The tPCT's performance against Resource Revenue Limit was:

	2004/05 £000	2003/04 £000
Total net operating cost for the financial year	376,277	337,737
Prior Period adjustment for:		
Pre-6 March 1995 early retirements	-	-
Non-discretionary Expenditure	(1,958)	(19,147)
Net operating cost	374,319	318,590
Revenue Resource Limit	375,069	320,653
Under spend against Revenue Resource Limit	750	2,063

The total operating cost was within its Revenue Resource Limit.

Target achieved

2004/05



2003/04



Cash Limit

The cash flow summary for the year:

	2004/05 £000	2003/04 £000
Net cash (outflow) from operating activities	(375,059)	(328,842)
Net cash (outflow) from capital expenditure	(1,663)	(5,701)
Net cash (outflow) before financing	(376,722)	(334,543)
Net Parliamentary Funding	376,722	334,397
Increase (decrease) in cash	-	(146)

The tPCT kept the net cash out flow within its Cash Limit. The tPCT was required to reduce the bank and cash balance to £Nil.

Target achieved

2004/05



2003/04





Capital Resource Limit

The tPCT is required to keep its capital expenditure within its Capital Resource Limit

	2004/05 £000	2003/04 £000
Gross Capital Expenditure	1,814	4,625
Less: Net Book Value of assets disposed of	(730)	-
Charge against the Capital Resource Limit	1,084	4,625
Capital Resource Limit	1,093	6,227
Underspend against Capital Resource Limit	9	1,602

The capital expenditure was within the Capital Resource Limit.

Target achieved

2004/05



2003/04



Provider full cost recovery duty

The tPCT is required to recover full costs in relation to its provider functions. The performance for 2004/2005 is as follows:

	2004/05 £000	2003/04 £000
Provider gross operating cost	49,565	46,456
Less: Miscellaneous income relating to provider functions	(12,294)	(11,368)
Net Operating Cost	37,271	35,088
Costs met from tPCT's own allocation	36,189	35,211
Under (over) recovery of costs	1,082	(123)

The tPCT did not recover the full cost of its provider functions.

Target achieved

2004/05



2003/04



Better Payment Practice Code

	2004/05 Number	2003/04 Number	2004/05 £000s	2003/04 £000s
Total bills paid in the year	47,310	43,287	57,989	63,397
Total bills paid within target	39,884	37,827	54,895	56,973
Percentage of bills paid within target	84.30%	87.39%	94.66%	89.87%

The Better Payment Practice Code requires tPCT to aim to pay all valid non-NHS invoices by the due date or within 30 day's of receipt of goods or a valid invoice, which ever is later.

Employee Cost

	2004/05 £000	2003/04 £000
Salaries and wages	28,159	23,378
Social Security Costs	2,201	1,792
Employers Contribution to NHSPA	3,426	1,430
Agency Staff	6,933	4,843
Total	40,719	31,443

Management Costs

	2004/05	2003/04
Management costs (£000)	11,273	10,273
Weighted Population	263,413	263,413
Management cost per head of weighted population (£)	42.80	39.00

Fixed Assets

The movement of Fixed Assets during the year can be summarised:

	2004/05 £000	2003/04 £000
Cost or valuation at 1 April	57,251	56,782
Indexation	4,354	4,529
Other in year revaluation	-	1,084
National Revaluation Exercise	19,650	-
Additions	1,813	4,625
Disposals	(730)	-
Depreciation	(1,179)	(861)
Accelerated depreciation	(5,005)	(4,808)
Impairments	-	(4,100)
Total at 31 March 2005	76,154	57,251



1. Other in year revaluation of £Nil (2003/04 £1,084,000).
2. District Valuers Revaluation of £19,650,000 (2003/04 £Nil).
3. Addition of £1,813,000 include Redevelopment of Willesden site £183,000 (2003/04 of £497,000) Kingsbury site £55,000 (2003/04 £1,537,000) Wembley Centre for Health & Care £634,000 (2003/04 £895,000), Clinics £89,000 (2003/04 £286,000) and IT equipment of £853,000 (2003/04 £360,000).
4. A Disposal of Fixed Asset in 2004/05 was sale of One Tree Hill Clinic and Monks Park Clinic (2003/04 £Nil).
5. During the period Willesden Hospital and Pound Lane Clinic had a material change in estimate of useful economic life. The financial effect of this change in estimate was £5,005,000 (2003/04 £4,808,000).

The development of Willesden Centre for Health & Care with Private Finance Partner was completed in March 2005 as planned.

Revaluation of Land and Buildings

Land and Buildings are restated at current cost using professional valuations. There was a net increase in valuation of £ 19,650,000 (2003/04 £ nil) as a result of revaluation as stated above.

Future Development

The tPCT is also in the process of building three new Primary Care Centres as part of Local Improvement Finance Trust (LIFT) schemes. The financial close for redevelopment of Monks Park Primary Care Centre was achieved in 2004/05.

Pooled Budgets

The section 31 Partnership arrangements in the Health Act 1999 have been developed to give the NHS bodies and local authorities the flexibility to be able to work with each other and other agencies to respond effectively to improve services, either by joining up existing services or developing new Co-ordinator services. These partnership arrangements which are referred to as “Lead Commissioning” “Integrated Provision” and “Pooled Budgets”, allow each partner to make a contribution to the budget and retain statutory responsibility for their own services. During the year tPCT’s pooled budget with the local authority was for Learning Disabilities Partnership. Brent tPCT is a member of a pooled budget arrangement under section 31 Health Act 1999. The pooled budget is hosted by the London Borough of Brent. The budget was as follows:

	2004/05	2003/04
	£000	£000
Total Gross Funding	336	322
Total Expenditure	(326)	(311)
Net Underspend	10	11

External Auditor

PWC LLP had been appointed since 1 April 2002 as tPCT’s external auditor. The cost of audit services in 2004/05 was £210,000 (2003/04 £169,000). The external auditor did not provide any other services to tPCT. The auditor’s independence has not been compromised.

Financial Statements

The Directors’ Statements and the summary of Financial Statements which follow on the next few pages are consistent with the full Financial Statements of the tPCT for the year ended 31 March 2005. These accounts have been audited and were not qualified.

Readers of a more specialist interest may obtain a copy of the Statutory Accounts from Mahendra Patel, Director of Finance and ICT from the tPCT offices. The Statutory Accounts also includes Statement of Internal Control.



Next Year (2005/06)

The Board had approved the Local Delivery Plan for 2005/06. It shows that the resources are over committed by £4.5m to meet the services demand and the various targets. It is, however, expected that this financial over commitment would be funded from anticipated savings and slippages in service developments in 2005/06.

Mahendra Patel

Mahendra Patel

Director of Finance & ICT



Board of Directors

Chairman

Jean Gaffin OBE

Non-executive Directors

Charles Boucher
Jacqueline Carr
George Crane
Steve Maingot
Rev Cornelius Mereweather-Thompson
Nan Tewari *

Executive Board Directors

Lise Llewellyn (Chief Executive Officer)
Mahendra Patel (Director of Finance)
Zach de Beer (Director of Public Health)*
Judith Stanton (Director of Public Health)**

PEC Representatives on the Board

Dr Ethie Kong (Chair)
Patricia Atkinson (Director of Nursing)
Farhat Hamid ***

Directors

Bashir Arif (Primary Care)
Paul Beal (Human Resources)
Stephen Jones (Joint Working)****
Andrew Parker (Commissioning & Modernisation)

ADVISORS

Auditors

PricewaterhouseCoopers LLP (External)
Parkhill Audit Agency (Internal)

Solicitors

Beachcroft Wansbroughs

* Left 31 March 2005

** Joined the Board 1 October 2004 as joint Director of Public Health

*** Joined the Board 1 November 2004

**** Left 18 May 2005



Directors' Statements

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust.

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers' Memorandum issued by the Department of Health. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- Value for money is achieved from the resources available to the authority;
- The expenditure and income of the authority has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- Effective and sound financial management systems are in place; and
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the net operating cost, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Dr Lise Llewellyn

Chief Executive

Date: 20 July 2005

Statement of Directors' responsibilities in respect of the accounts.

The Directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and the net operating cost recognised gains and losses and cash flows of the year. In preparing these accounts, the Directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust, and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing financial statements.

Signed by order of the Board on 20 July 2005



Chief Executive



Finance Director

The tPCT has set up a Remuneration & Terms of Service Committee. The Terms of Reference for this committee are in line with the tPCT's Standing Financial Instructions. The following Non-Executive Directors were members of the Remuneration & Terms of Service Committee for 2004/05: Jean Gaffin (tPCT Chair), George Crane and Nan Tewari.

The Board holds a Register of Interests which it publishes at the first public meeting of every financial year. The Register of Interests is also available for public inspection - if you are interested please contact the Chief Executive's office: telephone 020 8795 6485.



INDEPENDENT AUDITORS' REPORT TO DIRECTORS OF THE BOARD OF BRENT TEACHING PRIMARY CARE TRUST

We have examined the summary financial statements set on pages 42 to 45.

This report is made solely to the Board of Brent Teaching Primary Care Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective Responsibilities of Directors and Auditors

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

Basis of audit opinion

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

Opinion

In our opinion the summary financial statements with the statutory financial statements of the tPCT for the year ended 31 March 2005 on which we have issued an unqualified opinion.

Signature: *PricewaterhouseCoopers LLP*

Date: September 2005

PricewaterhouseCoopers LLP
Southwark Towers
32 London Bridge Street
London
SE1 9SY

OPERATING COST STATEMENT FOR THE YEAR ENDED 31 MARCH 2005

	2004/05 £000	2003/04 £000
Commissioning		
Gross Operating Costs	348,765	309,724
Less: Miscellaneous Income	(9,759)	(7,075)
Commissioner Net Operating Costs	339,006	302,649
Providing		
Gross Operating Costs	49,565	46,456
Less: miscellaneous income	(12,294)	(11,368)
Provider Net Operating Costs	37,271	35,088
Net Operating cost for the Financial Year	376,277	337,737





BALANCE SHEET AS AT 31 March 2005

	31 March 2005 £000	31 March 2004 £000 restated
FIXED ASSETS		
Tangible assets	76,154	57,251
Investments	74	-
CURRENT ASSETS		
Debtors	8,311	5,919
TOTAL CURRENT ASSETS	8,311	5,919
CREDITORS: Amounts falling due within one year	(19,269)	(22,833)
NET CURRENT (LIABILITIES)	(10,958)	(16,914)
TOTAL ASSETS LESS CURRENT LIABILITIES	65,270	40,337
PROVISIONS FOR LIABILITIES AND CHARGES	(4,550)	(5,052)
TOTAL ASSETS EMPLOYED	60,720	35,285
FINANCED BY: TAXPAYERS EQUITY		

STATEMENT OF RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2005

	2004/05 £000	2003/04 £000
Unrealised surplus on fixed asset revaluations/indexation	24,004	5,613
Gains and losses recognised in the financial year	24,004	5,613
General Fund	24,715	23,100
Revaluation reserve	36,005	12,185
TOTAL CAPITAL AND RESERVES	60,720	35,285

The Financial Statements were approved by the Board on 22 July 2005 and signed on its behalf by

CHIEF EXECUTIVE:

Lise Hawley

**CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 March 2005**

	2004/05 £000	2003/04 £000
OPERATING ACTIVITIES		
Net cash outflow from operating activities	(375,059)	(328,842)
CAPITAL EXPENDITURE		
Receipts from sale of tangible fixed assets	472	-
Payments to acquire tangible fixed assets	(2,061)	(5,701)
Payments to acquire fixed asset investments	(74)	-
Net cash (outflow) from capital expenditure	(1,663)	(5,701)
Net cash (outflow) before financing	(376,722)	(334,543)
FINANCING		
Net Parliamentary Funding	376,722	334,397
Net cash inflow from financing	376,722	334,397
Increase/(decrease) in cash	-	(146)



Note 5.3 Salary and Pension entitlements of Senior Managers 2004/05

Name and Title	Age	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Real increase in pension at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31/03/2004 (bands of £5,000) £000
Directors					
Mrs J Gaffin (Chair)	68	20-25	-	-	-
Mr C Boucher	61	5-10	-	-	-
Mrs J Carr	48	5-10	-	-	-
Mr G Crane	55	5-10	-	-	-
Mr S Maingot	50	5-10	-	-	-
Ms N Tewari (Note 1)	41	5-10	-	-	-
Rev.C.Mereweather-Thompson	50	5-10	-	-	-
Dr L Llewellyn	41	110-115	-	0-2.5	25-30
Mr M M Patel	60	100-105	-	0-2.5	20-25
Dr Z J De Beer (Note 1)	49	40-45	10-15	0-2.5	0.5
Mrs P Atkinson (Note 2)	51	70-75	-	-	25-30
Mrs J Stanton (Note 3)	38	35-40	50-55	0-2.5	-
Mr B Arif	48	85-90	-	0-2.5	25-30
Mr S Jones	38	65-70	-	0-2.5	10-15
Mr A Parker	43	75-80	-	0-2.5	15-20
Mr P Beal	40	70-75	-	0-2.5	5-10
Executive Committee Members					
Dr E Kong (Note 2)	47	25-30	-	0-2.5	0-5
Dr M C Patel (Note 4)	47	5-10	95-100	0-2.5	0-5
Mr G Bandasoah	38	5-10	35-40	0-2.5	0-5
Ms S Chana (Note 5)	55	5-10	50-55	0-2.5	10-15
Dr A P Craig	48	5-10	5-10	-	0-5
Dr S Gellert	50	5-10	-	0-2.5	0-5
Mrs F Hamid (Note 2)	45	5-10	40-55	0-2.5	10-15
Dr N S De Kare Silver	45	5-10	-	0-2.5	0-5
Mrs M H O'Connell	51	5-10	-	0-2.5	0-5
Mrs H Patel (Note 6)	44	0-5	50-55	0-2.5	5-10
Mr P Laffey	31	5-10	35-40	-	-
Mr R Bailey	63	5-10	-	-	-
Ms C Shawcross (Note 7)	N/A	5-10	-	-	-
Mr M Bhatt (Note 8)	54	0-5	-	-	-
Mr S Panju (Note 9)	52	0-5	-	-	-
Mr R Kapoor (Note 10)	34	0-5	-	-	-
Dr J Akumabor (Note 11)	39	-	-	-	-

Note 1 Left 31 March 2005

Note 2 Board Directors Representing PEC

Note 3 Joined 1 October 2004

Note 4 Left 30 June 2004

Note 5 Left 30 November 2004

Note 6 Left 31 August 2004

Note 7 Salary paid to employer

Note 8 Joined 1 July 2004

Note 9 Joined 1 September 2004

Note 10 Joined 1 November 2004

Note 11 Joined 1 February 2005



Note 5.3 Salary and Pension entitlements of Senior Managers 2003/04

Name and Title	Age	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Real increase in pension at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31/03/2004 (bands of £5,000) £000
Directors					
Mrs J Gaffin (Chair)	67	20-25	-	-	-
Mr C Boucher	60	5-10	-	-	-
Mrs J Carr	47	5-10	-	-	-
Mr G Crane	54	5-10	-	-	-
Mr S Maingot	49	5-10	-	-	-
Ms N Tewari	40	5-10	-	-	-
Rev. C Mereweather Thompson*	49				
0-5					
-					
-					
-					
Dr L Llewellyn	40	105-110	-	0-2.5	20-25
Mr M M Patel	59	95-100	-	0-2.5	20-25
Dr Z J de Beer	48	80-85	-	0-2.5	0 - 5
Mrs P Atkinson	50	65-70	-	0-2.5	20-25
Mr B Arif	47	85-90	-	0-2.5	25-30
Mr S Jones	37	65-70	-	0-2.5	10-15
Mr A Parker	42	70-75	-	0-2.5	15-20
Mr P Beal*	39	60-65	-	0-2.5	5-10
Executive Committee Members					
Dr E Kong**	46	15-20	-	0-2.5	0 - 5
Dr M C Patel**	46	15-20	90-95	0-2.5	0 - 5
Mr G Bandasoah	37	5-10	30-35	0-2.5	0 - 5
Ms S Chana	54	5-10	50-55	0-2.5	10 - 15
Dr A P Craig	47	5-10	5-10	0-2.5	0 - 5
Dr S Gellert	49	5-10	-	0-2.5	0 - 5
Mrs F Hamid	44	5-10	40-55	0-2.5	10 - 15
Dr N S De Kare Silver	44	5-10	-	0-2.5	0 - 5
Mrs M H O'Connell	50	5-10	-	0-2.5	0 - 5
Mrs H Patel	43	5-10	50-55	0-2.5	5 - 10
Mrs L G Foord***	40	0-5	-	-	-
Mr P Laffey****	30	0-5	35-40	-	-
Mr R Bailey*****	62	5-10	-	-	-
Ms C Shawcross*****	N/A	5-10	-	-	-

* Joined in May 2003

** Board Directors representing PEC Co Chair

*** Left in July 2004

**** Joined in October 2003

***** Joined in June 2003

***** Salary paid to the employer

Working with our partners for a healthier Brent

Contact us:

Brent tPCT

Postal address:

Trust Headquarters
116 Chaplin Road
Wembley
HA0 4UZ
Tel 020 8795 6000
www.brentpct.nhs.uk

For help on how
to stop smoking
and to get **FREE**
Nicotine Replacement
Therapy (NRT)
Tel 020 8965 2244

