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Working with our partners for a healthier Brent.

# Foreword

## Welcome

We are proud to introduce our second annual report, in which we highlight some of the improvements, successes and challenges that Brent Teaching PCT (Brent tPCT) has faced in the past year.

When we are ill we want to receive care promptly, and have the confidence that our treatment will be high quality. In the past year we have worked hard, and made real reductions in waits for general practice, community and hospital care. Services have moved closer to patients' homes, increasing convenience. Our staff are committed to improving the quality of our services, whilst some have achieved national recognition in their speciality – well done to those members of staff.

However, good healthcare is also about preventing illness and complications. We all know that eating healthily and taking exercise is good for you, and smoking is bad, but sometimes it's not easy! We are now working with new mums and schools to encourage healthy eating from an early age and our stop smoking service is open to all. Our excellent expert patients programme is supporting patients with long term illness to increase their confidence and control of their illness - and reduce its impact.

As you can see in the report, there is a lot of action underway locally to improve Brent tPCT. This report is a summary, and if you wish to see a more detailed version, please go online to [www.brentpct.nhs.uk](http://www.brentpct.nhs.uk) and click on Annual Report 2003/2004 or contact the communications department on 020 8795 6109, who will be happy to send you a hard copy.

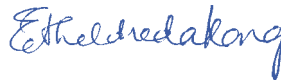
We hope you find this an interesting and informative summary that shows the dedication of all who work for the Trust to ensure a healthier Brent.



Lise Llewellyn  
Chief Executive



Jean Gaffin  
Chair



Etheldreda Kong  
PEC Chair

# Our Vision and Values



## The Values of Brent tPCT are

- **Put the Patient at the centre**  
We will involve local people, users and carers in reviewing and designing services to meet their needs.
- **Be a good employer**  
We will 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 will work closely with key local partners, including Brent Council, local NHS Trusts and independent and voluntary organisations to improve and develop a 'whole systems' approach to improving health and social care.
- **Be innovative**  
We will use the opportunity of a new organisation, bringing primary and community services together for the first time, to be creative, challenging, flexible and to become a 'learning organisation'.
- **Be accessible**  
We will work hard to reflect the diverse nature of the community we serve and to meet their needs in terms of culture, language and physical accessibility.
- **Be outcome focused**  
We will set ourselves some key targets against which we will measure our success.

## The Vision of Brent tPCT is

- To improve health and wellbeing and reduce inequalities;
- To develop an integrated health service to meet the needs of local people; and
- To commission high quality secondary care from other NHS Trusts, including acute hospital services.

# Meet the Team

## Non-executive Directors



Jean Gaffin OBE  
Chair of Brent tPCT



Charles Boucher  
Vice Chair



Jacqueline Carr



Councillor George Crane



Steve Maingot



Rev. Cornelius  
Mereweather-Thompson

## Professional Executive Committee



Nan Tewari



Madhukar Patel  
PEC Co-Chair



Dr. Ethie Kong  
PEC Co-Chair



## Executive Management Team



Dr. Lise Llewellyn  
Chief Executive



Bashir Arif  
Director of Primary Care



Patricia Atkinson  
Director of Nursing



Paul Beal  
Director of Human Resources  
and Operational Development



Dr. Zach de Beer  
Director of Public Health



Andrew Parker  
Director of Commissioning  
and Modernisation



Stephen Jones  
Director of Joint Working



Mahendra Patel  
Director of Finance



Jan Procter  
Business Manager

# About Brent tPCT

## About Brent tPCT

Brent tPCT is broken into five localities to provide a more responsive and effective health service.



Brent tPCT does not believe in a “one size fits all” way of working. To ensure that the diverse needs of the population of Brent are met in the most effective way, services in each locality are tailored to meet the needs of that locality and are overseen by a General Manager. Here are some of the highlights of the individual localities during the PCT's second year of existence.



## Harlesden Locality

Hosts two Sure Start programmes whose overall objective is to improve the social and emotional development of children aged 0-4 years old. This provides staff with an excellent opportunity to work with other agencies providing the correct skill mix for the children.

Harlesden has the highest recorded prevalence of diabetes in Brent. Patients with this condition require high levels of assistance from health services, in terms of chronic disease management, the demands on health services are high. In order to help reduce this figure a one stop shop for diabetes, was set up. The aim of this was to provide people who are diagnosed with diabetes with education and knowledge to help them manage their condition. An evaluation of the one stop shop will take place later this year. If found successful it will be rolled out throughout Brent.

The Healthy Harlesden Project is in its second year and has surpassed its contractual milestones by reaching 8,000 members of the community. This project provides advice, support and practical help in living a healthier lifestyle. This has included shopping trips, swimming sessions, fun days, gardening lessons and fresh fruit being delivered into the local schools.

The tPCT's leadership has developed the foundation structures and accountabilities for clinical governance.



### **Kilburn Locality**

The New Deal for Communities (NDC) is being developed. These initiatives are aimed at improving health and removing the “health gap” between local people living in South Kilburn and the surrounding area.

A network of projects are now operating and working closely with health services to improve local peoples' quality of life, reducing risk factors that contribute to ill-health, like coronary heart disease and diabetes. Activities have begun in two broad areas – Healthy Mind and Body and Health Across the Ages.

Kilburn completed the first locality website. The response from all stakeholders has been extremely positive. Brent tPCT has developed a new website where all localities are represented, with provision for GPs to contribute.

Sites for the two Healthy Living Centres have been identified and work is underway to develop these. The centres are part of the premises modernisation programme to improve access, quality and range of GP services and wider health activities for people in the local area.

This locality took the lead in resolving parking issues for clinical staff across the tPCT. An essential user parking permit was set up with the parking enforcement team at Brent Council. A parking penalty waiver process was also negotiated for staff who had incurred tickets while on emergency calls to patients.



### **Kingsbury**

A weekly health walk was started in November 2003. The aim was to encourage people to take an active interest in their health. A regular weekly walk takes place on a rotation basis from three sites: Chalkhill Health Centre, College Road Clinic and Stag Lane Clinic.

A 6 month pilot scheme for a leg ulcer clinic based at Chalkhill Health Centre in Kingsbury took place at the end of 2003. The clinic operated at full capacity over this period with full participation from the district nursing teams. An improvement on patient outcomes has been noted over this period. A full evaluation of the services is being done.

Health Visitors from Stag Lane Clinic worked in partnership with Brent Rotary Club to raise awareness of strokes to the general public on Stroke Awareness day at ASDA 2003. Free blood pressure checks and health promotion issues were discussed. It was a good opportunity to talk about lifestyle choices such as diet, exercise, smoking, losing weight and depression. Several people were found to have high blood pressure and were given a letter following guidelines from the British Hypertension Society for their GP to follow up. Approximately 180 people were seen over the 6 hour period.

# About Brent tPCT



## Wembley

A Nursery was opened in Wembley Centre for Health and Care for all staff of Brent tPCT. It offers daycare for these children but also for local families when there are vacancies.

A Safehaven Unit has been established in Wembley Centre for Health and Care for patients who have had difficulty in accessing GP services because of their violent, aggressive or abusive behaviour.

Wembley Centre for Health and Care also houses the Ethnic Walk in Centre, which is the base for the refugee walk-in service. This service provides primary care services like health screening and health promotion. This has been a very successful service due to the ease of access and longer consultation times available.



## Willesden

The Care Coordination Service (CCS) aims to promote the independence of older people in the community, by offering specialist case management to patients and carers who have been identified as at risk of falling into crisis. The team is committed to focusing on individual patient goals and producing creative solutions to gain them an improved quality of life. It is now being implemented across all localities.

Most recently the team celebrated a major achievement at the Health & Social Care Awards, as the London Winner of the Queen Mother's Award for Intermediate Care.

The wheelchair service is based on two sites - Willesden and Southall - and provides a service to six PCT's across North West London. There are approximately 28,500 registered users.

There are electronic links from both sites to the repair contractor, Serco. However the IT system had not been updated since 1999, so it was outdated and unreliable. An IT strategy was planned and a project board was set up to lead the implementation of an up-to-date and efficient IT system and to support its monitoring and review.

Practice review sessions have been established within the Learning Disability nursing service to look at current issues and gain feedback from professional colleagues.



## Kingsbury Hospital

Kingsbury Hospital does not sit in a locality but is very much part of Brent tPCT and has been completely rebuilt. This rebuilding provides day services to the hospital and includes an administration block. There are two units that provide an assessment and treatment service for people with low to moderate learning disability and challenging behaviour. There is also a special residential service for people with learning disabilities.

As well as renewing the buildings, ways are being discussed to improve our specialist services. The New Change group is working with people who use the services to set up home treatment options and community based crisis beds, to complement Kingsbury Hospital Services.



Kingsbury Hospital

Brent tPCT is a vibrant and lively borough. It is also one of the most ethnically diverse areas in Europe, where a hundred different languages are spoken on a daily basis. See the chart below for the ethnic breakdown.



GPs and Practitioners with a special interest are being trained around our priority areas. We already have two GPs with a special interest in diabetes and 2 GPs with a special interest in CHD (Coronary Heart Disease). Funding has been made available for a further 2 GPs to be trained in urgent care treatment. Their training will commence this year.

# Developments

## Throughout Brent tPCT

Innovative projects and services have been developed, and span the whole organisation to benefit all the residents of Brent.

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 two years ago. 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. They come under the heading of capital developments.

## Brent, Harrow & Hillingdon LIFT

It has been over a year since Brent, Harrow and Hillingdon Local Improvement Finance Trust (LIFT) came into existence. It is all about local improvements. This new 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

The site for the new Monks Park Primary Care Centre is being prepared for building works to begin. 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 services under one roof including GPs, Health Visitors, District Nurses, Podiatry, Physiotherapy, Women's Services and many more. The fabulous new centre is set to be completed by December 2005.



*What Monks Park Clinic will look like once completed*

## Sudbury Primary Care Centre

The Sudbury Centre is a fantastic new opportunity for joint working with the Brent Leisure Services. This will create a new model of health and leisure services working together. This development will also house a variety of services complementing each other all under one roof. Services will include Physiotherapy, Podiatry, Women's Services, GPs, Specialist nurses 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. This development is a new way of working, focusing on the needs of older people in the community as well as having an older people care facility on site. In addition, the site will contain a pharmacy and café. 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. The project is still in its early stages and is anticipated to be completed mid/end of 2006.



Brent tPCT has many primary care centre developments underway within the local community to improve access to primary care. The aim is to have premises suitable to deliver services in modern up to date facilities to reflect the healthcare needs of today.

### **Willesden Centre for Health and Care**

The redevelopment of Willesden Centre for Health and Care is on target for completion in April 2005, with full occupation in the summer of that year. The next step is to concentrate on fitting out the building, with over 10,000 items of equipment to be incorporated before anyone can move in. A number of historical pieces have been collected in conjunction with the Grange Museum and input from other local historians. We aim to display some of this local history within the new centre.



*What Willesden Community Hospital looked like 100 years ago*



*What the completed Willesden Centre for Health and Care will look like*

### **Kilburn Health Centres**

A new Primary Care centre is planned for North Kilburn as part of rejuvenating health services in the area. This facility will be part of a network of centres, including GP practices, across Kilburn for clinical services to work from. Work is also underway to build two Healthy Living centres in South Kilburn as part of the regeneration programme of the New Deal for Communities. These centres will provide up to date premises for General Practices in the local area to work from, as well as wider health activities designed to improve peoples' health. The first centre is planned for summer 2006.

### **Stonebridge Primary Care Centre**

The new Primary Care Centre for Stonebridge is a planned development as part of Stonebridge Housing Action Trusts (HAT) regeneration programme, which started in 1994. The programme is expected to be completed by 2007. The named successor of the HAT is Hyde Housing Association who may take over this development, subject to a tenants' vote. This landmark building will house a community centre alongside a health facility. This facility will incorporate all the services from Craven Park Health Centre.

### **Chalkhill Primary Care Centre**

The new Chalkhill Primary Care Centre will be part of the final phase of the redevelopment of the Chalkhill estate. It will form one part of the combined facilities which will also include a community centre, the headquarters of Metropolitan Housing Trust and mixed housing units including a proportion for key workers. ASDA Superstore has agreed a link bridge in principle between their carpark and the new health facility to promote joint service provision to the community. This facility is a major development and is due to be completed at the end of 2006.

# Developments

## Homeless and Hostels Personal Medical Services (PMS)

Brent has one of the highest rates of temporarily housed families in London. These client groups have complex and time consuming health needs that are further complicated by difficult social circumstances. The PMS is a primary care service aimed at improving access to health care services for those living in temporary accommodation. Situated in the Burnley Practice in Pound Lane Clinic, the Homeless and Hostels service has been developed to deliver health care that is specific to the needs of the Brent population. Since opening on 1<sup>st</sup> July 2003, the practice has registered 50 new patients and seen over 220 people.



## General Medical Services

During the year a huge amount of work was undertaken across Brent to prepare for the successful introduction of the new contract for General Practices. The new contract rewards improvements in service quality and enables practices to choose to offer a wider range of services.

## Locality Plans

Brent tPCT's strategy to improve services requires the knowledge and experience of our staff. A clinical leaders programme was developed, whereby front line staff (5 from each locality) came forward to work with the executive management team to draw up plans for the future of our services. All clinical leaders went on a development programme to give them the skills to work on these plans within the Trust, but also to equip them with the skills to communicate developments to the community.

## Teaching Primary Care Trust

Since the successful bid to becoming a teaching tPCT in July 2003, progress has continued. The tPCT is a collaborative project and its management group includes representatives of all 8 PCTs in the north west London sector, 3 universities, the London Deanery and the Workforce Development Directorate of the Strategic Health Authority. Six major work streams or programme areas have been agreed and outlines drawn up for a range of projects designed to improve the recruitment and retention of key groups of staff. Links have been established with the social care sector, of which representative has now joined the management group.

The BECaD model will need practitioners who have additional skills to meet the requirements of the new services that are being developed. The tPCT is fully committed to ensuring our staff are fully trained to meet the needs of our patients. An example of this is in respiratory medicine.



### **Blood Testing Service**

A new Phlebotomy (Blood test) Service has been developed throughout Brent. In the near future Brent tPCT will also be taking over the service from the North West London Hospital Trust. The service has been available from Willesden Community Hospital, Stag Lane, Perrin Road Clinic and Craven Park Health Centre since the 1st September 2004.

### **Single Point of Access**

Since the launch of the service in December 2002, it is now used by 22 teams which include District Nurses, GPs and Hospitals. Single point of Access receives over 400 referrals per month and continues to expand. Electronic referrals are in the pilot stage using the NHS net to record patient referrals. A repository database is being developed to record patient referrals and a directory of users on a quarterly basis since May 2004. The directory can be obtained by contacting the Single Point of Access Administrator on 020 8451 8087.

### **Brent Emergency 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 acknowledges that the infrastructure for care needs substantial change to provide services fit for the 21st century.

A number of new developments are under way to deliver this, including the redevelopments at Willesden Hospital, Chalkhill and Craven Park Health Centres. The development of these Primary Care Centres are through LIFT and various PMS initiatives mentioned on pages 12, 13 and 14. The BECaD scheme is probably the biggest development alongside the existing ACAD centre at Central Middlesex Hospital. BECaD will open early in 2006 with state of the art facilities providing services substantially different than at present.

The major drive for all of these local initiatives is to improve patient care and improve the health of the local population. Three main concepts have been embedded in the BECaD development phase:

- 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.

These new services are dependent on the infrastructure developments. Each stage of development is dependent on the successes of others. That is why a special integrated network has been developed with other organisations, bringing together the best provision of care for the people of Brent.

# Achievements

## Brent tPCT is a 1 star Trust

The tPCT has improved its performance in almost all areas since last year. The Healthcare Commission applied a 'star rating' system to tPCTs to give an indication of their relative performance from 1 to 3. These star ratings depict how tPCTs perform in nine key areas of health.

- **Access to a GP within 48 hrs**  
Brent is achieving 100%.
- **Access to a Primary Care Professional**  
Brent is achieving 100%.
- **Improving the working lives of our staff**  
The Trust met Practice Standard in IWL in Jan 2004. This was assessed externally by the Workforce Development Confederation (WDC), under Dept of Health Standards. The tPCT is now working towards IWL practice plus, due to be assessed in Oct 2005.
- **Drug misuse treatment**  
This target measures the number of drug misusers who access treatment. Brent tPCT is well ahead of the planned target.
- **Four week smoking quitters**  
Brent achieved 45% of the target set. If you want information on how to give up and instantly improve your health go to page 18.
- **Outpatients to wait no longer than 17 Weeks**  
This has been achieved at Northwick Park Hospital and Central Middlesex Hospital, but was not at Royal National Orthopaedic Hospital. Brent tPCT will work hard to ensure that this target is met in all hospitals Brent residents decide to go to this year.

- **Inpatients waiting no longer than 12 months**  
This has been achieved.
- **Four hour wait in A & E**  
Was not achieved. The national standard is 90%, with Brent achieving 86% during the assessment period. Since then Brent has achieved the 90% level and continues to improve.
- **Financial management**  
Brent tPCT's financial management target has been achieved.





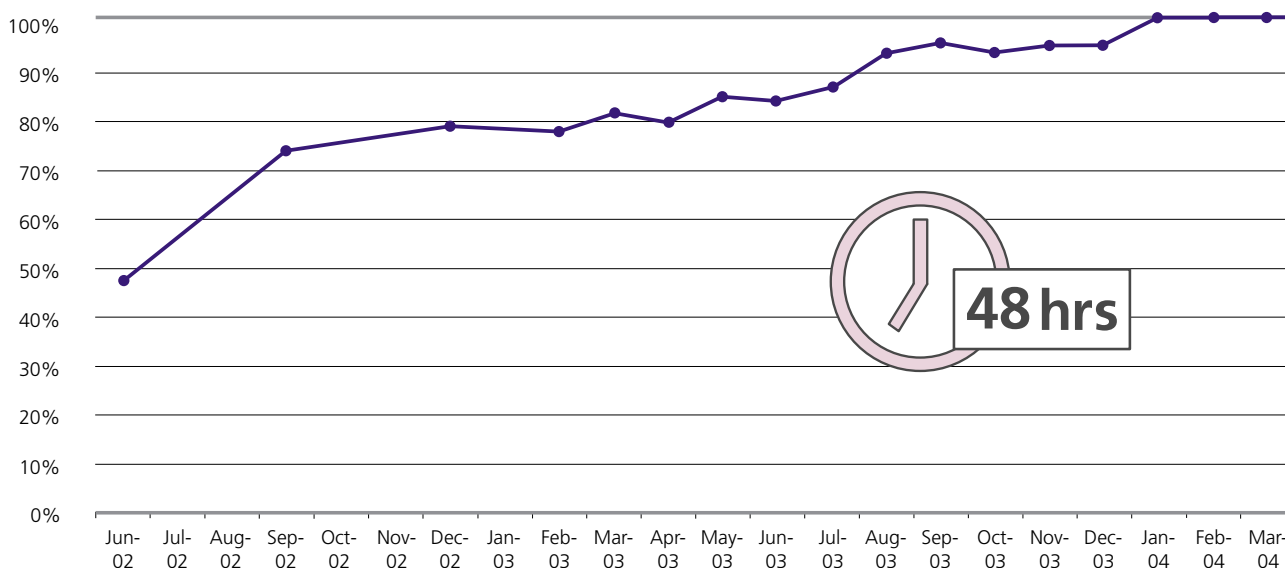
### Access to a GP

Across 2003/04 a weighted average of 92.4% of patients were able to see a GP within 48 hrs (at time of survey). During the 4th quarter a steady 100% was recorded. The aim is to sustain this stable level of attainment throughout the next financial year 2004/05.

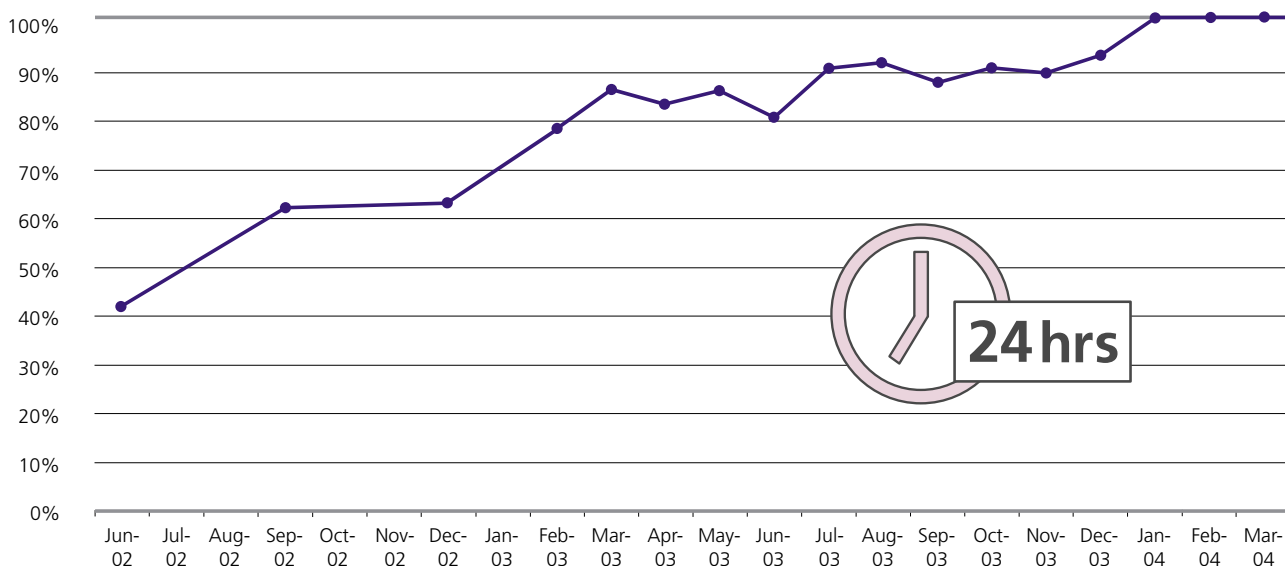
### Access to a Primary Care Professional

Across 2003/04 a weighted average of 89.8% of patients were able to see a primary care professional within 24 hrs (at time of survey). During the 4th quarter a steady 100% was recorded. The aim is to sustain this stable level of attainment throughout the next financial year 2004/05.

**Percentage of patients who can get an appointment to see GP with two working days**



**Percentage of patients who can get an Appointment to see a Primary Care Professional within one working day**

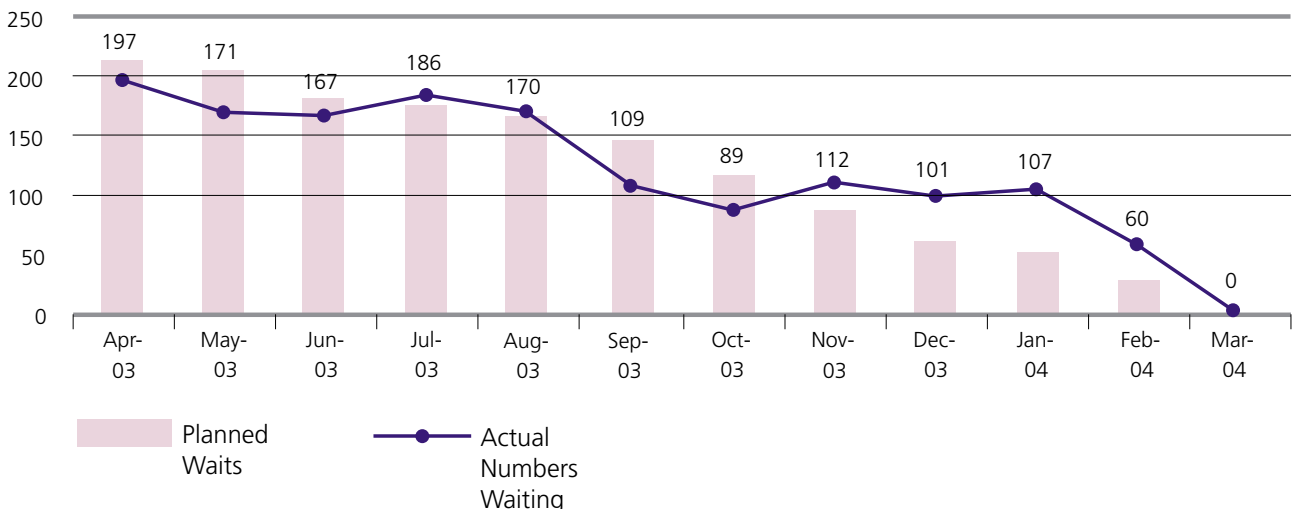


# Achievements

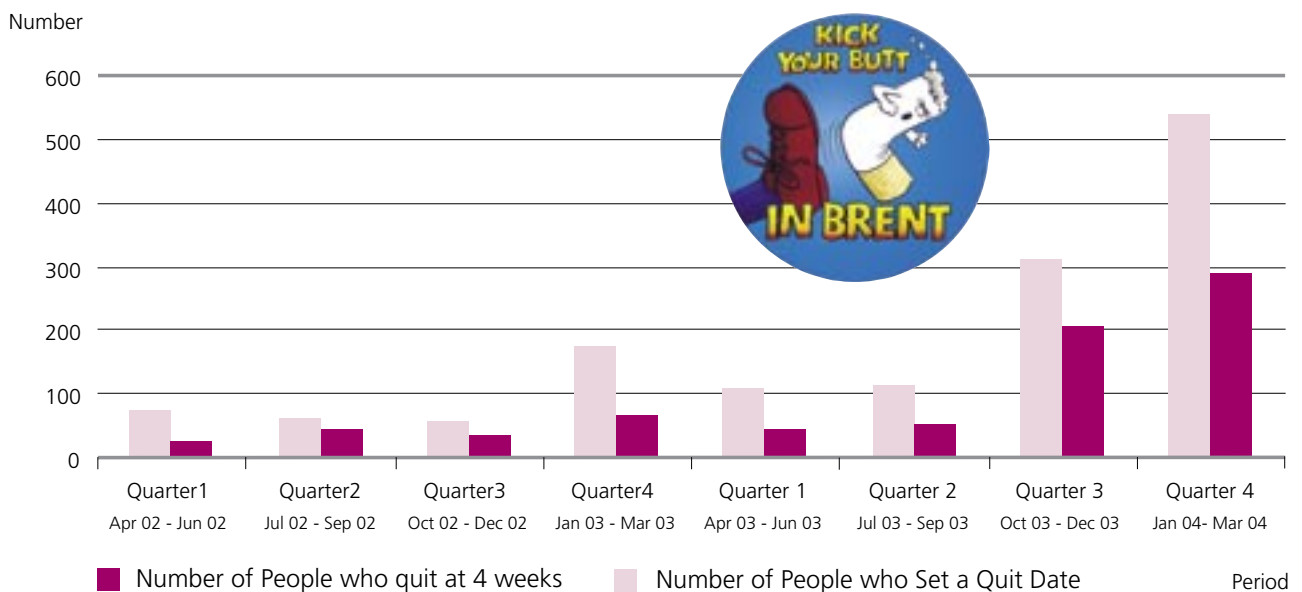
## Inpatient Access Times

The Chart illustrates Brent tPCT performance against the target for having no patients waiting longer than 12 months in year and 9 months by 31 March 2004. This target attained the Healthcare Commission threshold for achievement.

### Number of Patients waiting 9 Months or more for Inpatient Care: all Specialties/Trusts (Apr 03 - March 04)



## Smokers in Brent receiving Smoking Cessation during 2002-2004





### Four Week Smoking Quitters

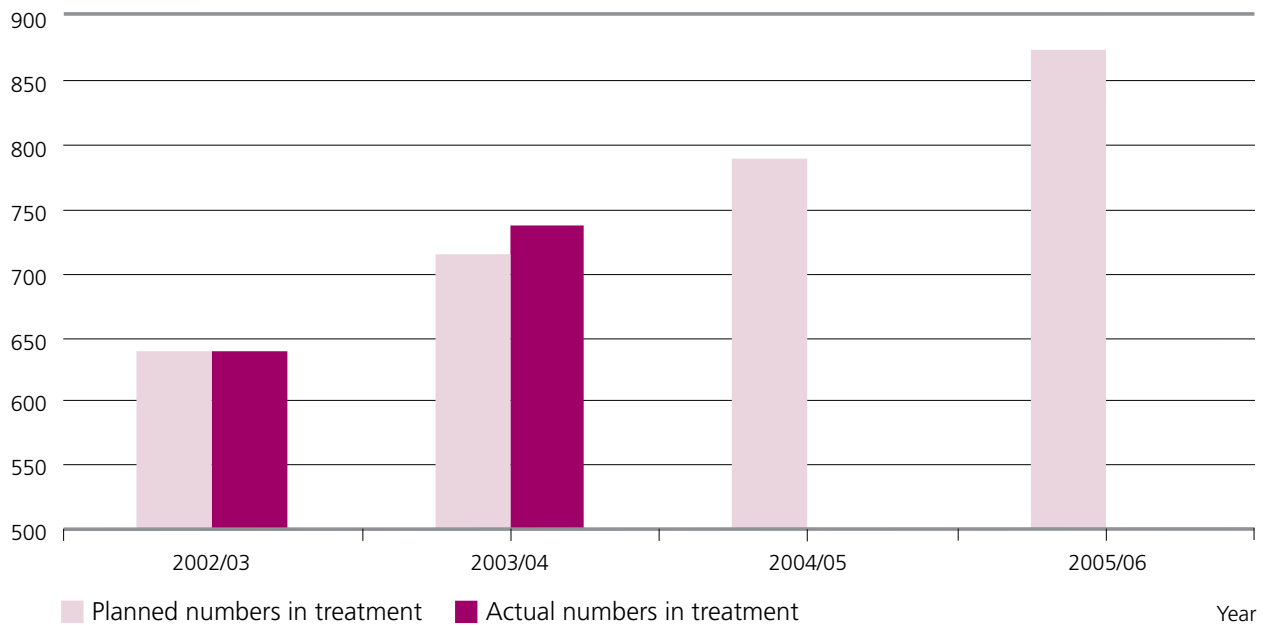
We are working hard with new initiatives like the 'Kick your Butt' campaign, GPs, Pharmacists, partner organisations and staff to encourage the patients they see to stop smoking. If you would like more information on the Stop Smoking Service contact 020 8965 2244.

### Drug Misuse Treatment

This target measures the number of drug misusers who access treatment. Brent tPCT is well ahead of its planned target, achieving 4% more than planned. 743 people were treated across five agencies using a variety of care models during 03/04.

### Brent tPCT Users of Drug Treatment Programmes

Number



Access to NHS dentistry is above average compared to figures in England and Wales.

# Clinical Governance and Improving Quality

## Clinical Governance and Improving Quality

The tPCT has established structures and reporting arrangements for clinical governance and risk management, which ensures an integrated and coordinated approach. The opportunity to streamline governance activities has begun, where a single committee embraces controls assurance, clinical governance and risk management. A clinical governance and risk management strategy is in place, outlining the tPCT's approach to implementation through a coordinated committee structure. Sub-groups have been established for delivery of specific clinical governance components. A clinical governance development plan sets priorities to be achieved with lead responsibilities shared among directors and senior management.

The executive team will continue to develop a strong corporate leadership, clear accountability arrangements and robust monitoring that will ensure clinical governance is systematically implemented across the organisation.



In order to provide high quality services, the tPCT must be able to use information about patients and services effectively. Clinical and health needs information is used to develop services and improve patient care. Health profile information is used to target development of premises and services through the Local Improvement Finance Trust (LIFT) scheme. Other examples are the use of disease registers in general practice to ensure appropriate treatment and follow up care.

## Risk Management

By its nature health is a risky activity, especially when developing more effective methods of treatment and care for patients. It is important that such risks are taken on the basis of good information. During 2003-04. The tPCT has undertaken work to further develop systems for managing risk and increasing safety, which resulted in a successful assessment by the NHS Litigation Authority for Level 1a.

The tPCT needs to be able to play its part in the management of a major incident that has potential health consequences. Over the past year, the major incident policy has been developed further and a number of "desk top" exercises with partner organisations were undertaken.

The Trust is aware of the need to ensure that the services are working to current clinical guidance and standards, based on the best available clinical evidence. In order to have a better overview of the range of standards to which the services are working, the tPCT is developing formal processes for monitoring and evaluating, so that lessons can be learnt from things that have gone well and focus attention on areas that have been difficult. When new clinical guidance and standards are introduced, the tPCT needs to be sure that they are being used and that the patients and clients benefit. To do this, the service participates in regular audit. Each service is encouraged to establish audit plans and to make these multi-disciplinary where at all possible.



## Our Staff

To deliver high quality services, the tPCT needs motivated staff with the right skills. Brent tPCT is committed to listening to its staff and supporting them to develop their skills and careers. National standards of best practice are used to focus the developments, resulting in the achievement of Improving Working Lives (IWL) standard.

As an organisation, the tPCT places a great emphasis on supporting continuous learning and development of staff. Training courses available to staff include customer care, equality and diversity, and disability awareness. Patient confidentiality and complaints-handling is offered through induction. This year's successful implementation of GP appraisal has resulted in the identification of training areas for GPs. The tPCT has offered support in those areas that fit with the overall direction of the tPCT.



The approach to joint working with the London Borough of Brent is a positive step towards integrating some aspects of health and social care. There are examples of jointly funded posts and integration of teams that share information and policies in health and social care. Staff across the tPCT are committed to consolidating all clinical governance activity and to providing the highest quality of care to the people of Brent.

## Disabled Employees

Our Equal Opportunities Policy, which is currently under external review, includes a section on disability discrimination. There is also training regarding recruitment and selection for all managers who sit on interview panels. We have now also received the disability 2 ticks certificate and set up a Disability Group in the tPCT.

## Consultation with Employees

All formal consultation with employees takes place through JSCC with staff and management. This takes place on a six-weekly basis to discuss changes in services, management issues, pay harmonisation and HR policy development.

## Remuneration Issues

The Remuneration Committee meets on a bi-monthly basis to discuss pay and conditions for Directors and Senior Managers. In addition, we have agreed and discussed pay harmonisation to move staff on to national terms and conditions of service from local contracts in preparation for Agenda for Change.

## Equal Opportunities

We are working towards the Equalities Framework through the Access and Equality Group, which has developed detailed action plans on the Race Equality Scheme, which is now in place. Progress is monitored through the Committee, which reports to the Board. In addition we have re-launched the mentoring scheme, which has a focus on BME staff and how we open up and develop access for this under-represented group at Senior Management level in the tPCT.

# Clinical Governance and Improving Quality

## Remuneration Committee

The Committee comprises of

- Chief Executive  
Dr Lise Llewellyn
- Chair  
Jean Gaffin OBE
- Two Non Executive Directors  
Nan Tewari and George Crane
- Director of Human Resources and Operational Development  
Paul Beal

The committee makes decisions on matters related to terms and conditions of service and staff directly employed by the tPCT.

- Examples of Agenda items
- Agenda for Change (AfC)
- Pay Harmonisation
- Senior Managers Pay Awards

The Committee report to the Board Directly.

## Public Involvement

Brent tPCT considers patient and public involvement to be fundamental to the development of quality services. The tPCT is working to ensure that the patient experience is included in the planning and organisation of care by involving non-executive Board members, clients, users and carers in planning groups and user events on a regular basis. The tPCT is seeking to build on the successes realised through community development approaches in public involvement. Examples of good practice are shared and staff are encouraged to build on these examples.



The tPCT is committed to improving patient, service user, carer and public involvement. A non-executive Board member is the board lead for patient, service user, carer and public involvement, and chairs a people and patient involvement forum, which reports to the board and is responsible for setting priorities. This forum leads the development, co-ordination and implementation of a formal written strategy.

For a copy of the strategy contact the User and Community Involvement team on tel 020 8795 6746

**Linking the number of mothers who breast feed to health inequalities, the Health Visitors developed an initiative that is working towards UNICEF Baby Friendly status. As part of the promotion and support for breastfeeding, they have established a Breastfeeding café. This is a drop-in session twice a month, where mothers can relax, have a coffee and access support either from the health visitors or each other.**

**“The NHS has been very good to me. They are my friend.”**



*Raymond Austin (Kilburn High Street)*

The Patient Survey highlighted areas of practice where the tPCT achieved above the national average. These areas were

- Patient choice of hospital or specialist
- Access to dentist
- Usefulness of local health services guide

Where the tPCT did not perform well, an action plan was written up and put in place to rectify the issues raised. To view the survey or action plan in full, go online [www.brentpct.nhs.uk](http://www.brentpct.nhs.uk) and click on annual Report 2003/2004.

The tPCT is making progress in the expert patient programme to encourage patients to be involved in managing their own care. There are plans to train three expert patients to be trainers to ensure that the programme can continue.

Patient, service user and carer and public involvement in general practices is at an early stage. A few GPs have used consultation exercises when planning changes to services and others have used questionnaires to obtain patient views. The tPCT plan to support general practices that are interested in establishing patient participation groups.

Information about services are published on the tPCT's website and in the patient guide, which is circulated to the public. Brent tPCT also holds an annual health fair where all local residents are invited to attend. The public are invited to take part in the demonstrations and focus groups, as well as speak directly to a health professional about the services on offer.

The Learning Disability Clinical Network had an annual event, at which clinical governance projects were presented. This was led by service users and 45 people attended across Hammersmith and Fulham and Brent, with about two-thirds being service users and one third staff. Small work groups looked at different areas of healthcare, asking two questions: 'what is working well?' and 'what needs to change?'. The results of this will then be used as the basis of this year's clinical governance work-plan.

# Clinical Governance and Improving Quality

## Complaints

The Patient Advice and Liaison Service (PALS) was established in April 2003 to provide information and on-the-spot help for patients, their families and carers. It holds outreach surgeries at various locations across the tPCT. Induction programmes for staff include a session on the PALS service. The tPCT aims to promote PALS more widely over the next year and will encourage dentists, pharmacists and optometrists to be involved.

The tPCT has a complaints policy and systems are in place for handling patients' complaints. Staff across the tPCT are aware of the policy and are clear about the process to follow. In line with national guidance, complaints that occur in dental, pharmacist, optometrist and general practices are resolved locally and managed independently. Complaints are monitored quarterly by the Clinical and Corporate Governance Committee, and reported to the Board. Complaints are beginning to be recorded and monitored electronically and tPCT – wide sharing of learning is at an early stage.



Views and experiences are sought when the Human Resource department work with a clinical area, for example through a change management exercise or as a result of a complaint concerning patient care that requires a formal investigation. In both instances the views of patients are taken into consideration and recommendations made as a result to improve patient care.

During 2003-04 the tPCT received 206 written complaints about primary care services and 50 about services provided by the tPCT. Issues raised included staff attitudes, waiting times, quality of clinical care and quality of information provided. Many changes to services have been implemented as a consequence of investigating complaints. Some examples of action taken as a result of complaints include:

- A series of training sessions have been arranged for GP and tPCT reception staff.
- Report-writing skills training has been organised for senior managers.
- A Review of the policy on giving of immunisation.

The complaints team have reviewed the current policies and structure, with a view to revising and developing and improving the quality of the service it delivers. This has involved, through a consultative process, improving on a joint Complaints policy, taking on board the new guidance, and revising the Complaints leaflets, data collection and reporting.

Within the 2003/4 clinical governance work plan – the Learning Disability Network had user-led work streams, including one on complaints for people who do not use speech. Service users took part in all meetings of this work stream and the group produced an 'easier to read' leaflet of the proposed process.



The Learning Disability network work stream on complaints has looked at linking into existing systems and it is hoped that this will form the informal resolution stage of the complaints process.

Fourty three (86%) of the tPCT service complaints were acknowledged within two working days and 23 (46%) were responded to within 20 working days.

Because of inconsistencies in recording data and the use of computer systems, and staffing changes, it has not been possible to provide data, for this report, on response times for the FHS complaints which have a ten-day response target.

In total there were 15 requests for an Independent Review Panel, compared with nine requests last year. All concerned NHS services. For five of the requests, a panel was refused and the files were closed. Two of these involved GPs and three were dental complaints. Eight GP complaints were referred back for Local Resolution. one GP complaint received in Quarter three went forward for a panel hearing but resulted in no recommendations. One GP complaint received in Quarter four also went forward for a panel hearing. The panel recommended that the GP should expand the advice given to patients in the form of a practice leaflet and that this should be circulated to existing patients as well as being available in the practice. They also recommended that Brent tPCT should advise the GP on his procedures for handling complaints. The panel also recommended that (in view of the current heavy workload), a Medical Advisor discuss with the GP the service he is currently able to provide for patients.

#### **"The NHS are giving a very good service"**



*Anita Modi yoga class member at the Indian Association*

#### **"NHS is fantastic"**



*Stephen Sergbor (Kilburn High Road)*

**The tPCT participates in the national access-to-services collaborative, and uses this opportunity to encourage the sharing of good practice. Other initiatives, such as employing healthcare assistants in general practice and pharmacists treating minor ailments, are being implemented in the tPCT's overall approach to improving access.**

# Financial Accounts

## Operating and Financial Review

We are proud to present the second Annual Report. The vision of Brent tPCT is to:

- To improve health and well being 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.

Our vision and values are stated at the beginning of the annual report.

The tPCT improved its performance in almost all areas since last year and achieved one star rating for its services. The details of the performance are in the section headed 'Achievements'.

## Financial Performance

The tPCT's Revenue Resource Limit (the funds allocated by the Government to commission health care services for the residents of Brent) increased from £286,836,000 in 2002/03 to £320,653,000. The increase in the Resource Limit reflected the growth for inflation and additional Health Services. During the same period the tPCT increased its underspend against Revenue Resource Limit for £1,006,000 in 2002/03 to £2,063,000 in 2003/04.

The Department of Health requires the 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.

As a result of a consultation exercise with Brent Deaf People Ltd, where mothers gave feedback on their experiences at child health clinics, the health visitors at Pound Lane Clinic have organised a group for deaf parents. The group is facilitated by a health visitor and offers support to parents as well as opportunities for parents to meet each other. There have also been awareness raising sessions arranged for all health visitors presented by a member of Brent Deaf People Ltd.



## Revenue Resource Limit

The tPCTs performance against Resource Revenue Limit was:

	2003/04	2002/03
	£000	£000
Total net operating cost for the financial year	337,737	296,237
Prior Period adjustment for: Pre-6 March 1995 early retirements	-	(1,197)
Non-discretionary Expenditure	(19,147)	(9,210)
<b>Net operating cost</b>	<b>318,590</b>	<b>285,830</b>
Revenue Resource Limit	320,653	286,836
<b>Under spend against Revenue Resource Limit</b>	<b>2,063</b>	<b>1,006</b>

The total operating cost was within its Revenue Resource Limit.

Target achieved	2003/04	2002/03
	Yes	Yes



## Capital Resource Limit

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

	2003/04	2002/03
	£000	£000
Gross Capital Expenditure	4,625	6,322
Less: Net Book Value of assets disposed of	-	(2,943)
<b>Charge Against the Capital Resource Limit</b>	<b>4,625</b>	<b>3,379</b>
Capital Resource Limit	6,227	3,400
<b>Underspend against Capital Resource Limit</b>	<b>1,602</b>	<b>21</b>

The capital expenditure was within the Capital Resource Limit

Target achieved	2003/04	2002/03
	Yes	Yes

Within the Learning Disability Clinical Network, Service Users have been encouraged to present to the Professional Executive Committee (PEC), 'their stories' of being on the receiving end of local healthcare and raising issues for resolution and training, e.g awareness training for GPs and front line staff.

# Financial Accounts



## Provider Full Cost Recovery Duty

The tPCT is required to recover full costs in relation to its provider functions. The performance for 2003/2004 is as follows:

	2003/04	2002/03
	£000	£000
Provider gross operating cost	46,446	35,108
Less: Miscellaneous income relating to provider functions	(11,368)	(10,177)
<b>Net Operating Cost</b>	<b>35,088</b>	<b>24,931</b>
Costs met from tPCT's own allocation	35,211	25,056
<b>Under (over) recovery of costs</b>	<b>(123)</b>	<b>(125)</b>

The tPCT recovered the full cost of its provider functions.

Target achieved	2003/04	2002/03
	Yes	Yes



## Better Payment Practice Code

The NHS Executive requires that tPCT pay their non-NHS trade creditors in accordance with the CBI prompt payment code and Government Accounts rules. The tPCT's policy is consistent with the CBI prompt payment code and Government Accounting rules and its measurement of compliance is:

	2003/04	2002/03	2003/04	2002/03
	Number	Number	£000	£000
Total bills paid in the year	43,287	27,722	63,397	49,883
Total bills paid within target	37,827	21,661	56,973	43,700
<b>Percentage of bills paid within target*</b>	<b>87.39%</b>	<b>78.14%</b>	<b>89.87%</b>	<b>87.60%</b>

The tPCT fell short of meeting its target of 90%.

\*The target is to pay non NHS creditors within 30 days of receipt of goods or valid invoice (whichever is later) unless other payment terms have been agreed with the supplier.

Interpreting and translation services are available. The tPCT is promoting these services so that directly employed staff, GPs, dentists, pharmacists and optometrists are aware and use the service.



## Employee Costs

	2003/04	2002/03
	£000	£000
Salaries and wages	23,378	21,281
Social Security Costs	1,792	1,403
Pension costs	1,430	1,259
Agency Staff	4,843	4,629
<b>Total</b>	<b>31,443</b>	<b>28,572</b>



## Management Costs

	2003/04	2002/03
Management costs (£000)	10,273	8,904
Weighted Population	263,413	263,413
<b>Management cost per head of weighted population (£)</b>	<b>39.00</b>	<b>33.80</b>



## Fixed Assets

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

	2003/04	2002/03
	£000	£000
Cost or valuation at 1 April	56,782	45,954
Indexation	4,529	7,694
Other in year revaluation	1,084	-
Additions	4,625	6,322
Disposals	-	(2,417)
Depreciation	(861)	(771)
Accelerated depreciation	(4,808)	-
Impairments	(4,100)	-
<b>Total at 31 March 2003</b>	<b>57,251</b>	<b>56,782</b>

## 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-ordinated 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 the Learning Disabilities partnership. The budget was as follows:

	£
Total Gross Funding	(322)
Total Expenditure	(311)
	11

# Financial Accounts

## 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 2004. 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.



Mahendra Patel  
Director of Finance & ICT

## 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.



Chief Executive  
23 July 2004



## 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 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 that they have complied with the above requirements in preparing financial statements.

Signed by order of the Board on 23 July 2004

Chief Executive  
23 July 2004

Finance Director  
23 July 2004

## Statement of Internal Control

### 1. Scope of Responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I have dual accountability both to the Trust Board and, as Accountable Officer, via the Accounting Officer for the NHS in England, to Parliament for stewardship of resources within Brent tPCT.

The Strategic Health Authority is responsible for performance management of Primary Care Trusts and this is discharged via regular meetings, data submission and feedback. The process for working with partner organisations is varied and includes the participation of the organisations on joint steering groups and committees, pooled budgets and formal consultation.

# Financial Accounts

## 2. The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Brent Teaching Primary Care Trust for the year ended 31 March 2004 and up to the date of approval of the annual report and accounts.



## 3. Capacity to Handle Risk

The Trust Board has delegated its risk management activities to the Clinical and Corporate Governance Committee. The Committee has overall responsibility for Risk Management, Controls Assurance, Corporate Governance and Clinical Governance. Its membership includes both Executive and Non-Executive Directors. It aims to foster a risk-aware culture throughout the Trust covering all activities, both clinical and non-clinical.

Staffs are equipped to manage risk in a way appropriate to their duties through mandatory training such as Health & Safety and Moving & Handling. Where required, specialist training such as infection control is provided.

Lessons learnt are being disseminated via "Risky Business", the Risk Management bulletin.



#### 4. The Risk and Control Framework

The risk management strategy sets out the responsibilities of all levels of management from Board through to individual employee. The strategy includes a risk assessment tool based on best practice from the Australian/New Zealand Standard (AS/NZS 4360: 1999) and National Patient Safety Agency, and gives instruction on how activities are to be incorporated into the risk register and action plans. The strategy defines the structures for gaining assurance about the management of risk.

Risk management is embedded in the activity of the organisation via the Controls Assurance process and Assurance Framework. In the latter, senior management, including the Board, identify the risks to objectives and control measures.

The Assurance Framework (the Framework) provides a structure for focusing the Board's attention on the main risks to meeting the organisation's objectives. The Framework covers all of the organisation's activities, identifies objectives and targets, risks to their achievement, internal control systems, review and assurance mechanisms and actions taken by the board to address control and assurance gaps. It addresses the elements relevant in considering whether appropriate risk management, control, and review processes are in place to support the SIC and therefore provides the appropriate elements.

Public stakeholders are involved in managing risks which impact on them through working with stakeholders and partners on joint steering groups and the Priority Action Groups for National Service Framework areas such as Diabetes, Cancer and Older People.

#### 5. Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by external reviews including Internal Audit whose opinion is that "an Assurance Framework has been established which is designed and operated to meet the requirements of the 2003/4 SIC and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation." However, I am advised to disclose that the Framework has not been in place for the full year.

I am also informed by the achievement of Level 1A of the NHS Litigation Authority's Risk Management Standard assessed by an independent assessor from Willis Ltd. The Level 1A assessment is principally concerned with ensuring that the organisation has developed key risk management documents and therefore an effective foundation for effective risk management. In the assessor's opinion, "an overall average score of 92% demonstrates the commitment of the Trust to establishing high quality risk management systems across the organisation".

# Financial Accounts

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Audit Committee, Governance Committee, Clinical & Corporate Governance Committee and Risk Management Group. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The maintenance and review of the effectiveness of the system of internal control is an ongoing process which is fed by the review of effectiveness by internal groups and external reviews (e.g. Internal & External Audit). The groups below have the following roles:

- The Board – responsible, collectively, for the Trust's system of internal control and management;
- The Audit Committee - reviews the establishment and maintenance of an effective system of internal control and risk management;
- The Clinical & Corporate Governance Committee-co-ordinates risk management processes within the tPCT and is responsible for discharging the tPCT 's statutory responsibility for the quality of clinical services;
- Executive Directors – accountable for the effective management of risk within their area of responsibility, including assurance that appropriate controls are in place and that controls assurance standards are being monitored;
- Internal Audit - reviews the tPCTs progress with the Assurance Framework, Risk Management, control and review processes to support the Statement of Internal Control (SIC);
- Other review / assurance mechanisms include the Assurance Framework and Controls Assurance.

Signed on behalf of the Board on 23 July 2004



Chief Executive Officer



### **Independent Auditors' Report to Directors of the Board of Brent Teaching Primary Care Trust**

We have examined the summary financial statements set out below.

This report is made solely to the Board of Brent 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 2004 on which we have issued an unqualified opinion.

Signature

Date

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

# Financial Accounts

## Operating Cost Statement for the Year Ended 31 March 2004

	2003/04	2002/03
	£000	Restated £000
<b>Commissioning</b>		
Gross Operating Costs	309,724	282,758
Less: Miscellaneous Income	(7,075)	(11,442)
<b>Commissioner Net Operating Costs Providing</b>	<b>302,649</b>	<b>271,306</b>
<b>Provider Net Operating Costs</b>		
Gross Operating Costs	46,446	35,108
Less: Miscellaneous Income	(11,368)	(10,177)
<b>Provider Net Operating Costs</b>	<b>35,088</b>	<b>24,931</b>
<b>Net Operating Costs before Exceptional Items and Interest</b>	<b>337,737</b>	<b>296,237</b>
Interest Payable	-	-
<b>Net Operating cost for the Financial Year</b>	<b>337,737</b>	<b>296,237</b>

## Balance Sheet as at 31 March 2004

	31 Mar 2004	31 Mar 2003
	£000	£000
<b>Fixed Assets</b>		
Tangible assets	57,251	56,782
<b>Current Assets</b>		
Debtors	5,919	12,564
Cash at bank and in hand	-	146
<b>Total current Assets</b>	<b>5,919</b>	<b>12,710</b>
Creditors: Amounts falling due within one year	(22,833)	(30,113)
<b>Net current (Liabilities)</b>	<b>(16,914)</b>	<b>(17,403)</b>
<b>Total Assets less current Liabilities</b>	<b>40,337</b>	<b>39,379</b>
Provisions for liabilities and charges	(5,052)	(7,524)
<b>Total Assets employed</b>	<b>35,285</b>	<b>31,855</b>
<b>Financed by: Taxpayers Equity</b>		
General Fund	23,100	24,161
Revaluation reserve	12,185	7,694
<b>Total Capital and Reserves</b>	<b>35,285</b>	<b>31,855</b>

The Financial Statements were approved by the Board on 23 July 2004 and signed on its behalf by



CHIEF EXECUTIVE  
23 July 2004



### Cash Flow Statement for the Year Ended 31 March 2004

	2003/04	2002/03
	£000	£000
<b>Operating Activities</b>		
Net cash outflow from operating activities	(328,842)	(286,827)
<b>Service of Finance</b>		
Interest paid	-	-
Interest element of finance leases	-	-
<b>Net cash inflow/(outflow) from servicing of finance</b>	-	-
<b>Capital Expenditure</b>		
Payments to acquire tangible fixed assets	(5,701)	(6,322)
Receipts from sale of tangible fixed assets	-	4,116
<b>Net cash (outflow) from capital expenditure</b>	(5,701)	(2,206)
<b>Net cash (outflow) before financing</b>	(334,543)	(289,033)
<b>Financing</b>		
Net Parliamentary Funding	334,397	289,048
<b>Net cash inflow from financing</b>	334,397	289,048
<b>Increase/(decrease) in cash</b>	(146)	15

### Statement of Recognised Gains and Losses for the Year Ended 31 March 2004

	2003/04	2002/03
	£000	£000
Unrealised surplus on fixed asset revaluations/indexation	5,613	7,694
Additional in the General Fund due to the transfer of assets from NHS bodies and Department of Health	-	(10,066)
<b>Recognised gains and losses for the financial year</b>	5,613	(2,372)
<b>Gains and losses recognised in the financial year</b>	5,613	(2,372)



# Financial Accounts

## Salary and Pension Entitlements of Senior Managers 2002/03

Name and Title	Age	Salary	Other Remuneration	Real increase in pension at age 60	Total accrued pension at age 60 at 31/03/2003
		(bands of £5000)	(bands of £5000)	(bands of £5000)	(bands of £5000)
		£000	£000	£000	£000
<b>Directors</b>					
MRS J Gaffin (Chair)	66	20-25	-	-	-
MR C Boucher	59	5-10	-	-	-
MS J Carr	46	5-10	-	-	-
MR G Crane	53	5-10	-	-	-
MR S Maingot	48	5-10	-	-	-
MS N Tewari	39	5-10	-	-	-
DR L Llewellyn	39	95-100	-	0-2.5	20-25
MR M M Patel	58	95-100	-	0-2.5	15-20
DR Z J De Beer	48	70-75	-	0-2.5	0-5
MS P Atkinson*	49	35-40	-	0-2.5	20-25
MR B Arif	46	80-85	-	0-2.5	20-25
MR SM Jones	36	65-70	-	0-2.5	10-15
MR A Parker	41	65-70	-	0-2.5	15-16
<b>Executive Committee Members</b>					
DR E Kong**	46	15-20	-	0-2.5	0-5
DR M C Patel**	45	15-20	90-95	0-2.5	0-5
MR G Bandasoah	36	5-10	30-35	0-2.5	0-5
MS S Chana	53	5-10	45-50	0-2.5	10-15
DR A P Craig	46	5-10	5-10	0-2.5	0-5
MRS L G Foord***	39	5-10	35-40	0-2.5	5-10
DR S Gellert	48	5-10	-	0-2.5	0-5
MS F Hamid	44	5-10	35-40	0-2.5	5-10
DR N S De Kare Silver	43	5-10	-	0-2.5	0-5
MRS M H O'Connell****	49	1-5	0-5	0-2.5	0-5
MRS H Patel	42	5-10	35-40	0-2.5	0-5

\* Joined on 1 Sept 2003

\*\* Board Directors representing PEC Co Chair

\*\*\* Board Director representing PEC

\*\*\*\* Joined PEC on 1 January 2003



## Salary and Pension Entitlements of Senior Managers 2003/04

Name and Title	Age	Salary	Other Remuneration	Real increase in pension at age 60	Total accrued pension at age 60 at 31/03/2004
		(bands of £5000)	(bands of £5000)	(bands of £5000)	(bands of £5000)
		£000	£000	£000	£000
<b>Directors</b>					
Mrs J Gaffin (Chair)	67	20-25	-	-	-
Mr C Boucher	60	5-10	-	-	-
Ms 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
Ms P Atkinson	50	65-70	-	0-2.5	20-25
Mr B Arif	47	85-90	-	0-2.5	25-30
Mr SM 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
<b>Executive Committee Members</b>					
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
Ms 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

### Sites and Departments

• Chalkhill Health Centre .....	(020) 8904 0911
• College Road Clinic (Wembley) .....	(020) 8904 2299
• Craven Park Health Centre .....	(020) 8965 0151
• Hay Lane .....	(020) 8206 2525

• Helena Road Clinic .....	(020) 8208 2565
• Kilburn Square Clinic .....	(020) 7625 5115
• Kingsbury Hospital .....	(020) 8903 1323
• Monks Park Clinic .....	(020) 8795 6001
• Mortimer Road Clinic .....	(020) 8969 4040

• Neasden Resource Centre .....	(020) 8450 7844
• Peel Road Nursing Home .....	(020) 8908 2958
• Perrin Road Clinic .....	(020) 8904 9331
• Pound Lane Clinic .....	(020) 8459 5116
• Stag Lane Clinic .....	(020) 8204 9117

• Wembley Centre For Health And Care .....	(020) 8795 6001
• Willesden Community Hospital .....	(020) 8459 1292
• PALS .....	(020) 8795 6140
• Recruitment .....	(020) 8795 6740
• User and Community Involvement .....	(020) 8795 6746

### Useful Numbers

• Brent Council Switchboard .....	(020) 8937 1234
• Central Middlesex Hospital .....	(020) 8965 5733
• Northwick Park Hospital .....	(020) 8864 3232
• NHS Direct .....	0845 4647

If you would like further information please contact the communications office or visit [www.brentpct.nhs.uk](http://www.brentpct.nhs.uk)  
Brent tPCT Wembley Centre for Health and Care 116 Chaplin Road Wembley HA0 4UZ Tel 020 8795 6109