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Chairman's Report

In this annual report, we will review the key aspects of performance over the year, sketch the new strategy which the PCT has agreed as part of the World Class Commissioning framework, analyse the life-span of Walsall residents from a public health point of view, and examine in greater detail three key areas - primary care, development of the Manor Hospital, and public engagement.

NHS Walsall's development was significant in 2008-09. We were praised in the NHS Annual Report, the Chief Medical Officer's Report and the Consultation to the NHS Constitution for our work across a range of issues, as well as being a finalist for the third time in the Health Service Journal's Primary Care Organisation of the Year award. At the same time, we created, with our partners in Dudley PCT and the local authorities of Walsall and Dudley, a brand new Mental Health provider organisation, and further created our own arm's length provider organisation, NHS Walsall Community Health.

We also underwent a complete renewal of strategy and leadership. Paul Jennings has gone on to become Chief Executive of NHS Warwickshire, while executive directors Nicky Cooper and Stella Forsdike have opted for early retirement. Anne Baines, Rob Mackie, and Yvonne Thomas have joined us as executive directors, and I have great pleasure in welcoming Denise McLellan as our Chief Executive.

I would also like to congratulate Dr Sam Ramaiah, Director of Public Health, on his honorary professorship at Wolverhampton University.

I would like to thank all the staff who have worked so hard across the year, including those who have transferred to the new mental health organisation, and I would like to thank our partners in the NHS locally and regionally, especially the Manor Hospital, and our local strategic partners, including Walsall Council. Our partnerships are at their strongest for many years.

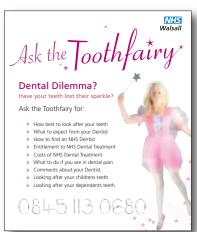
Finally, I do want to underline my appreciation to Paul Jennings, Stella Forsdike and Nicky Cooper. I wish Stella and Nicky a prosperous retirement, and I wish Paul ever greater success in his new appointment.





Who We Are and What We Do

If you would like this
Annual Report in
another format, ring
the Customer Care
Department on
01922 618358
or log on to
www.walsall.nhs.uk



Walsall Teaching Primary Care Trust, known since August 2008 as NHS Walsall, (established 2002), is the main NHS body charged with meeting the health needs of the people of the borough of Walsall, West Midlands.

Our vision is:

Health Service, not illness service
Evidence based excellence
Alliances - the key to success
Listening to local people
True choice and accessible services
Hitting the hard targets

With 145 General Practitioners, a doctor-led Walk In Centre and 39 centres and clinics, we directly provide family health services, along with children's services, public health, older people's and specialist adult services. With the local authority, we provide learning disabilities services.

We also commission (buy) hospital and other secondary and tertiary services for the people of Walsall. Our main partners for this are Walsall Hospitals Trust and the West Midlands Specialised Services Agency (WMSC).

We commission mental health services from Dudley and Walsall Mental Health Partnership Trust.

We employ more than 1446 staff directly and we are organised into seven directorates, led overall by Chief Executive Denise McLellan.

The directorates are:

Resources and Performance Public Health Partnerships Service Transformation Corporate Development Estates Informatics

In April 2008 we established an arm's length provider organisation, NHS Walsall Community Health, which undertakes all of the direct provision activities of the Primary Care Trust. This organisation has its own board and management structures, but is formally fully within the Primary Care Trust.

Commissioning of Specialised Services (WMSC)

The Specialised Commissioning Team (West Midlands) works on behalf of the 17 West midlands' Primary Care Trusts to commission specialised services. Specialised services are usually high in cost, low volume interventions and treatments that are not provided by every hospital. Services include specialised mental health services, cardiac surgery, very rare cancers, haemophilia services and neonatal services.

WMSC's aim is 'to commission and improve specialised healthcare services for its populatilon on behalf of its Primary Care Trusts and within available resources'. Key achievements in 2008/09 include:

- Completion of a tendering exercise for a procurement framework for specialised mental health and learning disabilities
- Child and Adolescent Mental Health Services tier 4 strategy developed
- Increase in dedicated transport for paediatric and newborn services

For further information email: info@wmsc.nhs.uk or visit or website: www.wmsc.westmidlands.nhs.uk

Chief Executive's Statement

In my first annual report as Chief Executive, I am largely reporting on the work done by others before my arrival. This is a hugely exciting organisation, with an enviable track record and excellent staff morale. But it is also an organisation which has work to do in meeting the new World Class Commissioning agenda, which presents primary care trusts with an entirely new set of competencies and objectives. NHS Walsall will build on its very evident strengths to achieve this, and it is my intention as Chief Executive to work closely with the Board to become world class in a way which brings maximum benefits to the people of Walsall. Crucial to this will be the deepening of our Practice Based Commissioning by General Practitioners, and the development of Walsall's Manor Hospital.

I am intensely optimistic about NHS Walsall's ability to rise to the new challenges, in the same way that it has risen to the old. Along with our Chairman Geoff Archenhold, I commend this report to you.

World Class Commissioning and Competencies

In line with other Primary Care Trusts, NHS Walsall began the World Class Commissioning assessment process during 2008. World Class Commissioning is a development process to lift all affected NHS bodies to level 4, 'world class', in eleven areas. In 2008, we agreed our baseline with NHS West Midlands, the Strategic Health Authority. This is presented in the

figure 1. NHS Walsall also agreed a comprehensive strategy, which was commended by the strategic health authority, as a programme to bring us to World Class in all competencies. The overview of this strategy is presented in figure 2, setting out the 'storyboard' for our organisation's functions and priorities.

Creation of Mental Health Provider

Following approval from the Secretary of State the new Dudley and Walsall Mental Health Partnership was established on 1 October 2008. The creation of the new organisation combined services previously managed by NHS Walsall, Walsall Council, Dudley Primary Care Trust and Dudley Council. The aim of the joint organisation is to improve the mental health and social care services for the people of Walsall and Dudley by combining the knowledge and expertise of carers and staff. The trust is our main provider of mental health services. 532 Walsall Teaching Primary Care Trust staff transferred to the new organisation on its creation, alongside the mental health facilities, including Dorothy Pattison Hospital and Bloxwich Hospital.

Development of Community Health

On April 1 2008, NHS Walsall announced the creation of NHS Walsall Community Health, an arm's length provider of services. The newly formed organisation-within-an-organisation aims to improve the community based services in Walsall and will continue to work in conjunction with NHS Walsall commissioners and other partners to achieve world class health care. The Community Health organisation now provides all of our direct services, and accounts for the majority of our employed staff.

Quality and Safety

NHS Walsall's Public Health department conducted a comprehensive audit of quality and safety at its main acute provider, the Manor Hospital. The report noted that hospital standardised mortality rates (HSMRs) had improved from being poorer than the national average to being better than the national average.

There are around 1,100 deaths for the 56 conditions most likely to cause death in Walsall Manor hospital each year - a number that has remained fairly static for the past 12 years despite rising admissions. Although Walsall Hospitals' number of deaths has historically been slightly higher than expected compared to national rates, the latest figures for 2008 put Walsall Manor's standardised ratio at 92.8 (England = 100).

Further Quality and Safety data is presented in the performance in brief section.

Clinical Engagement

A new Professional Executive Committee was established in April 2008 to align with Department of Health (DoH) national guidance and support clinical involvement in the new commissioning role of the PCT and its emerging strategy. Each of the 7 clinicians has an identified leadership role and they also have links to all the major providers in the district and represent a broad range of clinical professions.

Over the past year this clinical executive team has supported a number of clinical quality assurance systems, for example commissioning specification approval (with our practice-based commissioners) accreditation of providers' systems it has also contributed to the development of the clinical quality contracting and monitoring processes.

New Access to GPs

Following a public consultation, Phoenix Primary Care Ltd, a local GP-led consortium, was awarded the contracts for four new GP surgeries which opened on 1 April 2009, as part of the national programme "Equitable Access to Primary Medical Care". The new services will result in an increase of 10 GPs, alongside practice nurses, administrative and managerial staff. The GP-led Walk in Health Centre is open 8am till 8pm 365 days a year and the three GP practices will offer extended opening hours.

Partnership with Local Authority

NHS Walsall, in partnership with Walsall Council, was shortlisted for a Local Government Award for their joint partnership working to enhance children's life chances and reduce poverty. The Children's Trust has implemented a pioneering framework for supporting children and in line with its vision 'to make growing up in Walsall as good as it can be.' It has remodelled services and introduced processes that facilitate partnership working.

On the 30 January 2009 NHS Walsall and Social Care and Inclusion staff involved in joint commissioning on



Map of vision, strategic goals, programme and initiatives Chosen WCC metrics Additional metrics that are important for us to measure Long-term Strategic Vision strategic aims goals Outcomes Key delivery programmes **Prioritised Initiatives** Key performance indicators N Life expectancy Reduce infant & perinatal Number of women enrolled in Family Nurse N Average IMD score mortality Partnership Maternity and Infant mortality rate Children's Health Invest in Improve services for children Number of families with disabled children with 42 Rate of hospital adequality with disabilities access to respite/childcare missions per 100,000 for "As the local alcohol related harm leaders of the Improve life NHS, NHS 55 Obesity Self-care Expert patient programme enrolment expectancy Walsall will by 61 CHD controlled shift addressing CVD acute hospital admission avoidance cholesterol Long term investment to nequality 8 50 CHD controlled blood conditions health, rather Diabetes Diabetic acute hospital admission avoidance improving pressure than illness. lifestyle empowering choices 46 CVD mortality Breathe LIT COPD acute hospital admission avoidance people to have Raise the best 49 Diabetic controlled blood general possible health Stop smoking Four week smoking guitters levels of sugar by working in health 6 Smoking during Health and partnership pregnancy Well being with patients. % Adult patients with a BMI recording in the past 15 engaging 48 COPD prevalence Engage Weight management carers and % Children with a height and weight recording performance, communities in Walsall and "Fully Urgent Care Centre Number of people seen in UCC vs. A&E commissioning 33 Percent of stroke patients evidence based given a brain scan within **Urgent Care** and excellent 24 hours Rapid Response Service % COPD patients treated at home vs. hospital services." 29 Self-reported experience admission of patients and users Improved Access to Number of people who have entered psychological Delivery based Commis-Psychological therapies therapies on principles of 25 Proportion of cancer Dementia & sion patients waiting no more **Mental Health** high quality Health Home & community Reduction in nursing/residential home admissions than 31 days services Evidence dementia care due to increased access to community care Manage to improve Alliances patient 44 COPD mortality Listening Transfer of chemo activity to a community provider Chemotherapy experience True Choice 39 Suicide mortality and Hitting the Hard **Planned Care** Musculo-skeletal Number of MSK OP and secondary referrals clinical targets outcomes 31 Cancer mortality Transfer of dermatology OP to community provider Dermatology 30 Patient and user reported measure of respect and TBD Stroke pathway dignity in their treatment **Older People** Number of people who experience end-of-life care Palliative Care Centre outside of a hospital setting



worldclass	con	nmi	ssio	nin	g								Арр	endi	x 2		٨	HS
NHS West	Mid	land	ls Su	ımm	ary	Sco	res	PCT		F	Ь		kin PCT			on PCT		
Overall Score 1 Overall Score 2 Overall Score 3	BEN PCT	Coventry PCT	Dudley PCT	Hereford PCT	HOB PCT	N Staffs PCT	Sandwell PCT	Shrops County	Solihull CT	South Birm PCT	South Staffs PCT	Stoke PCT	Telford & Wrekin PCT	Walsall PCT	Warwick PCT	Wolverhampton PCT	Worcester PCT	
1. Locally lead the NHS	3	2	2	3	3	2	3	2	2	2	2	3	2	2	2	2	2	
2. Work with community partners	2	2	2	2	2	2	3	2	2	2	2	2	2	1	2	3	2	
3.Engagement with public and patients	2	2	2	1	2	1	2	2	2	2	1	1	1	1	2	2	2	
4. Collaborate with clinicians	3	1	2	2	2	2	2	1	2	2	2	2	2	1	2	2	2	
5. Manage knowledge and assess needs	2	1	2	1	2	1	2	2	1	2	1	2	1	1	2	2	1	
6. Prioritise investments	2	1	1	1	2	1	2	1	1	2	1	1	1	2	1	1	1	
7. Stimulate the market	2	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	
8. Promote improvement and innovation	3	1	2	1	2	1	2	1	1	2	1	1	1	1	1	2	1	
9. Secure procurement skills	2	1	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	
10. Manage the local health system	2	2	2	2	2	2	2	2	1	2	2	2	2	2	2	1	2	

a day to day basis met to give their input and experience into the decision making process, for developing a model/mechanism for optimising the scarce commissioning expertise and competences. A basic model for a Joint Commissioning Unit was agreed in principle.

Staff Survey

NHS Walsall continued to show strong leadership across its entire organisation during 2008, with staff survey results revealing Walsall was in the top 20% for the key measures of job satisfaction, training, feeling valued, job design and support from managers.

Hospice

Phase one of the new Palliative Care Centre, which is clearing the site, has been completed and the building work in set to begin in the Autumn. The new centre, which is due to open in September 2010, will provide a number of excellent services for the people of Walsall.

Terry Robshaw (Walsall Hospice Appeal) Denise McLellan, Chief Executive, Julian Rainsford, Director of Estates on top of the heap of rubble which is the remains of Goscote Hospital and is to be the foundations of the new Palliative Care Centre



Performance in brief

NHS Walsall was rated by the Healthcare Commission 'Fair' for its provision of services and 'Good' for its financial performance.

Staff Survey

In the 2008 staff survey, which goes to all staff across the NHS in England and Wales, NHS Walsall was in the top 20% of comparable organisations for good communication between management and staff, staff receiving training, staff feeling valued, quality of job design, working in a well-structured team environment, work-life balance, support from managers, opportunities to develop, all forms of training, perceptions of effective action from employer on violence and harassment, reporting of errors, dealing fairly with errors, ability to contribute to improvements at work, and staff job satisfaction.

In its four least favourable scores on the survey, Walsall was one percentage point behind the national average on experience of physical violence (2% versus national average 1%), agreeing their role makes a difference to patients (88%, versus national average 89%), percentage of staff witnessing potentially harmful errors in last month (28% versus national average 29%), and was 0.09 behind the average on a scale of 1-5 on availability of hand washing materials (4.43/5 versus 4.52/5).

Sickness Absence data

Monthly average for Commissioners: 1.77%. Monthly average for Provider: 4.51%.

Key Targets

The measures below reflect how well the PCT has met some of the key national priority areas set out in the 2008/9 Operating framework.

Cleanliness & *HCAIs

Measure	Annual Forecast
**CDIF commissioner	
CDIF (WHT)	
MRSA (WHT)	

Improving Access

Measure	Annual Forecast
18 Week	
A&E Waiting time (WHT)	
Choose & Book	
Patients receiving dental Services (children & adults)	
GP extended opening hours	
Cervical Screening	
All Cancers	

^{*}HCAIs - Health Care Associated Infections

^{**}CDIF - Clostridium Difficile

Improving Health and Reducing Health Inequalities

Measure	Annual Forecast
Immunisations	
*CAMHS	
Obesity in schools	
Chlamydia screening	
Drug users in treatment	

*CAMHS - Child and Adolescent Mental Health Service



Patients go back in time to a 1940s party at Little Bloxwich Hospice



Primary Care

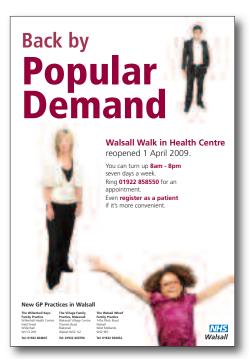
Practice Based Commissioning (PBC) enables front line clinicians to engage and lead the development of services that are needed for patients. Working with other stakeholders, PBC Clusters have had some measure of success in 2008/9 but there are challenges for 2009/10 and beyond. In 2008/9 PBCs have led on service redesign activities and there are some good examples of PBC service transformation. These include the piloting of an alcohol Local Enhanced Service (LES) by North Walsall PBC Cluster, Cardio Vascular Screening LES for all PBC Cluster areas, remote Electrocardiogram provider procurement and Ear, Nose and Throat and Gynaecology outreach Out Patient services provided through the 'any willing provider' route in the North and West of the Borough. In addition PBCs have contributed to the development, prioritisation and agreement of investment plan proposals for 2009/10. Challenges ahead include updating and revising the governance arrangements for PBC, responding to the issues raised in the national MORI poll on PBC, a greater involvement and engagement of PBCs in the development of forward strategy including the transformation of community services and delivery of NHS Walsall World Class Commissioning outcomes. As part of the reinvigoration of PBC, NHS Walsall will be working with PBCs

to review the support and development they need to undertake their commissioning role this will include development of clinical leadership and World Class Commissioning competencies, how PBCs organise themselves and work with other stakeholders.

New GPs

On the 1 April 2009 NHS Walsall announced the opening of a new Walk in Health Centre in the town centre and three new GP practices: The Walsall Wharf Practice in Pleck Road, The Village Family Practice in Thames Road, Blakenall and The Willenhall Keys Practice in Field Street, Willenhall. The new services mean an increase of 10 GPs across the four new sites. as well as more practice nurses, administrative and managerial staff. The GP-Led Walk in Health Centre, which can be accessed by anyone who lives or works in Walsall with or without being registered, focuses on bringing health and wellbeing to people with busy, active lives who can't necessarily attend their own GP. The Health Centre at present is based in the old Walk in Centre building in Market Square but will re-locate to new premises within the Town Centre late in 2010. It is open from 8am till 8pm, 365 days of the year, providing care including doing lifestyle checks, screening for chronic diseases and advising on healthy living.

The three new practices have all started off with a team of at least two GPs, Nurses and Practice Staff and all offer extended surgery times in the evenings and at weekends. All four of the new services are operated by Phoenix Primary Care Ltd, a local GP-led consortium which currently runs a number of surgeries in Walsall.



The popular walk-in centre closed for a period to be refurbished for the new GP-led walk in health centre. Three other GP centres opened across the borough

Dentists

In the most successful consultation ever run by NHS Walsall, 1462 members of the public pinpointed where they wanted new dental practices to be based.

The 12 week consultation, supported by a media campaign of bus shelters and a mobile billboard, was in response to issues with access to dental practices especially in the East of the Borough. The consultation identified the following areas as the preferred locations for new dental services, in order of preference: Aldridge Town Centre/Leighswood, Pheasev Park Farm (Daisy Bank or Barr Beacon), Streetly Town Centre/Chester Road, Paddock. In order to improve access to dental care in the East of the borough, NHS Walsall is planning to buy one new large practice or two smaller practices in one or two of the preferred locations identified in the consultation. This would provide the opportunity for new patients to access NHS dentistry locally and conveniently and to address inequality in Dental access in the Fast, NHS Walsall intends the new practice or practices to treat at least 5,000 NHS patients every year and cost around half a million pounds. They are due to open in the Autumn of 2009.

Acute Care - Progress of Manor New Build

The Manor's £170 million development began over twelve months ago. The last year has been instrumental in terms of planning and

paving the way for the new state-of-the-art hospital to be built.

In February 2008 South Wing and the bridge linking South Wing and West Wing was demolished to clear the path for significant building work to take shape.

The new hospital is now clearly visible from the hospital site and Pleck Road and will provide a streamlined facility with a modern, vibrant look as well as highly advanced patient care for Walsall and the surrounding areas.

Due for completion in 2010, the four storey high building will provide a new Outpatient and Day Case Centre, Pathology department and a Family Health and Diagnostic Centre linked to the existing Maternity Unit. The majority of clinical services will be brought under one roof and a new Manor Learning and Conference Centre will house a 150-seat lecture theatre and provide training facilities for all staff.

The new hospital has taken full advantage of the natural slope of the site with views across the whole of Walsall.

Level 0 will be home to the imaging and consulting rooms within the Outpatient and Day Case Centre, Pathology and the main entrance with retail shops.

Level 1 will hold the Outpatient facility of the Family Health and Diagnostic Centre.

This includes a dedicated paediatric Outpatients department, Antenatal Clinic and Fetal Assessment Unit. General Office and the dining room will also be on this level along with more consulting rooms.

TINHS

MyNHS Walsall ran the consultation on new dental services. It produced an unprecedented 1463 written responses

Therapies are also on this level of the Outpatient and Day Case Centre.

Level 2 will hold the Family Health and Diagnostic inpatient areas including dedicated theatres and recovery areas. Gynaecology and Breast Day Case Suite and Paediatric Assessment Unit are also on this level as is the Outpatient and Day Case Centre, which will house the theatres and 47 hour beds.

Level 3 will be home to the Manor Learning and Conference Centre with Clinical Skills Labs, Seminar rooms, lecture theatre and a library.

There will be 1,300 car parking spaces for visitors and patients.

MyNHS Walsall

Since the launch in January 2008, MyNHS Walsall, the first ever membership scheme in Britain run by a PCT, has been a great success. NHS Walsall now actively engages on a regular basis with Walsall residents and as a result they have a much greater say in how NHS money is spent and how services are provided in the borough.

Target membership was set at 10,000 by the end of the third year and 1,000 in the first year, however, by the end of April 2008 there were already 2500 and membership currently stands at around 3900.

In another first for the NHS a 'Patient's

Parliament' has been established with 43 members opting to become Parliamentarians, able to put forward proposals to the main agenda of NHS Walsall's board. The first meeting of Parliamentarians took place in January this year and a number of key topics were discussed including hospital waiting times, outreach services, COPD, Diabetes and self care.

An agreement has been made with four third sector organisations Walsall Black Sisters Collective, Walsall Disability Forum, Walsall Voluntary Action and Aaina to conduct targeted membership recruitments and help improve consultation rates by encouraging members to engage and be active MyNHS Walsall members.

Other benefits of being a member include notification of strategy discussions, proposed consultations, and other potential changes to services significantly in advance, and give them the opportunity to respond when decisions are quite fluid. Access to www.mynhswalsall.net, a members only website where people can discuss and vote on a wide variety of health issues and we will respond to questions and comments actively.

MyNHS Walsall is expected to support a fundamental change in the culture of NHS Walsall in its bid to become a World Class Commissioning organisation. It will give a greater level of public accountability and patient involvement than has ever been seen in the NHS and an ability to rapidly discover patient and public views on a wide variety of decision-critical issues, for vastly less cost than before, and with a much greater degree of representation.

Public Health: Walsall's Life Journey

See pull out section at the back of the report. Thumbnail image reproduced below.

Director of Public Health, Sam Ramaiah writes;

"Who would have though that a storyline in a TV soap would inspire an idea to chart the progress of a cohort of births in Walsall. If a baby named Bethany were to be born in Walsall, what will be her health experiences during her life time?

"Bethany might die before she is 1 year old (as 26 infants do). She might become a teenage mum (as 294 do). She may be obese (as 20% of school children are). And so on . . .

"Life expectancy has increased particularly for women. It is therefore possible that Bethany might live beyond 85 years of age (as 1033 do). However, life expectancy needs to be improved further particularly in the west of the region and if Bethany were to be born in, say, Darlaston, it is likely that she will have some 9 years less life expectancy.

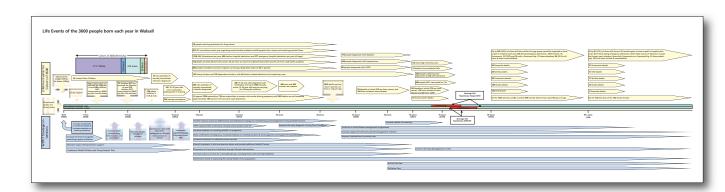
"The universal factors for much of this improvement are the better environment in which Bethany is expected to live, adoption of healthier lifestyles and effective management of long term conditions.

"The life chart depicts these changes extremely

well and also sets out the interventions implemented to tackle much of ill-health burden".

To Follow

Professor Sam Ramaiah, Director of Public Health NHS Walsall



See the pull out section at the back for the full version of the Walsall Life Events timeline



Equal Opportunities

A Workplace Support Advice Service was developed in 2007 to support staff with bullying and harassment issues and workplace stress. The Workplace Support Advisors offer a confidential listening and signposting service which is available to all staff.

Workplace stress is being addressed in a number of ways including stress awareness training for all managers and a stress inoculation course for staff. A stress audit has been conducted with all employees receiving a survey and a leaflet about reducing stress at work.

The stress leaflet is also distributed to new employees at the corporate induction.

Equality and Diversity

There is a clear commitment across the organisation to promote equality and create an environment which is inclusive. Over the coming year we will continue to implement and mainstream our Single Equality Scheme, ensuring work programmes are sustainable and progress is made across all of our core functions. We will continue to identify new ways of working and develop in a manner which improves outcomes for all.

Consultation with Employees

Affected employees were consulted in regard to the creation of Dudley and Walsall Mental Health Partnership Trust, in regard to the

reorganisation of the Commissioning aspect of NHS Walsall, and in regard to the organisation of the arms length provider NHS Walsall Community Health.

Adherence to Principles of Remedy

In 2008-09 we received 40 complaints about Primary Care Trust services. Because of reorganisation no direct comparison with previous years is possible.

The Parliamentary and Health Service Ombudsman published 'Principles for Remedy' in October 2007, outlining best practice in responding to complaints. The principles outlined in the Ombudsman's report are closely aligned to those that we have sought to promote as basic standards of complaints handling for many years, such as offering appropriate apology and explanation in response to complaints. Importantly, the "Principles for Remedy" also highlight the need to taking action to make amends where mistakes have been made and to make improvements to procedures or systems where we should.



Staff party at the NHS 60 celebrations

Environmental Statement

NHS Walsall has conducted an environmental audit using the audit tool provided by the Sustainability Commission.

The results are as follows:

	Walsall	National Average
Transport	16/54	9/54
Procurement	25/72	9/72
Facilities Management	21/54	10/54
Employment and Skills	38/63	13/63
Community Engagement	35/45	10/45
New Buildings	45/72	11/72

As the figures show, NHS Walsall has scope for impoving its performance, but is ahead of the national average in all areas

Disclosure of Data and Confidentiality Breaches

NHS Walsall reported 2 significant untoward incidents of data loss during 2008 - 09. The Senior Information Risk Officer at Board level is Yvette Sheward.

Statement in Relation to Resilience

Major Incident Plans have been developed covering a variety of incidents including Chemical, Biological, Radiological, Nuclear and

Explosives (CBRNE), Communicable Diseases, Business Continuity, Pandemic Flu and Fuel Shortages. A timetable has been compiled for staff training and exercising of these plans throughout 2009/10.

Statement on Internal Control

The statement on internal control is available along with the full accounts, and at www.walsall.nhs.uk.

Finance Directorate Report

The Accounts

Summary financial accounts are reproduced on the following pages. However we recognise that these might not contain sufficient detail to obtain a full understanding of our financial performance. A copy of the full accounts may be obtained (free of charge) by emailing Maggie.Lever@walsall.nhs.uk.

Financial Results

The emphasis during 2008/09 has been one of continued additional investment in health services for the population of Walsall as well as planning for tougher economic conditions during the years ahead.

NHS Walsall began the year with a planned surplus of £11.6m. This surplus, or reinvestment reserve, which will be returned to the PCT during 2009/10, forms a key plank of the organisation's financial strategy. The reinvestment reserve will allow for investment in services over the medium term, at a time when the proportion of additional growth monies from government will reduce.

Our final results show a surplus of £11.6m in line with the plan but in achieving this total, there was some variation in our expenditure pattern:

 Activity with Walsall Hospitals Trust was £3.6m over plan; we also spent more at both Royal Wolverhampton Hospitals and

- Heart of England Foundation Trust. In overall terms £6.0m more than was planned was spent on hospital care
- As a result of changes to nationally negotiated contracts there was an overspend of £1.6m on the pharmacy contracts however we saved £2.1m on the cost of primary care prescribing
- We spent approximately £1.2m more on high cost NICE approved cancer drugs than budgeted
- Expenditure on continuing care was £1.1m over budget, mainly arising as a result of the full year effect of the changes to the eligibility criteria during the second half of 2007/08
- There were under spends of £2.0m across dental services £0.9m and primary care services £1.1m
- The balance required to deliver the planned surplus of £11.6m for the year was achieved through the application of in-year contingencies and slippage on service developments of £5.8m

Financial partnership arrangements with the Local Authority continued during 2008/09 with the most significant arrangement remaining as the pooled budget for the learning disability service and integrated equipment store. Both services are led by the local authority. The learning disability budget totals £32.7m of which the PCT contributes £16.5m whilst the equipment store is £1.3m with the PCT contributing £0.5m.

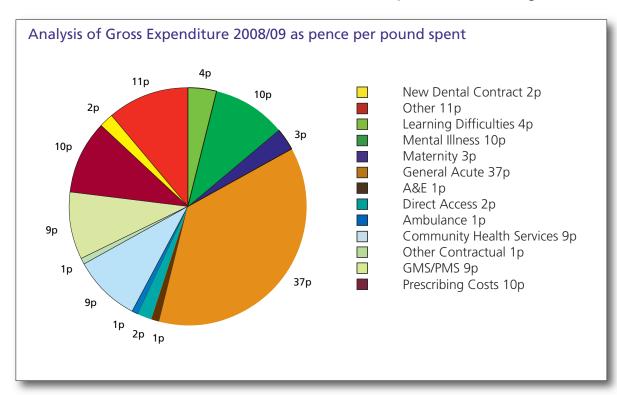
The PCT has a capital investment strategy which makes a significant investment in improving primary and community care facilities within the area. During 2008/09 actual expenditure of £1.0m was targeted

towards general improvements to the estate, such as energy efficiency and the final tranche of improvements to disabled access, whilst formulation of business cases for the redevelopment of the Goscote site continued.

How Much a Year?

In 2008/09, we spent an average of £1,610 per person on providing health care to people who live in Walsall.

For each £1 spent, this is where it goes:



Key Changes During 2008/09

From April 2008 the community and learning disabilities services were managed at 'arm's length' as Walsall Community Health. The mental health services, formerly directly managed by NHS Walsall, became part of the new Dudley and Walsall Mental Health Partnership Trust on 1 October 2008.

Meanwhile NHS Walsall, along with the rest of the NHS, began the transition to a new accounting regime. From 2009/10 the NHS is adopting the use of the international set of accountancy standards - International Financial Reporting Standards (IFRS) - thus throughout 2008/09 extensive work was undertaken to prepare for formal introduction of these arrangements. The work still continues and will conclude with the production of our first full set of IFRS compliant accounts at the end of 2009/10.

The results of an external assessment indicate that NHS Walsall is well prepared for the introduction of these new standards.

2009/10 Budget

During 2009/10 we will make significant investments designed to improve the health and well being of our population and tackle health inequalities that continue to exist across our diverse communities.

Our recurrent allocation at £418.4m is an increase of £22.2m or 5.5% on the 2008/09 position. The allocation grows to £449m when the non-recurrent elements, such as the return of our 2008/09 surplus, are added in.

In total we will invest £32.5m extra, of which £6.8m is on a non-recurrent basis. The main areas of investment are shown below:

	Recurring £million	Non-recurring £million
Reducing waiting times and additional care packages for individuals	8.3	1.2
New community nursing and primary care services	5.3	3.2
New drugs	0.9	
Promoting health	0.9	
Learning disability services	0.7	
Mental health services	1.2	0.4
Information technology and corporate infrastructure	0.6	2.0
Inflation and other unavoidable costs	7.9	

Balance Sheet

Our fixed assets decreased by £22.7m, largely as a result of the transfer of fixed assets to the new Dudley and Walsall Mental Health Partnership NHS Trust, but also due to a general reduction in values as a consequence of the current economic climate. New investment in fixed assets this year amounted to £1.3m.

Our working balances improved by £7.0m, part of this is due to us not having to make an allowance this year for payments to Walsall Hospitals Trust for impairments, together with new investment in Enhanced Services and increases in respect of the implementation of the New Pharmacy Contract.

Provisions improved by £1.4m, a portion of which relates to the lump sum payment relating to the restructuring of the PCT Board.

Robert Mackie Director of Resources & Performance 22 May 2009

Summary of Financial Performance	2008/09 £'000	2007/08 £'000	2006/07 £'000
(Over)/underspend against revenue resource limit	11602	8963	6860
(Over)/under recovery of Provider operating costs	(99)	(255)	(172)
(Over)/underspend against Capital Resource Limit	93	218	137

Operating Cost Statement for the year ended 31 March 2009

The Operating Cost
Statement shows the Total of
income and expenditure
between the commissioning
of healthcare and services
and the tPCT's own provision
of healthcare and services.

Further analysis and detail of gross expenditure and miscellaneous income is provided below.

2007/08 £'000		2008/09 £'000
344774 (10837) 333937	Commissioning Gross Operating Costs Less Misc. income Commissioner Net Operating Costs	376624 (13322) 363302
65129	Providing Gross Operating Costs	56049
(5464) 59665	Less Misc. income Provider Net Operating Costs	(6062) 49987
393602	Net Operating Costs before Exceptional Items	413289
393602	Net Operating Costs for the Financial Year	413289
2007/08	Analysis of Gross Operating Costs	2008/09
£′000		£′000

2007/08 £'000	Analysis of Gross Operating Costs (continued)	2008/09 £'000
11267 11 2079 2009 7470 409903	NHS Trust Impairments (Profit)/loss on disposal of assets Capital Charges Education and Training Other	0 (227) 1566 2320 8191 432673
2007/08 £'000	Miscellaneous Income	2008/09 £'000
(2153) (1878) (850) 0 (3596) (68) (7) (3957) (1713) (2079) (16301)	Dental charge income Strategic Health Authorities NHS Trusts Foundation Trusts Primary Care Trusts Special Health Authorities Dept of Health Local Authorities Education, training and research Other	(2238) (3893) (2287) (135) (3598) (85) (10) (2423) (1758) (2957) (19384)

Statement of Recognised Gains and Losses for the year ended 31 March 2009

This statement shows all gains and losses in the financial year.

2007/08 £'000		2008/09 £'000
3121	Unrealistic surplus/(deficit) on fixed asset revaluation/indexation	(483)
0	Increase in the government grant reserve	0
0	Additions/(reductions) in the General Fund due to the transfer of assets from/(to) NHS bodies and the Department of Health	11398
0	Additions/(reductions) in other reserves	0
3121	Gains and losses recognised in the financial year	10915

Cash flow statement for the year ended 31 March 2009

This figure represents the movement in cash balances during the year.

2007/08 £'000		2008/09 £'000
(378690)	Net cash (outflow) from operating activities	(420479)
(1265) 255	Capital expenditure Capital receipts	(1176) 22108
(379700)	Net cash (outflow) before financing	(399547)
379513 0	Financing - Net Parliamentary Funding - Capital Grants Received	399639 0
(187)	Increase/(decrease) in cash in the period	92

Balance Sheet as at 31 March 2009

The balance sheet shows the assets and liabilities of the tPCT.

Current assets includes stock, debtors (money owing to the PCT) and cash/bank.

Creditors - money owed by the PCT.

As at 31.3.08 £'000		As at 31.3.09 £'000
45572 8155 (41525) 12202	Fixed assets Current assets Creditors due within 1 year Total net assets	22816 6805 (33197) (3576)
(8370) 3832	Creditors > one year and provisions for liabilities and charges	(6902) (10478)
(13869) 16759 942 3832	Financed by: General Fund Revaluation Reserve Government Grant Reserve	(17037) 5691 868 (10478)

Better Payment Practice Code

Non NHS Creditors	2008/09		2007/08	
	Number	£'000	Number	£′000
Total bills paid in the year Total bills paid within target Percentage of bills paid within target	30770 28006 91.02%	78498 73933 94.18%	27583 24720 89.62%	70422 65802 93.44%

The Better Payment Practice Code measures payment of valid invoices by the due date or within 30 days receipt of a valid invoice.

NHS Creditors	2008/09		2007/08	
	Number	£'000	Number	£'000
Total bills paid in the year Total bills paid within target Percentage of bills paid within target	1646 1336 81.17%	222456 218415 98.18%	1787 1462 81.81%	213484 202799 94.99%

Management Costs

NHS Creditors	2008	2008/09		7/08
	Number	£'000	Number	£′000
Management Costs Weighted Population	275379	10218	275379	7939
Management Cost per weighted head of population		£ 37.11		£ 28.83

Remuneration of Directors and Professional Executive Committee

			2007/08			2008/09	
Non Executive Directors		Salary £'000	Other £'000	Benefits in kind £'00	Salary £'000	Other £'000	Benefits in kind £'00
Mr G Archenhold Mr D Gutteridge Miss G Siggins Mr R Virdee Mr T Oliver Dr R Gutteridge Mr I French	Chairman Non-Executive Non-Executive Non-Executive Non-Executive Non-Executive Non-Executive	30-35 10-15 5-10 5-10 5-10 5-10 5-10	0 0 0 0 0 0	0 0 0 0 0 0	30-35 10-15 5-10 5-10 5-10 5-10 5-10	0 0 0 0 0 0	0 0 0 0 0 0
Executive Directors							
Mr P Jennings (to 27.2.09) Ms D McLellan (from 16.3.09) Mr R Mackie (from Oct 08) Mrs T Mingay Mrs N Cooper (to 30.6.08) Mr T Gallagher (1.7.08 to 5.10.08) Dr S Ramaiah Ms S Forsdike (to 30.6.08) Mrs J Cooper (to 22.8.08) Mr S Darkes Mr P Hogarth (to 30.9.08) Mr J Rainsford (from April 08) Mrs Y Sheward (from July 08) Ms A Baines (from June 2008) Ms Y Thomas (from Sept 2008) Ms K Sallah (from May 2008)	Chief Executive Chief Executive Director of Resources and Performance Managing Director Walsall Community Health Director of Finance Interim Director of Finance Director of Public Health Director of Commissioning and Performance Director of HR and Workforce Development Director of Informatics Interim Director of Mental Health Services Director of Estates Director of Corporate Development Director of Service Transformation Director of Partnerships Consultant	125-130 0 0 85-90 85-90 0 165-170 85-90 65-70 90-95 20-25 0 0 0		58-59 0 0 58-59 58-59 0 58-59 58-59 0 0 0 0	110-115 0-5 40-45 90-95 20-25 20-25 170-175 20-25 25-30 90-95 45-50 50-55 55-60 25-30 50-55 15-20	0 0 0 0 0 0 0 0 0	49-50 0 0 0 14-15 0 58-59 14-15 24-25 0 0 0 0

			2007/08			2008/09	
Professional Executive Committee		Salary £'000	Other £'000	Benefits in kind £'00	Salary £'000	Other £'000	Benefits in kind £'00
Mrs P Skinner	PEC Chair - Consultant Clinical Psychologist	15-20	CW*	0	40-45	CW*	0
Dr A Benjamin (to 31.1.08)	PEC Chair - General Practitioner	20-25	10-15	0	0	0	0
Mrs L Bromwich	Speech and Language Therapist	5-10	35-40	0	5-10	40-45	0
Dr R Mohan	General Practitioner	0-5	0-5	0	5-10	10-15	0
Dr S Abdalla	General Practitioner	0-5	0-5	0	5-10	5-10	0
Dr A Thornett	Deputy Chair - General Practitioner	0-5	0	0	25-30	0	0
Mr M Browne	Consultant Obstetrician/Gynaecologist	0	0	0	5-10	0	0
Ms V Oakley	Specialist Nurse	0	0	0	5-10	35-40	0
Dr A Gill (to 31.1.08)	General Practitioner	5-10	0	0	0	0	0
Dr P Kaul (to 31.1.08)	General Practitioner	5-10	0	0	0	0	0
Dr A Peters (to 31.1.08)	General Practitioner	5-10	0	0	0	0	0
Dr A Thomas (to 31.1.08)	General Practitioner	5-10	20-25	0	0	0	0
Mrs L Abedin (to 31.1.08)	Nurse Member	5-10	40-45	0	0	0	0
Mrs R Musson to 31.1.08)	Nurse Member	5-10	40-45	0	0	0	0
Ms D Williams (to 31.1.08)	Nurse Member	5-10	25-30	0	0	0	0
Mr C Fern (to 31.1.08)	Dentist	5-10	55-60	0	0	0	0
Mr J Patel (to 31.1.08)	Pharmacist	5-10	0	0	0	0	0
Mr M Wheeler (to 31.1.08)	Optician	5-10	0	0	0	0	0
Mr G Fuller (to 31.1.08)	Consultant Adult Psychiatrist	0	65-70	0	0	0	0
Mrs T Cotton (to 31.1.08)	Lay Representative	5-10	0	0	0	0	0
Mr T Edwards	Consultant Rehab	0	75-80	0	0	0	0
(covering G Fuller's sick leave)							

*Consent Withheld

Pension Benefits of Executive Directors

	Real increase in pension at age 60 (bands of £2500)	Real increase in pension lump sum at age 60 (bands of £2500)	Total accrued pension at age 60 at 31.3.09 (bands of £5000)	Lump sum at age 60 related to accrued pension at 31.3.09 (bands of £5000)	Cash equivalent transfer value 31.3.09	Cash equivalent transfer value 31.3.08	Real increase in cash equivalent transfer value	Employer's contribution to stakeholder pension
Executive Directors	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'00
Mr P Jennings Ms D McLellan Mr R Mackie Mrs T Mingay Mrs N Cooper Mr T Gallagher Dr S Ramaiah Ms S Forsdike Mrs J Cooper Mr S Darkes Mr P Hogarth Mr J Rainsford Mrs Y Sheward Ms A Baines Ms Y Thomas	0-2.5 0-2.5 0-2.5 2.5-5.0 0-2.5 0-2.5 0-2.5 0-2.5 (0-2.5) 0-2.5 0-2.5 0-2.5 0-2.5	2.5-5.0 0-2.5 2.5-5.0 62.5-65.0 2.5-5.0 2.5-5.0 0-2.5 2.5-5.0 (0-2.5) 5.0-7.5 10-12.5 2.5-5.0 5.0-7.5	35-40 25-30 10-15 35-40 40-45 15-20 55-60 35-40 15-20 45-50 30-35 25-30 25-30 25-30 30-35	115-120 80-85 30-35 160-165 125-130 50-55 170-175 105-110 45-50 140-145 100-105 75-80 75-80 80-85 90-95	873 446 153 833 0 314 1457 0 251 1137 829 492 552 459 441	588 340 90 555 600 195 1038 489 169 758 563 332 344 334	172 3 21 185 (107) 21 275 (87) 21 252 88 89 105 62 51	0 0 0 0 0 0 0 0

Notes:

- 1 The Real increase in cash equivalent transfer value for Mrs N Cooper and Ms Forsdike are negative as they are now both in receipt of their pensions.
- 2 The Real increase in Pension and Lump Sum is showing a negative figure for Mr S Darkes as earnings in 2007/08 were slightly higher than in 2008/09.

Statement of Directors' Interests

Dr Geoff Archenhold (Chairman)

- NED, Integrated System Technologies Ltd
- NED, Radiant Research Ltd
- NED, Ingan Research Ltd
- NED, Black Country Consortium Ltd
- NED, Walsall Urban Regeneration Company

Tim Oliver (Non Executive Director) from 1 July 2007

- Chair, Walsall Council Health and Social Care Scrutiny Panel
- Employee of Palfrey Community Association, Walsall
- Councillor, Walsall Council (Birchills Leamore)

Grainne Siggins (Non Executive Director)

- Registered Member Health Professional Council
- Member, British Association of Occupational Therapists

David Gutteridge (Non Executive Director)

- Justice of the Peace (Walsall Bench)
- Trustee, West Midlands Special Needs Transport Ltd
- Chairman, Relate Walsall Ltd
- Chairman, Curious Touch Ltd
- Board Member Black Country Housing Group

Rajpal Virdee (Non Executive Director)

- Director, Roshman Properties
- Director, JR Properties
- Director, Forward Together Ltd

- Board Member, Black Country Housing Group
- Lay Member, Birmingham Employment Tribunal

Paul Jennings

- NED, Walsall Regeneration Company
- NED, Institute of Healthcare Management
- Columnist, Health Service Journal

Dr Sam Ramaiah (Director of Public Health Medicine)

- Honorary Senior Clinical Lecturer, Department of Public Health and Epidemiology, University of Birmingham
- Assistant Registrar, Faculty of Public Health
- Chairman, Walsall College of Continuing Education
- Chairman, BMA, Walsall Division
- Board Member, Walsall Housing Group
- Member, Editorial Board, Journal of Public Health
- Member, New Deal New Horizons Board
- Member, Caldmore Area Housing Association

Philip Hogarth (Interim Director of Mental Health Services) to 30th September 2008

 Director, Hogarth Solutions (UK) Ltd - Provider of Healthcare Management Consultancy

Robin Gutteridge (Non Executive Director)

- Senior Academic Birmingham City University
- Chartered Psychologist, Full Member Division of Teachers and Researchers
- Member Chartered Society of Physiotherapy, Registered with the Health Professions Council
- Member of the British Association for Counselling and Psychotherapy
- Volunteer Counsellor, St Martin's in the Bull Ring, Centre for Health and Healing

- Volunteer Counsellor, Relate Walsall
- Justice of the Peace (Birmingham Bench)

Robert Mackie (Director of Resources and Performance from October 2008)

 Governor - Moseley CofE Primary School, Birmingham

Pam Skinner (PEC Chair)

- Honorary Tutor Birmingham University
- National Assessor (DOH/BPS) for Consultant Appointments
- Regional Representative for Division of Clinical Psychology
- Member British Psychological Society, Division of Clinical Psychology
- British Association of Behavioural Cognitive Therapists, United Kingdom Register Psychotherapists

Dr Rajcholan Mohan

 Director, Professional Medical Care (PMC), Ednam House Surgery, Willenhall

Dr Shadia Abdalla

 General Practitioner (Commissioning & Provider)

Dr Andy Thornett

- GMS GP, Blackwood Health Centre, Streetly
- Member, South Cluster PBC Group
- Out of Hours Work, Badger Harmony, South Staffs
- Out of Hours Work, WALDOC, Walsall
- Senior Member, Faculty of Health, Staffordshire University

Mike Browne (from 28 April 2008)

 Medical Director, Walsall Manor Hospitals NHS Trust

Anne Baines (Director of Service Transformation/ Interim Director from 01 July 2008/Director from 01 December 2008)

 Employee of Middlefield Ltd Management Consultancy (previously commissioned by the PCT)

lan French (Non-Executive Director)

- Business Development Director (non-statutory), Hill & Smith Holdings PLC
- CA Traffic Director

None Declared

Nicky Cooper (Director of Finance)

Yvonne Thomas (Director of Partnerships)

Denise McLellan (Chief Executive)

Terry Mingay (Managing Director, NHS Walsall Community Health)

Steve Darkes (Director of Informatics)

Yvette Sheward (Director of Corporate Development)

Julian Rainsford (Director of Estates)

Julie Cooper (Director of HR and Workforce Development)

Auditors Report

Independent Auditor's Statement to the Board of Directors of Walsall Teaching Primary Care Trust

To be suupplied

NHS Walsall sites

Community Health Anchor Meadow Health Centre Anchor Meadow Aldridge Walsall WS9 8AJ © 01922 858840

Beechdale Health Centre Edison Road Beechdale Estate Walsall WS2 7EZ © 01922 775050

Bentley Clinic Churchill Road Bentley Walsall WS2 0AW © 01922 423500

Blackwood Health Centre Blackwood Road Streetly B74 3PL © 0121 353 1435

Blakenall Village Centre, Thames Road Blakenall WS3 1LW

Teenage Pregnancy Team **☎** 01922 443940

Brace Street
Health Centre,
Brace Street
Caldmore WS1 3PS
© 01922 858900

Brownhills Clinic Park View Centre, Chester Road North Brownhills WS8 7JG © 0845 113 0636

Collingwood Health Centre, Collingwood Drive, Pheasey Estate Great Barr B43 7NF © 0121 480 5900

Darlaston Health Centre, Pinfold Street Darlaston WS10 8SY © 0121 568 4260

Dartmouth House Rehabilitation Centre Ryecroft Place, Ryecroft, Walsall WS3 1SW

Stroke Service **☎** 0845 113 0610

Harden Health Centre Harden Road Walsall WS3 1ET **☎** 01922 423300

Hatherton Centre Challenge Building Hatherton Street Walsall WS1 1YB © 01922 775041

Ida Road Clinic 78-80 Ida Road Walsall WS2 9SR © 01922 858565

Moat Road Clinic Moat Road Walsall WS2 9PR ☎ 01922 775079

Pleck Health Centre 16 Oxford Street Pleck WS2 9HY • 0845 113 0605

Shelfield Clinic and Child Development Centre, Coalheath Lane Shelfield WS4 IPL © 01922 858729

Short Heath Clinic Bloxwich Road North Shortheath, WV12 5PR ☎ 01922 858653 Willenhall Health Centre Field Street Willenhall WV13 2NY ☎ 01922 604837

Hospice

Little Bloxwich Day Hospice, Stoney Lane Bloxwich WS3 3DW © 01922 858735

Learning Disabilities
Orchard Hills
Fallowfield Road
Walsall WS5 3DY

01922 775092

Springside Community Unit 2 Spring Lane Pelsall WS4 1AZ © 01922 858710

Suttons Drive
Off Chapel Lane,
Great Barr,
Birmingham B43 7BB
© 0121 358 6938

Wightwick Close Bloxwich Walsall WS3 2ET © 01922 858674 Mental Health Evergreen Place 18 Lichfield Street

Walsall, WS1 1TJ **☎** 01922 424940

☎ 01922 858600

Bloxwich Hospital Reeves Street Bloxwich WS3 2JJ

Community Health Town Hall Victoria Road Darlaston WS10 8AA © 0121 526 5663

Dorothy Pattison Hospital Alumwell Close Walsall WS2 9XH © 01922 858000

Crisis/Home Treatment Perseverance House Ida Road Walsall WS2 9SR © 01922 604712

Kings Hill Day Unit School Street Wednesbury WS10 9JB © 0121 526 4405

Lantern House 130 Lichfield Street Walsall WS1 1SY © 01922 858463 Assertive Outreach Archway House 28 Glebe Street Caldmore Walsall WS1 3NX © 01922 858482

Mossley Day Unit Sneyd Lane Bloxwich WS3 2LE ☎ 01922 858680

Therapy Services
Learning Disabilities
The Allen's Centre
Hilton Road,
Willenhall WV12 5XB
© 01902 413006

Physiotherapy,
Chiropody and Podiatry
Lichfield House
27-31 Lichfield Steet
Walsall WS1 1TE
Physiotherapy
© 0845 113 0602
Chiropody and Podiatry
© 0845 113 0607

Speech and Language Therapy Ablewell House Walsall WS1 2LT • 01922 858726 Clinical & Counselling Psychology Greybury House Bridge Street Walsall WS1 1EP \$\pi\$ 01922 858450

Patient Support
Integrated Equipment
Service
Units 8 & 9 Bentley Lane
Walsall WS2 8TL

© 0845 113 0660

Stop Smoking Service Lichfield House, 27-31 Lichfield Street, Walsall WS1 1TE © 0800 169 9346

Cancer Information and Support Service Challenge Building Hatherton Street Walsall WS1 1YB © 0800 783 9050

Walsall Hospitals
NHS Trust
Manor Hospital
Moat Road
Walsall WS2 9PS
© 01922 721172

Diabetes Centre Pleck Road Walsall WS2 7BR ☎ 01922 656543 Management
Jubilee House
Bloxwich Lane
Walsall WS2 7JL
© 01922 618388

Lichfield House 27-31 Lichfield Street Walsall WS1 1TE © 01922 444000

Customer Care Dept.
Jubilee House, Bloxwich
Lane, Walsall. WS2 7JL
© 01922 618358

NHS Stop Smoking Helpline ☎ 0800 169 9346

Drugs and Alcohol Service ☎ 01922 646262 (Addaction)

Social Services
The Civic Centre

☎ 01922 650000

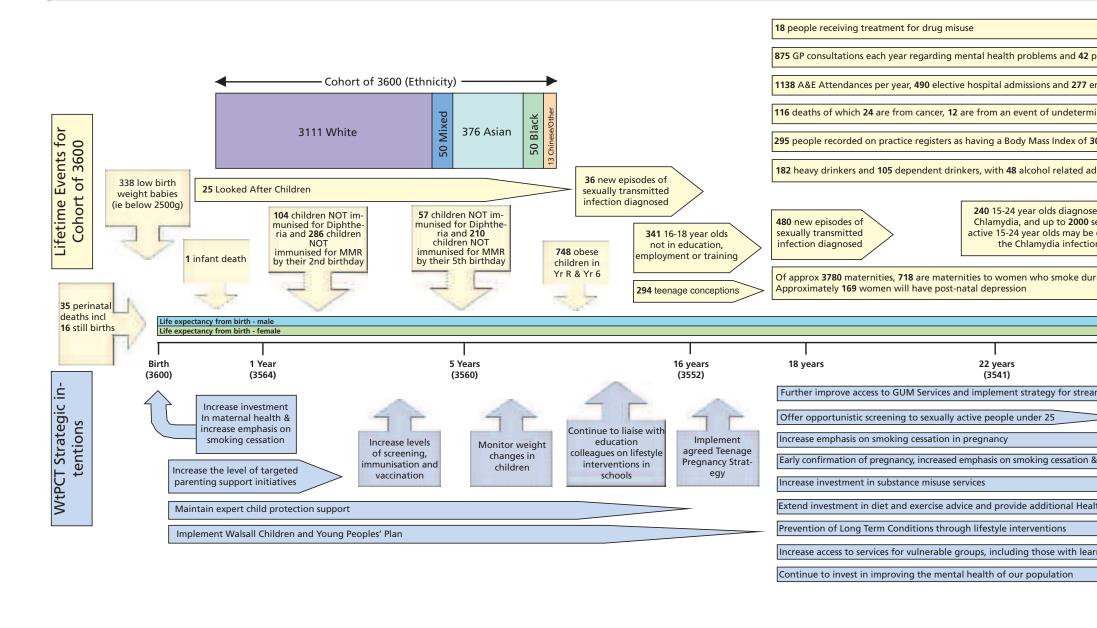
Internet www.walsall.nhs.uk

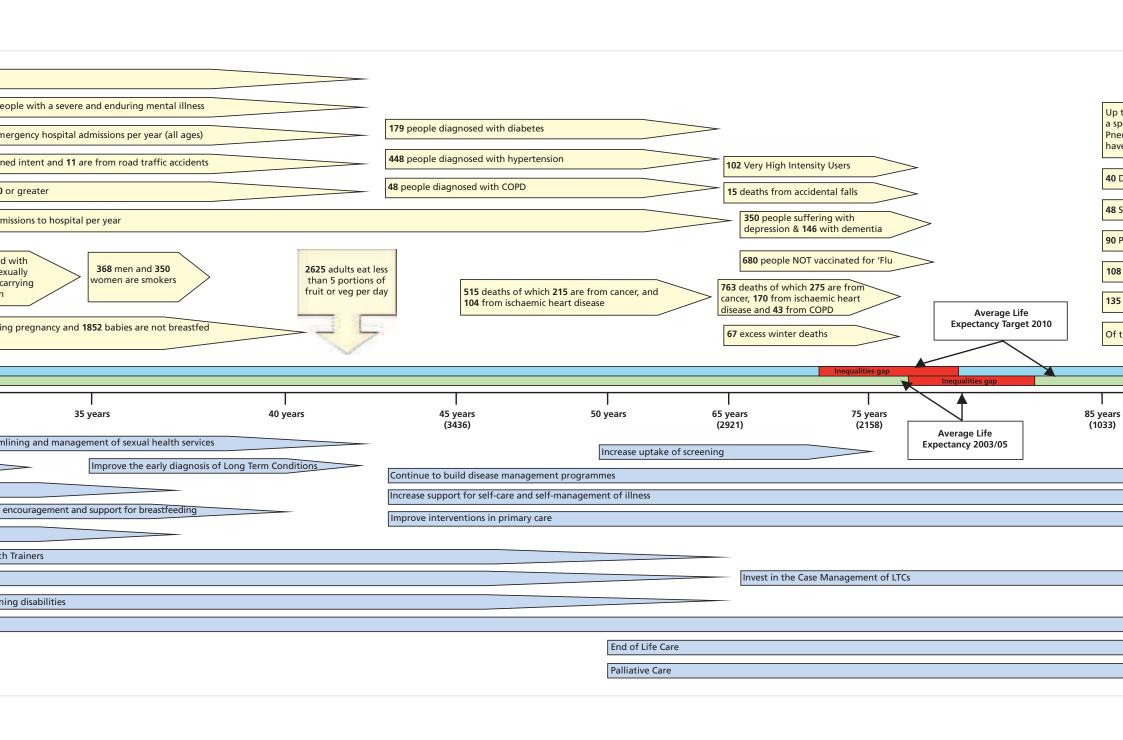
For a full list of GP surgeries in Walsall visit the website.

NHS Walsall sites Brownhills Little Bloxwich Day Hospice Springside Wightwick Close Blakenall Village Mossley Day Hospital Allen's Centre Shelfield Goscote Campus Bloxwich Pinfold Hospital Short Heath Clinic Dartmouth House Anchor Meadow NHS Patient Support Stop Smoking Service Dorothy Pattison Hospital Bentley Ida Road Priseverance House Lichfield House Blackwood Hatherton Centre Lantern House Greybury House Darlaston Kind Moat Road Clinic Suttons Drive Manor Hospita Ablewell House

Brace Street

Life Events of the 3600 people born each year in Walsall





340 (33%) of those still alive within this age group would be expected to have I in hospital each year, 235 being emergency admissions, 15 Bronchitis, 13 monia, 11 COPD and 10 with a Fractured Hip. Of those admitted, 82 (25%) will at least 2 comorbidities	Only 20 (15%) of those still alive at 95 would expect to have a spell in hospital each year, 16 of these being emergency admissions. Most likely causes of admission would be Urinary tract infection, Bronchitis, Pneumonia or a Fractured hip. Of those admitted, 15% will have at least 2 comorbidities
mentia deaths	21 Pneumonia deaths
nility deaths	17 CHD deaths
eumonia deaths	17 Senility deaths
troke deaths	14 Stroke deaths
HD deaths	7 Dementia deaths
e 1033 still alive at 85, a further 899 will die before they reach 95 years of age	Of the 134 still alive at 95, 100 will be female
95	 5+ years (134)



NHS Walsall is the new name for Walsall Teaching Primary Care Trust

Jubilee House, Bloxwich Lane, Walsall WS2 7JL 01922 618388

Customer Care Department 01922 618 358 www.walsall.nhs.uk

For Free Monthly Health Information, text 'Health' to 64446