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World Class Commissioning Panel Report

NHS Gloucestershire

June 2010

Introduction

The panel thanks NHS Gloucestershire for participating in this second round of World Class Commissioning with an open and receptive approach.

The present report is the result of the analytical work undertaken prior to the panel day, the conversations during the day, as well as a robust calibration process.

The panel asks the PCT to accept this report in the spirit in which it is intended: a support tool on the journey to world class commissioning and as a considered perception of the organisation's strengths and weaknesses based on the insight the PCT itself gave the panel into its commissioning approach.

The PCT has made significant absolute progress over the last year, which should be recognised in the context of the wider and more challenging assessment criteria for 2010.

Overall the panel identified 4 main recommendations for the PCT as it positions itself to improve health and healthcare in Gloucestershire.

Commentary

The panel identifies 4 major areas for consideration by the PCT at this stage on its journey

1. **Complete the articulation of the future Care Delivery System for Gloucestershire**
   Observation: The panel recognised the many building blocks of a significantly redesigned and improved Care Delivery System of the people of Gloucestershire in the programmes and initiatives within the Strategic Plan. In discussion the panel was impressed with the PCT's articulation of how the future system will look. The panel also recognised that given the significant and complex change inherent in the plan for the public, clinicians and provider organisations, it will be essential that many stakeholders can readily see, own and lead the improvement initiatives identified.
   Recommendation: The PCT should translate its programmes and initiatives into a qualitative and quantitative description of the future care delivery system, encompassing not only the specialist sector but also primary and community health services, mental health as well as wider health and social care services, so that all stakeholders can plan ahead in an integrated way to move to the new system.

2. **Ensure the PCT Board's risk management strategy encompasses individual initiatives, programs and the overarching process of coherently shifting towards a new care delivery system**
   Observation: The panel recognised the PCT's arrangement for progressing its 97 initiatives within its 10 programs, including its investment in developing its staff's programme management skills and related structures.
   Recommendation: The PCT should conclude the specific timeline for all components of the plan to build the new care delivery system. The PCT should consider shaping its investment strategy to facilitate through positive incentives and appropriate transitional mechanisms a program of change consistent with the medium-term financial plan.

3. **Ensure that the Acute Provider programme of change is entirely coherent with the PCT's commissioner-led strategy**
   Observation: The panel recognised the significant impact on the acute provider of the improvements planned, and recognised the joint arrangements being established to plan ahead within the local health and social care system.
   Recommendation: In order to support providers to move to the new care delivery system at scale and pace, NHS Gloucestershire should improve its competencies in the areas of provider economics and market management. This will support existing and potential providers by enabling them to restructure services and infrastructure so that the opportunities for cost efficiencies are maximised.

4. **Continue to strengthen clinical empowerment to lead the improvements ahead**
   Observation: The panel recognised the improving engagement of primary care clinicians through localities and underpinned by strong involvement of public health, as well as the involvement of secondary care clinicians in particular through pathway and service redesign. The panel also recognised that given the significance of the changes in clinical behaviour inherent in the improvements planned for local people, it is important that clinicians own and lead the change programme wherever possible.
   Recommendation: The PCT should build on its emerging clinical forum to develop systematic and full clinical leadership at all levels of the improvement programme. The PCT should also pursue the engagement of social care professionals in order to drive the strategy forward.

Potential for Improvement Commentary

PCT trajectory

Commentary

- The PCT has clearly aligned itself behind its core purpose as a commissioning organisation.
- The PCT has invested in staff development, and has recruited to cover existing capacity gaps.
- PCT has worked hard in its leadership capacity to bring the local health and social care system together
- The PCT is now well placed to accelerate the implementation of its commissioning plan.

Areas for development

- The PCT should utilise commissioning tools and levers to accelerate the transformation of the health and social care system.
- The PCT should focus on strengthening clinical leadership on all levels. This will require monitoring the impact of its restructured clinical engagement processes.
- The PCT should complete the articulation of the care delivery system and be clearer about the impact and timelines inherent in the plan, in order to help prepare for and effectively manage the transition.

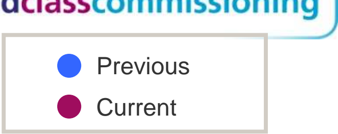
Organisational development

Commentary

- Alignment
  - Improved internal alignment is enabling the PCT to fulfil its role as a strong local leader of the care delivery system.
- Execution
  - The PCT has significantly improved its programme management and targeted it at the relevant areas, including aligning the programmes with the PCT's strategy.
- Renewal
  - The PCT has made significant progress in becoming an effective commissioning organisation, and is in the process of becoming a stronger system manager.
  - The PCT continues to look beyond its boundaries for innovative approaches.

Areas for development

- Alignment
  - Strengthened clinical engagement and leadership and tailoring the articulation of the Care Delivery System to different stakeholders, should achieve further alignment across the local health and social care community.
- Execution
  - The PCT must ensure that it builds on its programme management it ensures delivery of its entire strategy, by including enabling strategies sequenced over time.
- Renewal
  - The PCT should continue to move into its system management role.
  - The PCT should continue to learn from national and international best practice examples which support its strategy.



Panel scorecard

NHS Gloucestershire

Health outcomes and quality

Outcomes Selection Date: 2009/10

Scale: 0 – National median – 100 th percentile

	Strategic priority	Worst value	Chart note	Best value	PCT Rate of Change		Current Time Period
National	1. Health inequalities (Males) & Health inequalities (Females)	M:15.6		M:4.0	-2.9	M	01/01/2004 - 31/12/2008
		F:10.7		F:1.4	-2.5	F	
	2. Life expectancy (Males) & Life expectancy (Females)	M:73.2		M:83.7	0.5	M	01/01/2005 - 31/12/2007
		F:78.1		F:87.8	0.3	F	
Local	3. Under 18 conception rate	83.2		23.6	-5.8		01/01/2004 - 31/12/2006
	4. Smoking quitters	241.9		1573.4	15.1		01/04/2008 - 31/03/2009
	5. Number of patients receiving treatment within two months of referral for suspected cancer	0.91		1.0	2.3		01/04/2007 - 31/03/2008
	6. Self reported experience of patients & users	68.1	provider	87.6	-0.2		01/04/2008 - 31/03/2009
	7. 4-hour A&E waiting time target	0.96		1.00	-0.6		01/04/2008 - 31/03/2009
	8. For IAPT proportion of people completing psychological treatment assessed as moving to recovery	n/a	information not available	n/a	n/a		N/A
	9. CVD mortality	131.6		51.0	-8.6		01/01/2005 - 31/12/2007
	10. Proportion of all deaths that occur at home	0.14		0.26	2.0		01/01/2007 - 31/12/2007

COMPETENCIES

Level 1 – Level 4

- Local leader of NHS
- Collaborates with partners
- Patient and public engagement
- Clinical leadership
- Assess needs
- Prioritisation
- Stimulates provision
- Innovation
- Procurement and contracting
- Performance management
- Ensuring efficiency and effectiveness of spend

GOVERNANCE

Strategy	G
Finance	G
Board	G

Governance – Panel assessment on Strategy

Last year's rating | This year's self-rating | Panel Assessment

Assessment	Measure	Red	Amber	Green
G	1. Vision and goals			
	2. Initiatives to ensure delivery of strategic goals and the PCT's programme of change			
	3. Consistency of financial plan with the strategy			
	4. Board challenge, ownership and monitoring of strategic plan delivery			
	5. Achievement of milestones to date			

Rationale for scoring

1. There is a strong focus on improving health and health services to meet the identified needs in each locality. The vision is ambitious, with measurable commitments and timelines and trajectories for outcomes are articulated. .The wide ranging strategy encompasses all NHS South West ambitions, but it is not always clear abut the absolute priorities for change that the PCT will pursue in a worsening economic climate.
2. For each pathway, the Strategic Commissioning Frameworks set out the service vision, needs assessment strategic aims and objectives, current service and recent progress, commissioning framework and finance and activity plans. However, these will require further refinement as quality and productivity plans develop to set out clear priorities for investment and disinvestment. A number of initiatives require reductions in bed based care or shifts from hospital to community. NHS Gloucestershire has a major programme of investment in community hospitals and there is a need for increased clarity about future bed-based care requirements across the delivery system.
3. The initiatives in the finance template are linked to the health needs priorities as identified in the JSNA . All elements of the financial plan are completed, though further detail is needed on managing financial scenarios. Investment timelines are not clear and lack robust milestones or mitigation plans. The PCT is investing heavily in capacity planning, though this is not a specific initiative. Surpluses are treated in line with the SHAs policy and represent a significant opportunity to drive the change programme.
4. There is strong evidence of active Board involvement and engagement in strategy development. The Board conducts progress reviews against annual operating framework priorities and it is clear that it identifies and takes corrective action where initiatives are not meeting agreed trajectories. The PCT states that it tracks progress on the Annual Operating Plan using performance reports and will extend this approach to the quality and productivity work programme.
5. The PCT uses a web-based tool -Performance Accelerator – to set and monitor milestones for delivery of the initiatives and it has a track record of achieving its milestones. Accountability for initiatives is clearly defined and it is clear how the PCT has used the process to identify drivers of success.

Recommendations going forward

- The PCT should translate its programmes and initiatives into a qualitative and quantitative description of the future care delivery system, encompassing not only the acute sector but also primary and community health services, mental health as well as wider health and social care services, so that all stakeholders can plan ahead in an integrated way to move to the new system.
- The PCT should conclude the specific timeline for all components of the plan to build the new care delivery system. The PCT should consider shaping its investment strategy to facilitate through positive incentives and appropriate transitional mechanisms a program of change consistent with the medium-term financial plan.

Governance – Panel assessment on Finance

Legend: ● Last year's rating; ☐ This year's self-rating; ✓ Panel Assessment

Assessment	Measure	Red	Amber	Green
G	1. Historical financial management		Last year's rating	This year's self-rating; Panel Assessment
	2. Robust financial management			This year's self-rating; Panel Assessment
	3. Robustness of planning assumptions		Last year's rating; This year's self-rating; Panel Assessment	
	4. Sustainable financial position as 'base case'			Last year's rating; This year's self-rating; Panel Assessment
	5. Sustainable financial position under different financial scenarios		This year's self-rating; Panel Assessment	

Rationale for scoring

1. The PCT has delivered surpluses in line with SHA expectations from 2006/07 to 2008/09.
2. The PCTs finance report to the Board and minutes of board meetings provide evidence of key metrics, monitoring and Board review and challenge. This was also demonstrated in the Auditors assessment. The panel noted that there would be benefit from additional clarity around the PCT's asset management process.
3. The PCTs assumptions and the financial scenarios are fully aligned with the SHA expectations and guidelines. Contingencies are significant but this is understandable as the PCT is reliant on its contingency to manage risk. The assumptions on savings are backed up by a high level quality and productivity opportunity assessment and some detail is provided in the finance section of the SCF. Contracted provider capacity is aligned with the strategy in some areas.
4. The PCT is projecting a surplus for each of the next 5 years in line with the SHA expectations. The PCT has a credible plan in place to address all significant challenges and major risks over the next 5 years.
5. The PCTs planned surplus in each year remains the same as the base case in each scenario and is in line with the SHA expectations. In each scenario the PCT has a plan to achieve the surplus, however, the level of the detail in the actions to be taken is not sufficient to provide a credible plan.

Recommendations going forward

- The PCT needs to become a truly integrated and effective commissioning organisation, by making sure its various plans are refreshed and updated into one coherent whole so there is full alignment between its financial and service strategy.

Governance – Panel assessment on Board

Last year's rating | This year's self-rating | Panel Assessment

Assessment	Measure	Red	Amber	Green
G	1. Organisation			Last year's rating; This year's self-rating; Panel Assessment
	2. Risk			Last year's rating; This year's self-rating; Panel Assessment
	3. Information			Last year's rating; This year's self-rating; Panel Assessment
	4. Performance			Last year's rating; This year's self-rating; Panel Assessment
	5. Delegation		Last year's rating; This year's self-rating	Panel Assessment
	6. Board interaction		Last year's rating	This year's self-rating; Panel Assessment

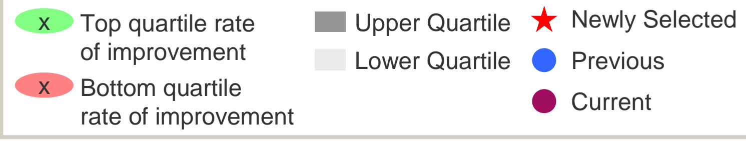
Rationale for scoring

1. NHS Gloucestershire has a strong local focus with 5 locality directors of commissioning accountable to the Chief Executive. Whilst the management of direct provision has been separated a number of executive director portfolios appear to have responsibilities spanning commissioning and provision. It is clear how the responsibility for delivering key strategic initiatives is allocated. Key findings from the staff survey are referenced in the OD plan.
2. The PCT has a structured approach to identifying and mitigating risk and the Board was able to articulate clear evidence of risk management of commissioned activity. NHS Gloucestershire has reviewed the role of PEC and strengthened clinical leadership – a new 0.5wte executive medical director post is in place and the locality commissioning directors support strengthened PbC arrangements.
3. Board papers include very detailed information reports. There is evidence of the Board taking action to address performance issues e.g. A and E performance.
4. The overall performance indicators scorecard is linked to the annual operating plan and is reported at every Board meeting, this includes RAG rating and action being taken. Board minutes provide some examples of an active role in addressing disparities in performance e.g., progress with musculoskeletal service and handover delays.
5. The PCT provided evidence of appropriate governance arrangement for joint collaborative and specialist commissioning arrangements and appropriate schemes of delegation are in place. The PCT uses performance indicators and mandatory reporting for joint, collaborative and specialist commissioning but the extent to which these are reviewed and challenged is less clear. PBC governance arrangements were refreshed and management support strengthened in June 2009. These set out clear and transparent processes with appropriate scrutiny and safeguards against conflicts of interest. The governance arrangements for specialist commissioning evidence robust scrutiny but are not explicit about the management of conflict of interest. The strategy sets out the contribution of joint arrangements in the OD plan e.g., CAMHS and the Ambulance Trust.
6. The panel observed that Board members are well aligned around the PCT's goals and priorities, and that they appeared to have been actively involved in developing the PCT's strategy e.g., evidence relating to the mental health facility and obesity strategy.

Recommendations going forward

- The Board should ensure that it looks beyond programme management to delivery of its entire strategy including enabling strategies that are sequenced over time.

Outcomes



NHS Gloucestershire health outcomes and quality

Outcomes Selection Date: 2009/10

	Strategic priority	3 year historic rate of improvement (CAGR, %)[1] PCT		National	ONS cluster	Top decile[4]	PCT aspiration (CAGR)
National	1. Health inequalities (Males) & Health inequalities (Females)	-2.9	M	0.8	2.1	-3.9	-3.4
		-2.5	F	1.2	-2.9	-9.4	-2.7
	2. Life expectancy (Males) & Life expectancy (Females)	0.5	M	0.4	0.5	0.8	0.5
		0.3	F	0.3	0.3	0.6	0.3
Local	3. Under 18 conception rate	-5.8		0.0	-1.1	-6.2	-4.8
	4. Smoking quitters	15.1		3.0	7.6	22.1	0.6
	5. Number of patients receiving treatment within two months of referral for suspected cancer	2.3		1.1	0.5	5.9	0.8
	6. Self reported experience of patients & users	-0.2		-0.1	n/a	1.5	1.2
	7. 4-hour A&E waiting time target	-0.6		-0.1	-0.2	0.9	0.1
	8. For IAPT proportion of people completing psychological treatment assessed as moving to recovery	n/a		n/a	n/a	n/a	2.4
	9. CVD mortality	-8.6		-7.1	-8.7	-9.9	-10.2
	10. Proportion of all deaths that occur at home	2.0		1.8	3.1	6.5	4.0

Changes in outcomes from last year

- The PCT has chosen 6 new metrics this year
  - Under 18 conception rate
  - Patients receiving treatment within 2 months
  - 4 hour waiting times for A&E
  - Proportion of people completing psychological treatment assessed as moving to recovery
  - CVD mortality
  - Proportion of all deaths that occurs at home

Performance over last year

- Over the last year, the PCT's relative performance has improved in the following areas: Under 18 conception rate, smoking quitters, patients receiving care for suspected cancers, self-reported experience of patients and users, CVD mortality and proportion of deaths that occur at home
- Performance has improved slightly in health inequalities for both males and females, but deteriorated slightly in both male and female life expectancy
- Performance has deteriorated on the 4 hr A&E target and on some deselected metrics

Aspirations:

- **The panel has confidence in the level of aspiration for the following outcomes:**
  - Male and female life expectancy
  - Male and female health inequalities
  - Under 18 conception rates
  - Smoking quitters
  - Self-reported experience of patients and users
  - A&E wait times
  - CVD mortality
  - Proportion of deaths that occur at home
- **The panel believes that aspirations for following outcomes might be more ambitious:**
  - Number of patients receiving treatment within two months for suspected cancer

[1] 3 year period where available – please see appendix for variations where applicable for some indicators

[4] Top decile defined as the PCTs with the largest rate of improvement

SOURCE: Team analysis

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Overview – Competencies

This year's self rating
Last year's rating
Panel Assessment

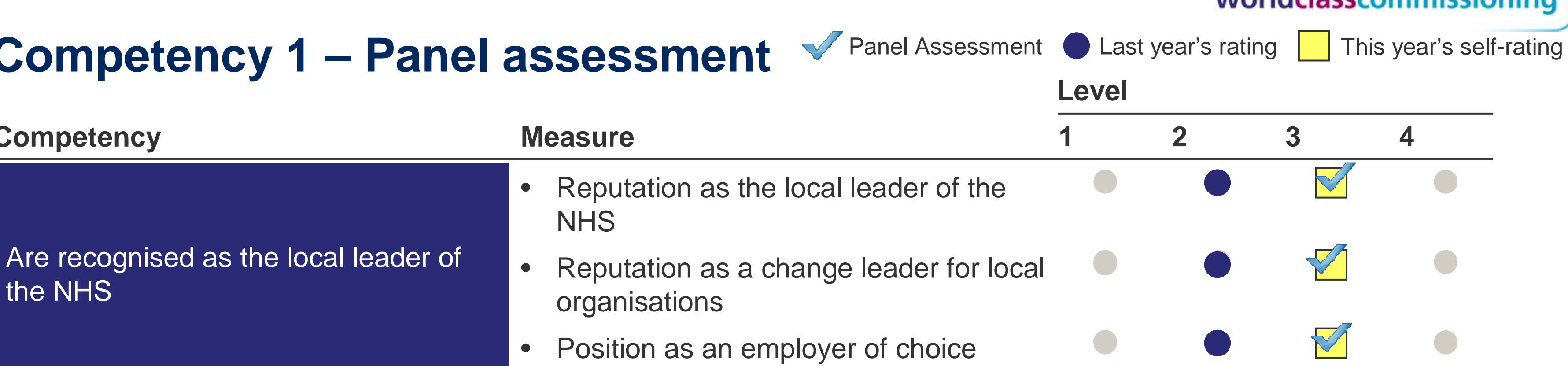
Competency	Level: 1	2	3	4
1. Locally lead the NHS				
2. Work with community partners				
3. Engage with public and patients				
4. Collaborate with clinicians				
5. Manage knowledge and assess needs				
6. Prioritise investment				
7. Stimulate market				
8. Promote improvement and innovation				
9. Secure procurement skills				
10 Manage the local health system				
11 Ensuring efficiency and effectiveness of spend*				

Topline introduction

- The PCT provided evidence to meet or exceed their self-assessment on 7 competencies: C1 (locally lead the NHS), C2 (work with community partners), C4 (collaborate with clinicians), C5 (manage knowledge and assess needs), C8 (promote improvement and innovation), C9 (secure procurement skills) and C10 (manage the local heath system
- The PCT showed evidence of improvement since last year on all competencies

* Competency added this year, hence last year's rating not available

Competency 1 – Panel assessment



✓ Panel Assessment ● Last year's rating ☐ This year's self-rating

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Are recognised as the local leader of the NHS	• Reputation as the local leader of the NHS		● Last year's rating	☐ This year's self-rating, ✓ Panel Assessment	
	• Reputation as a change leader for local organisations		● Last year's rating	☐ This year's self-rating, ✓ Panel Assessment	
	• Position as an employer of choice		● Last year's rating	☐ This year's self-rating, ✓ Panel Assessment	

Rationale for scoring

- **1A:** The feedback survey shows that key stakeholders agree that PCT is the local leader of the NHS (PCT average score of 5.45 vs. SHA average 5.19). The PCT is an active leader of Gloucestershire Community Health and Wellbeing Partnership and leads integration of provision agenda with Gloucestershire County Council. In the Iposos MORI survey, 77% of the local population agree that NHS Gloucester is improving services. The PCT's scores on the GP patient Survey 08/09 are higher than national average. Regular Patient Experience Reports are presented to both the NHS Gloucestershire Board and Care Services Board and the PCT were able to articulate where they had acted on patient experience, e.g., End of Life patients and carers forum (more hospice at home service) and use of the four Cs – Complaints, Concerns, Comments and Compliments.

- **1B:** Key stakeholders agree that the PCT significantly influences their decisions and actions, scoring the PCT 4.87 against an SHA average of 4.76. The PCT is the lead commissioner for Great Western Ambulance Services NHS Trust, which has faced significant performance challenges. The PCT lead the commissioning on behalf of 6 other PCTs and has been implementing an integrated approach to improving performance.

- **1C:** 93% of commissioning staff have received job relevant training in the last 12 months compared to an SHA average of 78.9% and a national average of 77.9%. 81.3% of staff agree that they understand their role and fit against an SHA average of 56% and national average is 60%. 68% of staff felt there are good opportunities to develop compared with SHA 45.4% and national 48.8%.

Recommendations going forward

- The PCT should articulate more clearly its vision of the future Care Delivery System, in order to reinforce its leadership of the local health system and facilitate alignment with stakeholders and partners.

Competency 2 – Panel assessment

✓ Panel Assessment ● Last year's rating ☐ This year's self-rating

Competency	Measure	Level 1	2	3	4
Work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities and deliver increased productivity	• Creation of Local Area Agreement based on joint needs		●	✓ ☐	
	• Ability to conduct constructive partnerships		●	✓ ☐	
	• Reputation as an active and effective partner		●	✓ ☐	

Rationale for scoring

- **2A:** The PCT and local partners have agreed and reconfirmed the LAA priorities, e.g., supporting independence, health and wellbeing for vulnerable people. LAA priorities are based on joint needs assessed through the JSNA. Under the "Healthier Communities and Older People" theme, the LAA includes reducing health inequalities by focusing on the main causes of premature mortality. The PCT is engaged in LAA negotiation, monitoring, delivery and performance management, e.g., developing single access to Performance Plus, providing a one stop shop for tracking and reporting performance against the LAA with alerts to all partners.

- **2B:** Stakeholders agree the PCT proactively engages their organisation to inform and drive strategic planning, service redesign, quality improvement, innovation and efficient and effective use of resources, PCT scores 4.93 against SHA average 4.46. The JNSA identifies the health needs of the population and segments to identify inequalities of the population. The stakeholder survey scores the PCT 5.39 as an effective partner in delivering health and well being improvements for the local population scoring compared with the SHA average of 4.93. Joint Public Health Director appointment and joint commissioning arrangements are in place, e.g., for mental health.
-
- **2C:** Key stakeholders agree the PCT is an effective partner in delivering health and well being improvements for the population PCT scores 5.39 against an SHA average of 4.93. PCT has worked with many partners to improve health and well being of the local population. E.g., PCT is working with Tewkesbury Borough and has launched a new walking scheme to help support people to become more active. The PCT is working with Gloucestershire County Council's Community and Adult Care Directorate to provide an alternative opportunities for rehabilitation in the community and there is evidence of clear success stories, e.g. public sector employment partnership, falls prevention in rural areas and rural agents.

Recommendations going forward

- The PCT should develop a joint view with the Local Authority about how it wishes to reshape service delivery so that its plans to integrate provision are aligned to its future requirements.
- The PCT should build on its strong partnerships to become more proactively involved in delivering shared development priorities.

Competency 3 – Panel assessment

Panel Assessment (tick) | Last year's rating (●) | This year's self-rating (□)

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Proactively build continuous and meaningful engagement with the public and patients to shape services and improve health	Influence on local health opinions and aspirations		Panel Assessment; Last year's rating	This year's self-rating	
	Public and patient engagement		Panel Assessment	This year's self-rating	
	Improvement in patient experience		Last year's rating	Panel Assessment; This year's self-rating	

Rationale for scoring

- **3A:** Key stakeholders agree the PCT shapes the health opinion and aspirations of the local population, PCT scores 4.41 against a SHA average of 4.19. The PCT has 3 areas of focus for its social marketing efforts (Chlamydia screening for younger people, Cancer screening among minority groups and alcohol misuse). Appropriate interventions which link to the strategy have been identified in 2009/10 – 2010/11, but there is no evidence of improved outcomes being achieved.
- **3B:** The PCT can demonstrate the impact and service improvement which has been achieved by public and patient involvement in several case studies, e.g., improvements in availability and range of NHS services by extended GP opening times and investment in primary care services. The Community and Patient Involvement Team target hard to reach groups, e.g., homeless shelter, to strengthen their involvement. Patient experience/feedback reports are reported to the Board, and informs management discussions with providers via CQUINs. The PCT has provided a case study of how they worked with LINks to support commissioning of children's inpatient services to reduce inpatient activity. Public confidence in the local NHS across acute providers ranges from 62.1% to 65.1%. The Public perception survey indicates that only 39% of respondents agree that "I feel able to feedback on health and social care services, and believe my local NHS acts on this feedback", relative to an SHA average of 46%.
- **3C:** Examples of the PCT seeking feedback and following up on impact is the Welsh Borders Survey, where patients living in the Forest of Dean were asked about their experience of healthcare including GP access. This demonstrated there was no demand for a new GP practice. The PCT has systematically evidenced how patient and career feedback drives commissioning decisions and improvements in quality of care in relation to its capital schemes, e.g., the replacement of two community facilities with a new service model for the locality for North Cotswolds. The PCT has also used innovative ways of reaching hard to reach groups, e.g., the purchase of a community information bus.

Recommendations going forward

- The PCT should strengthen its evaluation of the effectiveness of its engagement with public / patients and in particular consider how it can move forward from effective information giving /listening to fuller involvement.

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Competency 4 – Panel assessment

Legend: ✓ Panel Assessment · ● Last year's rating · ☐ This year's self-rating

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Lead continuous and meaningful engagement of a broad range of clinicians to inform strategy and drive quality, service design, and efficient and effective use of resources	• Clinical engagement		Last year's rating	Panel Assessment; This year's self-rating	
	• Dissemination of information to support clinical decision making	Last year's rating	Panel Assessment; This year's self-rating		
	• Reputation as leader of clinical engagement		Panel Assessment; Last year's rating; This year's self-rating		

Rationale for scoring

- **4A:** PCT scores 4.65 against a SHA average of 4.55 on the stakeholder survey regarding proactive clinician engagement. The PCT has engaged with a broad range of clinicians e.g. reinvigorated PEC includes pharmacist and an optometrist and the PCT work regularly with the LMC. A Medical Director (for commissioning) was appointed Nov 2009 and has supported commissioning of new community hospital services. The PCT uses PBC clusters to test out new ways of delivering services i.e. setting up community "red eye clinics" where previously an A&E attendance would have been required. The PBC survey demonstrated 67% somewhat agreed that the PCT actively involved the PBC groups in acute provider contract monitoring and negotiation (above the SHA average of 52%).

- **4B:** In PBC survey 67% agree the PCT is good or fairly good at disseminating quality information and data to support clinical decision making, against an SHA average of 61%. The contract performance team solicits and disseminates status updates to the clinical quality review groups which have representatives from both commissioners and providers. In PBC survey 67% agree that the PCT is good or fairly good at the quality, format and frequency of information on health outcomes. In PBC survey 67% agree that the PCT is good or fairly good at disseminating management and financial information. All respondents indicate having received a PBC budget.

- **4C:** Key stakeholders somewhat agree the PCT proactively engages clinicians to inform and drive strategic planning, service redesign, quality improvement, innovation and efficient use of resources, with a PCT scores 4.65 against an SHA average of 4.55. The PCT has a track record of implementing initiatives to redesign care, e.g., the PBC funded a post to coordinate exercise on prescription classes; and glaucoma shared care clinic to move care from an acute to community setting. GP champions were recruited to support uptake of Chlamydia screening. PBC survey shows indicate that 67% of respondents thought speed of PCT decision making on business plans was good or fairly good and that quality was good or fairly good, with an SHA average for both of these of 45%.

Recommendations going forward

- The PCT should systematise the strengthening of clinical leadership at every level and across all organisations. This will require it to monitor the impact of its restructured clinical engagement processes

Competency 5 – Panel assessment

Legend: ✓ Panel Assessment; ● Last year's rating; □ This year's self-rating

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements	Analytical skills and insights		Last year's rating	Panel Assessment; This year's self-rating	
	Understanding of health needs trends	Last year's rating	Panel Assessment; This year's self-rating		
	Use of health needs benchmarks	Last year's rating		Panel Assessment; This year's self-rating	

Rationale for scoring

- **5A:** The PCT's eJSNA is an interactive tool that provides both quantitative and qualitative data and is used on a cross agency basis. The PCT has a targeted approach to improving health outcomes within individual localities and is able to demonstrate progress and action to address variance (e.g., carer support in rural areas and health trainers). Segmentation is in place by geography and populations e.g., BME, homeless traveller population, and the JSNA includes information such as exit evaluations from GPs and income benefits. The PCT benchmarks itself with the ONS cluster.

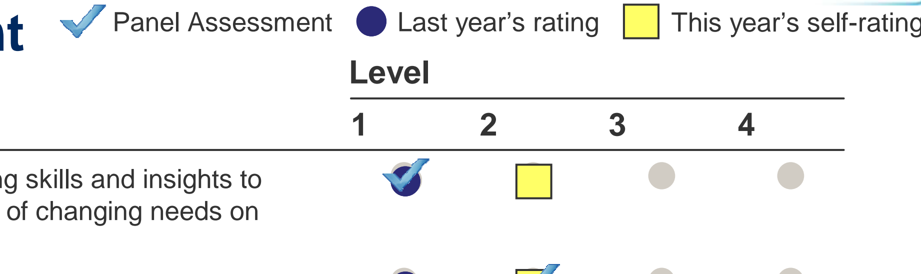
- **5B:** The PCT has profiles for each locality and thematic briefings e.g., ageing population and tackling obesity – including trend analysis and benchmarking, which it can disaggregate to the ward level. The PCT tracks admissions (e.g., for falls) and then compare this to the JSNA and identify areas where they can improve. This enables the PCT to identify causes rather than solely being reliant on trends.

- **5C:** The PCT regularly benchmarks itself against national targets, using the eJSNA system, and also compares its performance to peers (ONS cluster).

Recommendations going forward

- The PCT should develop further its capacity and capability to map unmet needs in their population, and triangulate data-driven analysis with patient insights.
- The PCT should conduct proactive risk stratification across groups, so that interventions can be preventative rather than reactive.

Competency 6 – Panel assessment



Competency	Measure	Level 1	Level 2	Level 3	Level 4
Prioritise investment of all spend in line with different financial scenarios and according to local needs, service requirements and the values of the NHS	• Predictive modelling skills and insights to understand impact of changing needs on demand	✓ ●	□		
	• Prioritisation of investment and disinvestment to improve population's health	●	✓ □		
	• Incorporation of priorities into strategic invest-ment plan to reflect different financial scenarios	●	✓ □		

Rationale for scoring

- **6A:** Financial and activity modelling best and worse case scenarios are included in the financial planning template, but the impact on patient quality is not discussed. The PCT has, for example, undertaken predictive modelling for health inequalities in the County Health Profile.
- **6B:** The PCT has a prioritisation framework in place (the Dudley Prioritisation tool). The priorities in the JSNA are reflected in the strategic investments, e.g., smoking cessation, mental health and obesity. The PCT could articulate the quantified impact of investments on health outcomes or inequalities. Investment in community based specialist services will be commissioned by GPs and has been informed by engagement events e.g., the PCT looked at referral gateways on learning disabilities and how patients were being assessed and can be supported in the community and brought in LD specialists to discuss needs with families and patients. The PCT also provided examples of a midwifery group and a Health checks programme in the city provided through district nurses who had been trained to give wellbeing messages. The PCT has engaged with the local population to drive commissioning decisions relating to re-provision of traditional community hospital services for a locality.
- **6C:** There is good alignment between JSNA and strategic investments, but more limited alignment in respect of disinvestments. Finance templates include prioritised investments and disinvestments but the downside financial scenario has been balanced by additional CIP savings and reprioritisation of investments. Financial scenarios are based on assumptions in line with those of the SHA. Cross cutting themes have been identified, including NICE implications and capital consequences.

Recommendations going forward

- The PCT must embed plans for investment and disinvestment to increase quality and productivity into its scenario modelling at all levels.

Competency 7 – Panel assessment

Legend: ✓ Panel Assessment; ● Last year's rating; □ This year's self-rating

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes	• Knowledge of current and future provider capacity and capability	Panel Assessment; Last year's rating	This year's self-rating		
	• Alignment of provider capacity with health needs projections		Panel Assessment; Last year's rating; This year's self-rating		
	• Creation of effective choices for patients	Last year's rating	Panel Assessment; This year's self-rating		

Rationale for scoring

- **7A:** The Strategic Plan shows an understanding of the provider market, with core providers identified by care and setting, but although the PCT collects information on the relative costs, quality and feedback for providers, it is not clear how this information is used to drive commissioning decisions.

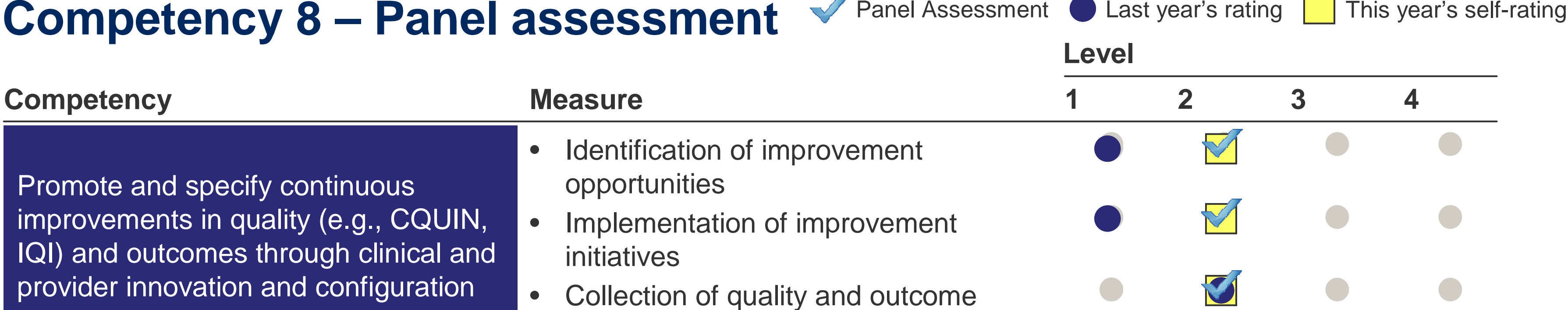
- **7B:** The PCT created the new COPD pathway in response to increased number of hospital admissions and in the expectation of future increased demand due to an aging population. The PCT has identified gaps in the market in eating disorders and has launched an expert patient programme as part of one of the quality and productivity programmes. 3 ITT's were registered with the Supply2Health between November 2008 and November 2009, as the PCT has attempted to stimulate the market.

- **7C:** The PCT strategy recognises the need to improve choice and has a number of initiatives that support this. The PCT was able to articulate the role of patients and GPs in creating choice e.g., the ISTC and developing more choice for patients with disabilities. The PEC has discussed how to improve choice and changing referral practices. The PCT in turn produced patient leaflets, organised engagement events and is working with GPs to visit alternative providers. Patient choice survey indicates that 53% of patients are offered a choice, and 70% can go to hospital of choice, which is above the regional and national average. The panel found some evidence of the PCT working with patients to create increased choice e.g. end of life care, GP surgery opening times.

Recommendations going forward

- NHS Gloucestershire should improve its competencies in the areas of provider economics and market management. This will support existing and potential providers by enabling them to restructure services and infrastructure so that the opportunities for cost efficiencies are maximised.
- The PCT should continue to be more proactive in its approach to supporting patient choice.

Competency 8 – Panel assessment



✓ Panel Assessment ● Last year's rating □ This year's self-rating

Competency	Measure	Level 1	2	3	4
Promote and specify continuous improvements in quality (e.g., CQUIN, IQI) and outcomes through clinical and provider innovation and configuration	• Identification of improvement opportunities	●	✓ □		
	• Implementation of improvement initiatives	●	✓ □		
	• Collection of quality and outcome information		✓ □ ●		

Rationale for scoring

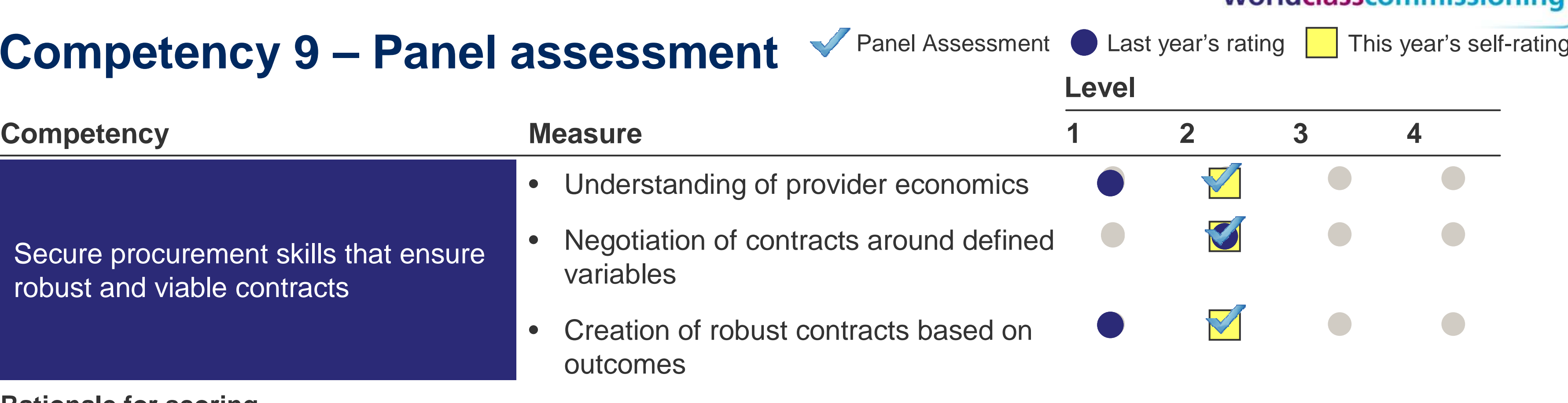
- **8A:** Current PCT performance in pathway related priority outcomes are benchmarked against regional and national definitions of best practice – examples include "Improving health and well being of children and young people". The PCT demonstrates recent examples of clinical pathway improvement where a need has been identified for groups/individuals, e.g., new model of midwifery services includes elements to improve access for hard to reach groups. The COPD commissioned pathway is an example of how the PCT has implemented specific interventions at each point in the pathway from prevention (use of meteorological alerts) to rehabilitation (breathe easy groups) which resulted in reduction of admissions by 30% and decreased LOS by 2 days. Patients and carers are included in the dementia service steering group. In respiratory and skeletal pathway design patients have had a very powerful impact on how the pathway has been redesigned.

- **8B:** The PCT has provided evidence of their quality improvement approach. PCT staff have undergone training in lean methodologies and pathway review. The PCT understands the implications of applied improvement techniques, and has mitigated risk of service redesign. Examples include maternity services, where new provision is due to open in 2011 requires community services to be improved in order deliver the new model and ensure targets and business assumptions are realised. Contract quality indicators and CQUIN Schedules for 2009/2011 are in place for all providers i.e. Improved patient experience in relation to discharge – this has increased satisfaction by 20%.

- **8C:** Quality and outcome metrics are clearly identified and used to monitor both national and locally agreed contracts, e.g., EOLC monitoring via CRiSCRoS. Proposed local indicators have been agreed with stakeholders for 2010/11, e.g., GWAS implementation of Medical Devices alerts was identified by the CQC assessment for patient safety as not being met, this has been included in as an indicator for 2010/11. Regular and appropriate monitoring and reporting arrangements, e.g., for unscheduled care through the USC network and also monthly contract monitoring board meetings with all providers some of these will also be attended by SHA officers (in the case of GWAS). Additional performance measures are implemented during the winter.

Recommendations going forward

- The PCT should use their new programme management arrangements to ensure they take a more systematic approach to identifying and implementing improvement opportunities, with particular focus on patient quality, in order to achieve service transformation rather than incremental change.



Competency 9 – Panel assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Secure procurement skills that ensure robust and viable contracts	• Understanding of provider economics	Last year's rating	Panel Assessment; This year's self-rating		
	• Negotiation of contracts around defined variables		Panel Assessment; Last year's rating; This year's self-rating		
	• Creation of robust contracts based on outcomes	Last year's rating	Panel Assessment; This year's self-rating		

Rationale for scoring

- **9A:** There is active consideration of provider economics, examples include work with the mental health trust. The panel sensed that the procurement activities undertaken by the PCT have been tactical in nature rather than strategic, e.g., musculo-skeletal service, obesity. Contract Management Boards are in place for all providers and in addition there is formal monitoring of quality, safety etc through systematic reviews of quality and patient experience indicators via Clinical Quality Commissioning Group. The PCT has in-house procurement expertise and appropriate policies and procedures are followed.

- **9B:** There is evidence of robust contracting processes with clear identification of commissioner priorities for improvement evidenced for acute, community and primary care including for example serving notice on existing contract in order to lever change. The panel found evidence of thorough review and change management processes relating to primary care contracts. Clear contract negotiation and management structures are in place.

- **9C:** PCT contracts have clearly defined outcomes as well as CQUIN schemes. PCT had difficulties moving to national standard contract from hybrid contract with a provider but the PCT will move to standard contract in 2010/11. The PCT looks at past performance, vital signs, best practice and guidance to create outcomes. The PCT uses national outcomes but if performance needs to be improved in a specific area these are supplemented by local ones e.g., diabetic care.

Recommendations going forward

- NHS Gloucestershire should continue to improve its understanding of provider economics and market management, in particular for mental health services.

Competency 10 – Panel assessment

✓ Panel Assessment ● Last year's rating ☐ This year's self-rating

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvement in quality and outcomes and value for money	• Use of performance information		● Last year's rating	✓ Panel assessment / ☐ Self-rating	
	• Implementation of regular provider performance discussions		● Last year's rating	✓ Panel assessment / ☐ Self-rating	
	• Resolution of ongoing contractual issues		● Last year's rating	✓ Panel assessment / ☐ Self-rating	

Rationale for scoring

- **10A:** The panel found evidence of additional data collection, e.g., PCT provider contract/community services information includes 26 indicators to support the dementia service review. 97% of activity reporting is less than 1 month old. Comprehensive range of performance information used and evidence of near real time monitoring e.g. urgent care with GHNHST and GWAST. Good provision of data to partners (e.g., PBC) and to public via locality profiles. CQC rating for main providers is good or excellent although PCT is rated fair re quality of services in 2008/09 down from good in the previous year.
- **10B:** Comprehensive performance reporting and review meetings in place for all providers including segmentation by type. The PCT gave evidence of problem analysis to aid performance improvement. It regularly undertakes root cause analysis. Main acute provider just implemented RIO, giving the PCT improved information. Issues are escalated to the Board on a case by case basis.
- **10C:** The panel found evidence of proactive contract compliance, e.g., ophthalmology capacity and indicators to track improvements in productivity for GCS. The PCT could articulate monitoring of improvement plans, e.g., smoking cessation targets were not being met and the PCT brought in anti smoking marketing and got a third party organisation to market it.

Recommendations going forward

- The PCT should consider shaping its investment strategy to facilitate change through use of positive incentives and appropriate transitional mechanisms to establish a programme of change consistent with the medium-term financial plan.
- The PCT should continue to improve the availability of contract information in areas where this is traditionally weak, such as mental health and community services.

Competency 11 – Panel assessment

✓ Panel Assessment ● Last year's rating ☐ This year's self-rating

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Ensuring efficiency and effectiveness of spend	• Measuring and understanding efficiency and effectiveness of spend	✓	☐		
	• Identifying opportunities to maximise efficiency and effectiveness of spend		✓ ☐		
	• Delivering sustainable efficiency and effectiveness of spend		✓	☐	

Rationale for scoring

- **11A:** COPD pathway example describes change in spend but does not provide evidence of outputs,/spend level, output efficiency / outcomes. Evidence of some understanding of economics of major settings eg Learning Disability and acute to community shifts but limited in detail.

- **11B:** The PCT has identified opportunities for improved efficiency and effectiveness: Shifting settings of care in LD and acute services in financial plan to include reduction in costs; Development of community facilities targeted at populations; NICE guidelines implication included at summary level in finance plans. PCT cost base opportunities taken eg community hospital changes. The PCT identifies opportunities for improved spend or operational efficiencies by value stream mapping every function within the organisation, looking at utility, occupancy and utilisation rates. The PCT have recently launched a Total Place pilot to improve effectiveness and efficiency of spend together with other public sector partners.

- **11C:** The finance template submitted by the PCT outlines a set of initiatives to deliver efficiency and effectiveness savings. PBC engagement in developing community services is evidenced in the Strategic Plan. Performance management of providers is evidenced through information on structure on performance meetings. COPD pathway has a high level impact assessment in terms of admissions, LOS and finance. There is a multi-professional PEC who were involved in developing the cataract pathway. The PCT have worked with partners on the home check scheme where district nurses are being trained to identify other wellbeing issues. The PCT have met LAA targets and working with multi agency way and identifying who is taking lead and who is responsible.

Recommendations going forward

- The PCT will need to build on its emerging skills in assessing and understanding how to drive improvements in efficiency and effectiveness of spend, in order to fully meet the challenges of the changing economic outlook.