

Programme for Relationships, Intelligence, Metrics and Equality (PRIME)

Quarterly Report

April 2009

Version 2.0



Private and confidential

**Louise Pritchard
Carol Staples**

12 Smithfield Street
London
EC1A 9LA

T +44 (0)20 7332 8800
F +44 (0)20 7332 8888
www.drfooster.co.uk

A partnership between
The Information Centre for health and
social care and Dr Foster Holdings LLP

Registered Company Number. 3812015

intelligence ^{dr foster®}

Quarterly report

Contents

Management Summary	3
Programme Progress	7
Appendix 1	11
About this document	12

Management Summary

Objectives and purpose

The purpose of this report is to provide the PRIME Strategic Partnering Board and the NHS BEN Trust Board with a progress update of the PRIME programme, for the period Dec '08 – March 2009. (Previous report submitted December '09). The report assesses progress against plan, describes the outlook for the programme, and programme risks and issues.

PRIME

- The establishment of PRIME in July 2008 commenced an ambitious, systematic and comprehensive 3-year programme to develop new relationships with the public, patients and partners of NHS BEN in order to reach out and engage with their diverse communities and tackle health inequalities.
- The PRIME programme recognises that it is the generation of relationships and partnering and the creative exploitation of information beyond the utilisation of traditional/enforced data collections that will provide a rich picture of the communities, wards and healthcare settings within NHS BEN.
- PRIME supports NHS BEN's focus on delivering their goals of 'ten more years of healthy life' and 'most informed and empowered community' through World Class Commissioning, to meet all health outcomes selected for WCC and related competencies and capabilities.

Key Deliverables

Health Typologies

- PRIME's baseline rich picture and programme priorities have been informed through national and local dataset analysis leading to the following data themes for health inequalities in the PCT community:-
 - Infant Mortality
 - Family Obesity
 - Mental Health
 - Alcohol
 - Smoking
- Fundamental to identifying, targeting and overcoming health inequalities is the need to better understand the population in terms of people's expectations, attitudes, behaviours, values, priorities and, at a more basic level, language preferences.
- This understanding been enhanced by the creation of NHS BEN Health Typologies (version 1) - a bespoke segmentation model for health inequalities

within NHS BEN. This has already been used in relation to population analysis and decision making activity by the following directorates: Health Improvement; Commissioning; Performance Management and OD.

- In this reporting period the Health Typologies have been used to inform planning and activity across all PRIME workstreams for example:
 - Knowledge Management – used in conjunction with use of Population Health Manager (PHM)
 - Knowledge & Skills Transfer – participant learning and application in day-to-day roles
 - Social Marketing – to support consideration of specific audiences, behavioural or attitudinal changes to be sought in relation to marketing interventions
 - Patient & Public Involvement – to support recruitment to the Household panel
 - Relationships & Metrics – as an element of the intelligence provided via GP MyPractice
 - Digital Technologies – as an element of the Health Inequalities Dashboard
 - Programme Management – to support communication and engagement activity within and external to the PCT
- To develop knowledge and understanding:
 - within the PCT, early work has begun to inform other core programmes around the baseline priorities, health typologies and associated PRIME activity.
 - Externally, discussions for example with Digital Birmingham, Birmingham City Council priority neighbourhoods, and Birmingham Health and Wellbeing Partnership have begun to cross-reference the activity of allied agencies to further enhance the population intelligence for Birmingham.

Patient Experience

- In order to properly understand the population profile of the PCT and to identify inequalities it is vital for PRIME to measure patient experience. The Patient Experience Tracker (PET) is an electronic data capture and reporting device and service designed by Dr Foster Intelligence for patient experience measurement.
- Provider Services commenced the first implementation of x20 PET devices in February 2009. This is for a 3 month pilot period concluding 26/5/09. The pilot phase involves x18 health centre or clinic sites within the patch and covers x14 services. The PET project is running in parallel with a quality improvement

project, known as SUEPA, commissioned by Provider Services in 2008. The PET device is specially programmed to collect answers to five questions chosen by the user. The five questions in use for the Provider Services pilot phase are the same as those used in the SUEPA project (concludes May '09), to enable comparison of feedback received via the two projects.

- A formal rollout of the implementation project will then proceed, taking into consideration the findings of the pilot review, for the next 2 years of the programme.

Patient and Public Involvement

The deliverables within this Workstream will enable NHS BEN to:

- Build a relationship with all health typology groups.
- Gain insight from these typologies to help inform strategic decisions, service re-design and social marketing activity
- Build a systematic programme of engagement over a three year programme, targeting key areas that will support the programme objectives and help reduce health inequalities across NHS BEN.
- Explore the use of a wide variety of engagement techniques, from face to face to on-line techniques, using creativity to increase levels of engagement and insight.

The key deliverables and focus of Year 1 activity are the design and delivery of:

- Household Panel - to build a representative panel that can be consulted on a range of relevant issues. Around 1700 members have already been recruited.
- Community Engagement Database - to ensure that all PPI related activity and feedback is captured, can be shared across the organisation, and holds details of people who can be used for future PPI activity
- Deliberative Events - to canvass the views of seldom heard groups across the region, drawn in correspondence and with a view to developing the health typologies; to design and use a dedicated and managed PPI Micro-Site that would draw in information on engagement across the PCT and provide an interactive information delivery and information capture facility for the general public.

Proposals and specifications for the above deliverables have received approval to proceed with development. All Year 1 PPI activity is on track for delivery by June '09

GP MyPractice

This deliverable is the responsibility of the Relationships & Metrics Workstream and development is on track. The design specification was drafted during this reporting period and GP MyPractice will feature as a key item of the next report (July '09).

Health Inequalities dashboard

This deliverable is the responsibility of the Digital Technologies Workstream and development is on track. The design specification was drafted during this reporting period and The Health Inequalities dashboard will feature as a key item of the next report (July '09).

Programme Progress

Progress against plan

Programme workstream activity is on track with the exception of 2 areas:

1) Social Marketing

Campaign activity in relation to HPV and CVD projects was not directly related to the PRIME baseline priorities. Following a joint BEN/DFI progress review these projects have now been removed from the PRIME programme reporting processes. The Stop Smoking Service short term project (Jan – March '09) has been extended at the request of the PCT, to undertake workplace activity. This will provide the Stop Smoking Service with the contact details of workplaces (over 100 employees) that would support this service on site.

Slippage against planned Workstream timescales for Year 1 is related to the development and delivery of the Social Marketing strategy. The joint progress review resulted in the re-focus of workstream activity (February to March) in order to:

- a) enhance the development of the strategy in line with the vision for each baseline theme i.e. smoking, alcohol harm, infant mortality, family obesity, mental health, and the Health Typologies.
- b) enable the aims, people (typologies), and synergies (between themes and typologies) to be more clearly defined and effectively illustrate the goals, approaches and evaluation criteria related to proposed marketing interventions.

This activity will conclude with the approval of the Social Marketing Strategy, by the Strategic Partnering Board, in May 2009. Subject to approval of the strategy and subsequent marketing interventions, it is anticipated that delivery remains achievable within the timescale for the overall programme plan (2008-2011). There has been no delay or deviation to the overall performance of the programme.

2) Communication and Engagement

Communication related risks comprised the majority of programme risks in December '08. The following action was taken during this reporting period in order to resolve or mitigate the risk to programme performance:

- 1) establishment of a Communications & Engagement group (within the Programme Management Workstream) responsible for defining and driving the plan for PRIME communications, delivery mechanisms and resource requirements, validation of communication messages and consistency of content and approaches. To support internal PCT communications and briefings a PRIME logo has also been designed (located on document cover page).
- 2) PCT appointment of a PRIME Communications Manager (part-time for 1 year) as the PCT Communication team was under-resourced in terms of skilled

communication personnel available to develop robust communication materials and delivery mechanisms for PRIME.

The risks to programme success associated with weak impact of communication or engagement activity have been mitigated by the above actions but remain open at this stage.

Status

The overall programme status for this period is 'Amber' (in terms of Red, Amber, Green (RAG) reporting).

Programme activity delivered and planned, by workstream, is indicated on page 9

Partnership

The mutually dependent, inter-reliant nature of the working relationship between DFI and NHS BEN is recognised as critical to the success of the programme, to ensure that knowledge and skills are effectively transferred and the PCT's reputation and resources are enhanced by PRIME.

The themes of the Quarterly Event for the programme, held 13th March 2009, were Communication and Knowledge and Skills Transfer, with specific emphasis upon the Health Typologies. Attended by x27 contributors (programme board, workstream, service level representatives), this event was judged successful by participants in terms of:

- a) appreciating the power (and importance) of knowledge sharing,
- b) enabling and strengthening understanding and relationship building between DFI and NHS BEN

Outlook

The programme business case remains valid in the light of progress during this reporting period. The programme costs of £5.8m over the 3 year period (2008-2011) amount to less than 0.5% of the overall budget allocation for NHS Birmingham East and North (excluding specialist commissioning), and are still justified by the anticipated benefits expected. New value and income derived from knowledge transfer and the development of new products and programmes will be re-invested by the PCT to continue to reduce health inequalities for the local population.

Risk review

No high risks currently identified. Programme risks are indicated in Appendix 1

Issues

Social Marketing activity, addressed above (Progress against plan section).

Abnormal events affecting performance

There have been no abnormal events e.g. exceptions, delay events, arising outside the control of the programme which have caused deviations in programme performance.

Lessons Learned

The following lessons have been learned in this period:

Item	Learning	Action
Communication – delivery of key messages, news and briefing materials	Communication plan, resource and mechanisms established as part of programme definition will enable responsibilities, alignment and consistency in approaches (internal/public/commercial) to be secured from programme launch.	Establishment of Communication and Engagement sub-group to deliver/validate comms related materials and secure alignment/integration with related strategies and activities
Stakeholder Engagement	Stakeholder Engagement plan, resource and mechanisms established as part of programme definition to enable: <ul style="list-style-type: none"> • Recognition that using traditional communication methods potentially misses out key individuals/groups • Understanding engagement as means of securing participation and partnerships • Recognition that early contact to seek programme activity alignment with the work of allied agencies has positive benefits and potential leverage for respective organisations 	Establishment of Communication and Engagement sub-group to support stakeholder mapping and engagement activity
Project Manager capacity	Unplanned time required for development or coaching of inexperienced project manager	Prior to Project Brief stage assess project manager ability/experience against project requirements and complexity.
PET Implementation	Comms & PPI Involvement – contribution at project planning stage to secure expert input and activity integration	Use matrix view of programme activity and workstream inter-dependencies to assist planning and stakeholder involvement

Workstream title	Deliverable	Activity Jan – March '09	Planned activity Apr '09 - June '09	Progress against plan
Knowledge Management	Health Typologies	Health Typologies approved	Customer journey mapping	On track
	Population Health Manager	Population Health Manager - Training delivered to Commissioning teams.	Review usage (org-wide) and ongoing support requirements	On track
	Patient Experience Tracker	Provider Services - 3 month pilot	Review pilot phase – Provider Services Plan formal rollout – Provider Services Plan Year 2 implementation	On track
Knowledge and Skills Transfer	Delivery Plan	Delivery Plan - development in progress	Final version - implementation	On track
Social Marketing	Short term Smoking; CVD; HPV	Short term Smoking – extended for workplaces; CVD; HPV – removed from PRIME	Jan-Mar '09 Smoking campaign – delivery of additional workplace activity	On track
	Smoking campaign - hard to reach groups	Long term smoking campaign - primary research completed	Implementation – subject to approval of strategy	On track
	Social Marketing - 3 yr strategy	Strategic aims and approaches reviewed	Final version - implementation	Delayed
Patient & Public Involvement	Household Panel	Specification completed and approved	Development	On track
	Community Engagement database	Specification completed and approved	Development	On track
Relationships & Metrics	GP MyPractice	Development of specification	Design and delivery – version 1	On track
Digital technologies	Health Inequalities dashboard – key programme metrics	Workstream review – development of specification	Design and delivery	On track
	Intranet	Workstream review	Phase 1 -Design and build base intranet portal	On track
	Extranet	Workstream review	Phase 1 –Undertake best practice survey	On track
Programme Management	Communication and Engagement	Communication – activity plan and development of key messages, FAQ's and briefing materials. Stakeholder mapping and engagement plan development.	Development and delivery of key messages and engagement activity	Delayed

Appendix 1

Programme Risks

Risk	Impact	Likelihood	Mitigating Action	Responsibility
Year 1 Social Marketing activity will not be delivered within outline timescale	Programme delay	Likely	Review workstream activity/deliverables and confirm actions required to ensure workstream progress remains on track.	Programme Manager Social M. Workstream Leads
Lack of support and engagement from staff	Opportunity for awareness raising and staff commitment reduced	Possible	Ensure that PCT-wide communication of the programme objectives + benefits is maintained to provide the context for the local delivery of PRIME activity. 12/12/08 - Programme Comms & Engagement Group established as part of Prog. Management workstream to control and support comms related objectives and activity	Executive Team Programme Board
Lack of support from independent healthcare partners	Opportunity for enhanced partnership working and information sharing reduced	Possible	Ensure that PCT-wide communication of the programme objectives + benefits is maintained to provide the context for the local delivery of PRIME activity. 12/12/08 - Programme Comms & Engagement Group established as part of Prog. Management workstream to ensure relationship/engagement activities are monitored and supported.	Executive Team Programme Board
Adverse media interest e.g. with regard to cost	Negative communication coverage and misrepresentation of key messages	Possible	Anticipate media interest + maintain a source of generic material which provides the PRIME context with local developments and headlines programme achievements. 12/12/08 - Programme Comms & Engagement Group established as part of Prog. Management workstream to control and support comms related objectives and activity	Programme Manager Head of Communications & Involvement
Programme aims and objectives unclear as unsupported by robust Communication Plan and Stakeholder Management plan	May be mixed messages received by key stakeholders if engaged by other BEN PCT programmes/ workstreams.	Possible	Ensure that Communication plan, Stakeholder mapping and Management Plan completed and disseminated to all affected parties. 12/12/08 - Programme Comms & Engagement Group established as part of Prog. Management workstream to control and support comms related objectives and activity	Programme Manager Head of Communications & Involvement
Delivery of general and PRIME-specific messages to the community is unbalanced	Local identification with general messages and PRIME-specific messages is mis-interpreted	Unlikely	Identify and use PRIME materials which enable the programme context in relation to associated programmes and activities to be identified and its achievements highlighted. 12/12/08 - Programme Comms & Engagement Group established as part of Prog. Management workstream to control and support comms related objectives and activity	Programme Manager Head of Communications & Involvement Workstream Leads
Not all communications channelled through the correct team – too many points of contact	Uncoordinated approach with incorrect or confusing messages	Possible	Correct channels for approval and co-ordination to be clearly set out and communicated. 12/12/08 - Programme Comms & Engagement Group established as part of Prog. Management workstream to control and support comms related objectives and activity	Programme Manager Head of Communications & Involvement Workstream Leads
Slippage of programme delivery timescales unsupported by robust plan	Workstreams and contributing staff unaware of or unprepared to meet delivery requirements	Possible	Ensure that programme plan, organisation and milestones confirms work plans and is disseminated to all affected parties	Programme Manager Workstream Leads
Resources do not become available to participate in communication	Opportunity for co-ordination and the sharing of good practice are reduced	Possible	Use and develop a range of alternative network opportunities e.g. telephone conferences; comms newsletter; email network; extranet comms site	Programme Manager Workstream Leads
Workstream leads do not follow direction given by Programme Board	May be mixed messages received by key stakeholders if engaged by other BEN PCT	Possible	Ensure that workstream leads follow recommended action in relation to the Communication plan, key messages and correct approaches and delivery	Programme Manager Head of Communications & Involvement

About this document

Document Preparation

Version	Date	Author(s)	Role	Summary of Changes
0.1	16/4/09	C Staples / L Pritchard	Programme Manager/Programme Director	First draft
0.2	20/4/09	C Staples / L Pritchard	Programme Manager/Programme Director	Updated with comments from L Pritchard
1.0	30/4/09	C Staples / L Pritchard	Programme Manager/Programme Director	Final version
2.0	30/4/09	C Staples / L Pritchard	Programme Manager/Programme Director	Minor edit by L Pritchard Final version.

Document Review

Id	Date	Reviewer	Organisation	Comment
1	23/4/09	SPB		Approved