

HOW TO ACHIEVE 'EXCELLENT' IN HEALTHCARE COMMISSION QUALITY OF SERVICES AND USE OF RESOURCES

1. Introduction

In 07/ 08 Health Care Commission ratings Birmingham East & North PCT was awarded scores of 'Good' for Quality of services and 'Good' of ALE. The reason BEN PCT went from achieving 'Excellent' in 06/07 to 'Good' in 07/08 was essentially because it could not provide assurance that it was compliant on all core standards in Standard for Better Health and only did not meet enough of the new national targets and consequently only got a 'good' rating.

2. Comparators

Comparing BEN PCT to one which achieved 'Excellent' for Quality of Services and for Auditor's Local Evaluation (ALE), Salford PCT, they were fully compliant with Core Standards, fully met the Existing National Targets and scored 'excellent' for meeting new national targets.

However, one can observe that the margins between good and excellent are very narrow.



BEN PCT



Salford PCT

Salford PCT Urgent & emergency care- fair performing
BEN PCT- better performing

Salford PCT- Diabetes Service- Fair
BEN PCT -fair

3.0 Actions required by BEN PCT to achieve 'excellent' in the 08/09 Health Care Commission Ratings.

- 1- Fully meet core standards
- 2- Maintain achievement of national targets (vital signs level 1)
- 3- Achieve more of the new national targets (vital signs levels 2 & 3)

4.0 Core Standards

The PCT did not declare compliance against Core Standards : C20 a & b, and C24:

4.1 COMPLIANCE WITH C20a, C20b and C24 FOR INDEPENDENT CONTRACTORS

C20a: The practice provides a secure environment which protects patients staff and visitors and their property and the physical assets of the practice

C20b: Supportive of patient privacy and confidentiality

C20 and C24 are included in both the Standards for Better Health, Clinical Governance Support Programme Self-Assessment Questionnaire for Dental Practices and the Quality Review Programme Template for General Practices.

C20 is included in the Optometry Standards for Better Health Self-Assessment and the Infection Control Self-Assessment for Optometrist. C24 has not yet been included but will be included in future templates. Last year's self-assessment for Optometry Practices was a first move in this direction and following professional advice a decision was made to initiate a formative process including 'priority' standards in the first self-assessment with an intention to build on this incrementally. C24 will be included and additional evidence in respect of C20 sought in next year's programme.

In respect of GP's a Quality Review template has been devised. This is based on Standards for Better Health and is cross referenced with contractual requirements relating to the same activities or themes. A Quality Review is completed in conjunction with the Practice QoF visit during a joint Practice Visit Programme carried out by Healthcare Governance and Primary Care Commissioning team members. 41 Practices are scheduled for visits in the programme (Oct 2008-Jan 2009) and the remaining 41 will complete the Quality Review Template by supported self-assessment. An action plan for each Practice is then identified and fed back. The Quality Review is RAG rated and once the Programme is complete will be collated by both Locality and PCT level to identify broader trends and to target particular areas of need beyond individual Practice level. Given that increased levels of assurance are required for C20 and C24 these can be specifically targeted in the locality and PCT analysis and data provided to the appropriate teams for additional action where appropriate.

For Dental Practices, enhanced capacity in the Healthcare Governance Team has enabled us to examine collate in more details the 39 completed

responses to the Self-Assessment Questionnaires. A portfolio of feedback along with support materials to address areas for concern has been prepared and will be distributed to all Practices during w/c 15.12.08. In respect of self-assessment from Dental Practices, C20 and C24 have not emerged as areas for concern but this will be monitored in the next round of self-assessment activity planned for early 2009 and data provided to the appropriate teams for additional action where appropriate.

For Optometry Practices, analysis of the 14 Self-Assessment Questionnaires returned indicated 87% compliance for those elements relating to C20. Increased evidence in respect of both C20 and C24 will be sought in next years audit programme. A Good Practice Portfolio relating to Standards for Better Health, Record Keeping and infection Control has been prepared and will be distributed to all Optometry Practices in w/c 15.12.08

Work has been in progress with the Medicines Management team also to gain assurance that standards are being complied with and Pharmacists are being advised of their responsibilities. (Further detail required from Medicines Management team).

4.2 C24: Healthcare Organisations protect the public by having planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services

It should be noted that the Healthcare Commission requires that *“the PCT should have taken reasonable steps to ensure that the services provided by independent contractors are meeting the relevant aspects of this element”*.

The standard changed during the year from specifically excluding to specifically including independent contractors (notably GPs and Pharmacies). The PCT agreed to report that there is insufficient evidence to assure compliance and declared “insufficient assurance” at year end.

Practices and pharmacies have been reminded of their duties to develop contingency plans and a number of training workshops have been held addressing both business continuity and flu pandemic planning.

The Primary Care Contracting Team and Professional Services Directorate, visits now include a question on whether GP practices have business continuity plans in place during QoF visits. This is also closely linked with IM&T DES work.

The PCT anticipates achieving assurance in Quarter Four 08/09.

The PCT can be confident that a huge amount of work has been carried out actions have been taken, and are continuing to be taken to ensure that independent contractors are being advised to the actions they should be taking and that compliance against the core standards criteria will be declared at end of quarter 4.

5.0 Vital Signs Targets

It is vital that the PCT continues to actively performance manage and monitor the performance against out key targets.

The Key performance against which we are measured are presented on the Board Report. Those indicated as 'amber' will mean that the PCT will achieve 'almost met' but will put the PCT at risk on not achieving 'excellent' at year end.

The areas where the PCT is at highest risk may be dependent on the performance of our providers, such as WMAS and HEFT, in particular A&E 4 hour waiting times, 8 minute category A and 19 minute category B call targets, 18 weeks. However, GP access, Choice & Choose and Book are areas which continue to challenge the PCT.

The PCT has signed the contract with HEFT and it is managed through the Performance Management group which looks at KPIs and follows up on action plans. The Quality & Safety group looks at clinical issues. Unresolved issues are escalated to the tripartite group which consists of Directors from partner organisations.

In addition, the internal Performance and Planning Group works with service leads on monitoring and managing performance.

Overall, the performance team are working to achieve excellence.

6.0 Use of Resources Scores

To achieve an 'excellent' rating this year, the PCT would have to achieve no scores below 3 across all aspects and should achieve at least 2 scores for financial management, financial standing or value for money at level 4. As the PCT had a deficit in financial standing for 05/06 the PCT could not meet the criteria for financial standing and it was impossible to achieve a level 4 or 'excellent'. The issue of a previous deficit will not have an impact for this year's assessment.

This year a new system called 'Use of Resources' is being adopted. It uses key lines of enquiry (KLOEs), as did the previous system, but there are 3 themes: Managing Finances; Governing the Business, and Managing Resources. It aligns with 'World Class Financial Management', has a strong focus on the organisations financial culture and examines the link between costs and VFM.

The Associate Director of Finance considers that BEN PCT could achieve a level 4 in 08/09 as long as:

- Financial balance is achieved at year end;
- The PCT ensures that it retains its robust control framework, including the audit committee and sound systems of control;
- The PCT refines the financial management processes and develops the risk management arrangements in relation to our partnership working.