

World Class Commissioning Panel Report

NHS Birmingham East and North

May 2010



Overview

First, the panel thanks NHS Birmingham East and North for participating in this round of assessments for World Class Commissioning.

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 panel report sets out four main areas for consideration by NHS Birmingham East and North. It also sets out the panel's assessment on the Governance ratings and the Competency scores and the Potential for Improvement Commentary relating to the PCT Trajectory and Organisational Development.

Commentary

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

The panel were impressed by the following strengths of the PCT:

- The energy, passion and commitment of the Board to tackling health inequalities
- Clear strategic direction and expertise of the executive to tackle the complex agenda
- The complete sign up of the PCT to addressing all domains of the Q.I.P.P. challenge
- Work on upstream intervention and typology methodologies to identify need
- Numerous examples of innovation and improvement through out the system
- The continuing improvement in commissioning competence.

1. **Headline: Ensure that patient experience is at the heart of transformation**

Observation:

- The Board has the right strategy and alignment of goals to outcomes with a focus and granularity on the needs of the population of Birmingham; it was good to hear improvement of the 'life expectancy in males' outcome
- There is evident passion for the patient and public experience; however the panel considers that a comprehensive patient care experience outcome measure should be adopted to focus Board attention during transformation
- The trajectory for cardio vascular mortality shows improvement but the panel considers that the Board should reconsider the aspiration for this trajectory.

Recommendation: The Board should consider adopting the patient experience outcome measure and reconsider the aspiration for cardio vascular mortality

2. **Headline: Robust well owned strategy**

Observation:

- The strategy is ambitious innovative and aligned with a clear set of goals and high level strategic initiatives which are well owned; this was not fully reflected in the strategic plan documentation
- The strategy is carrying a high level of delivery risk; the panel considers that the PCT should scale up its critical initiatives aligning targeted improvement and innovation capacity to deliver break through performance

Recommendation: The Board should scale up initiatives in the strategic plan with clearly set out risk mitigation plans; ensuring the strategic plan document clearly reflects the direction of the organisation

Commentary continues

3. **Headline: Real financial challenge; QIPP plan ambitious with no evident contingency**

Observation:

- The panel would express concern about the 10/11 financial plan as there is no contingency and the surplus has been reduced to £2 million
- The savings are heavily dependent on reducing bed capacity in Heart of England Foundation Trust and whilst there are agreed plans to do this, significant Length of Stay reductions must take place, otherwise winter pressures will make this impossible to sustain
- Further detail is required on the additional savings plan identified on panel day (£7.3 million) to ensure the plans are robust.

Recommendation: The Board should consider setting a contingency in 10/11 and ensure that there is a robust mitigation plan in place to manage the financial risk to delivery

4. **Headline: Board to maintain clarity of focus in the organisational transition**

Observation:

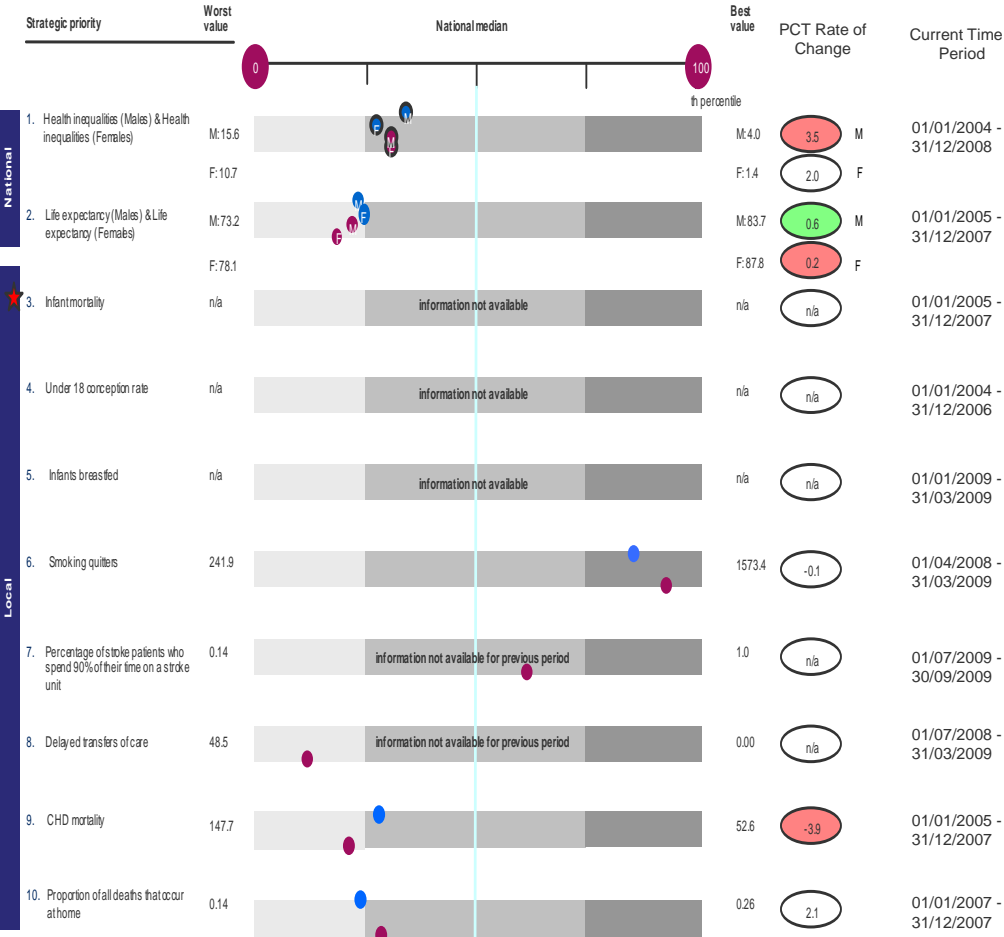
- There is strong evidence of Board cohesion, robust governance and real passion and commitment to the individual patient experience
- The organisational development plan is excellent and there is an evident and exciting culture of innovation, improvement and adoption of tested approaches across the system; these need to be evaluated and shared more widely across the SHA and NHS to support the QIPP agenda
- The Board needs to sustain its energy to develop the new Birmingham PCT and ensure that those issues critical to the BEN population are sustained .

Recommendation: The energy and focus of the Board needs to be sustained through out the formation of Birmingham PCT to ensure delivery of the critical initiatives

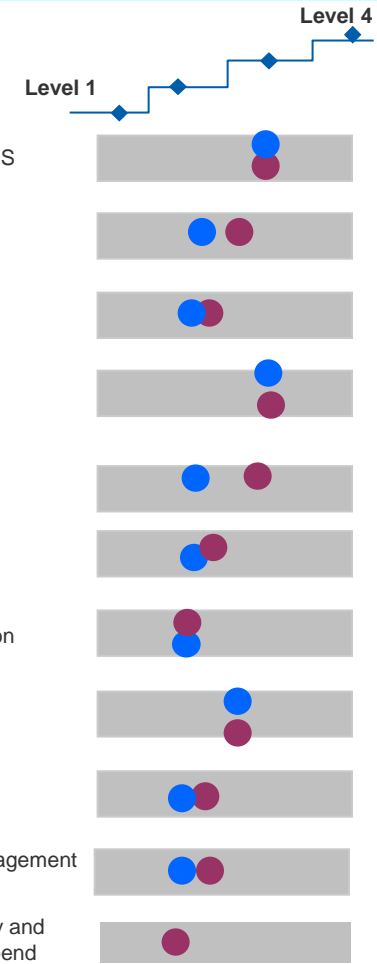
Panel scorecard

NHS Birmingham East and North Health outcomes and quality

Outcomes Selection Date: 2009/10



COMPETENCIES



GOVERNANCE

Strategy

G

Finance

A

Board

G

Potential for Improvement Commentary

PCT trajectory

Commentary

- This assessment has confirmed the leading edge work that was observed at the panel in Year 1 of WCC. The PCT is fully embracing all the domains of QIPP. The Board exhibited cohesion, purpose and passion to health inequalities and to improving individual patient experiences within communities in Birmingham. The panel were inspired by the culture of continuous improvement and the many examples where innovation is having real impact in the system.
- The strategic plan is necessarily bold and ambitious with real challenge to the PCT to bring about systems change in 2010/11. Further work will need to be considered to mitigate the financial and delivery risks in year to ensure long term sustainability.
- The PCT has improved in 7 competencies.

Areas for development

- The panel recognises the tremendous QIPP challenge to the health economy in this part of Birmingham. The continuous improvement work must form the foundation for system change in the transition ; and the PCT should consider scaling up its critical initiatives, and align targeted improvement and innovation capacity to achieve break through performance.
- The organisational development plan is excellent although further prioritisation may focus capacity in the transition. The panel considers that it is critical that the PCT evaluates and shares with its cluster partners to take advantage of joint capacity and capability building to develop commissioning competence in particular:
 - ensure best use of the new West Midlands' Digital Service to improve information flows and shape opinions/aspirations to support competency 3
 - in partnership with West Midlands Healthcare Commissioning Services, work on competencies 7, 9, 10 and 11. to ensure that these critical system competencies support improved service delivery.

Organisational development

Commentary

- Alignment: The Board and the workforce of the PCT are aligned on the strategic direction and systems challenge with HEFT to deliver a new model of care for the population
- Execution: Typology population segmentation has transformed the culture within the PCT enabling the whole organisation to focus on 'people not places'; the videos of individual patient journeys and experiences were inspiring
- Renewal: Embedding of continuous improvement across the organisation is transforming service delivery; a LEAN approach linked with a defined Gateway pilot process is well embedded and owned by clinicians and managers

Areas for development

- Alignment: The inspirational leading edge improvement work should be harnessed ("bottled up" more effectively) and evaluated and the leadership team consider how the learning can be aligned and spread effectively across the West Midlands
- Execution: Scale up the initiatives that are critical to service change and target innovation and improvement capacity to achieve real change and impact to the system challenge
- Renewal: The PCT should focus its energy within the transition Board to develop the new Birmingham PCT ensuring the legacy of B.E.N. PCT's vision and values and commitment to its communities is sustained.

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

- The vision is clearly articulated and underpinned by 4 key delivery goals spread across 7 strategic themes of initiatives.
- The PCT sets out investment plans clearly for each initiative but lacks detail of any planned disinvestment in the documentation. Financial scenarios are not clearly detailed and the down-side reflects savings for community and primary care but increased spend on the acute. The PCT have opted not to do detailed modelling at this stage. The PCT has outlined risk, capacity and capability at a high-level but lack robust planning to mitigate or address gaps. On panel day the PCT evidenced the care out of hospital model which would result in a disinvestment in acute care to the order of 442 beds and 1800 staff, but noted only part of this reduction was secured via the contract with further work underway to secure the rest of the reduction.
- The PCT has linked investment/disinvestment decisions and health outcomes, reduced inequalities, and efficiency and effectiveness of health services but has not provided detail around the anticipated effect on improved outcomes and timescales to achieve these. There are timelines set out against strategic initiatives but there is no detail of milestones, potential bottlenecks and mitigation plans. Base case forecasts a surplus.
- The PCT Board is engaged in strategic planning and sign-off is evident. The strategic plan and organisational development plan are aligned on vision and goals. On panel day the Board was able to articulate some key risks going forward but no mitigation plans.
- The Strategic Plan has a number of case studies and examples but the PCT has not detailed what was delivered i.e. services, or the impact of not achieving milestones or addressing any causes of non-delivery. On panel day an example of management of milestones was provided. When a COPD pilot initiative did not meet its target it was stopped as a result of Board intervention.

Recommendations going forward

The Board should scale up initiatives in the strategic plan with clearly set out risk mitigation plans; ensuring the strategic plan document clearly reflects the direction of the organisation

Governance – Panel assessment on Finance

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

Assessment	Measure	Red	Amber	Green
A	1. Historical financial management	●	●	✓
	2. Robust financial management	●	●	✓
	3. Robustness of planning assumptions	●	✓	●
	4. Sustainable financial position as 'base case'	●	✓	●
	5. Sustainable financial position under different financial scenarios	●	✓	□

Rationale for scoring


1. The PCT has a good history of financial management delivering outturns, and more recently surpluses, within the SHA's expectations.
2. The Board receive monthly financial performance reports on key financial indicators and associated risk. The Use of Resources score of 3 for Managing Finances indicates no significant issues for either invoicing or debt and asset management.
3. The PCT's planning assumptions and scenarios are in line with the SHA's recommendations. The contingency figure has been revised to zero so is considered high risk. Additional savings have been identified totalling almost £20m. There is £12m robust savings identified in 10/11 but detail of other opportunities and risks is limited. The PCT states that provider capacity modelling is ongoing and recognised that it is key to delivery.
4. Within the base case BEN PCT is forecasting delivery of a surplus in line with the SHA's expectations. The PCT have listed the initiative and disinvestment activities contributing to the outturn, in the financial plan, but there is limited detail in the strategic plan, particularly regarding risks. On panel day the key risks were articulated by the Board along with a clear understanding of the "big bets" needed to ensure financial sustainability.
5. BEN PCT is forecasting delivery of a surplus in line with the SHA's expectations under all financial scenarios. The strategic plan lacks detail regarding the different scenarios and variances have primarily been addressed through adjustments to contingency. On panel day the PCT evidenced various initiatives (e.g. mental health, COPD) which have not been included in the financial plan based on benchmarks.

Recommendations going forward

The Board should consider setting a contingency in 10/11 and ensure that there is a robust mitigation plan in place to manage the financial risk to delivery

Governance – Panel assessment on Board

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

Assessment	Measure	Red	Amber	Green
	1. Organisation	●	●	✓
	2. Risk	●	●	✓
	3. Information	●	●	✓
	4. Performance	●	✓	●
	5. Delegation	●	●	✓
	6. Board interaction	●	●	✓

Rationale for scoring

- The PCT has assessed capacity and capability gaps extremely well and has identified robust actions and timelines. The PCT has conducted analysis and has detailed actions in response to the staff survey.
- The PEC represents the clinical executive of the PCT as a full sub-committee of the Board. The PEC structure is currently being reviewed to better reflect the emerging approach of partnering with key practices. On panel day it was highlighted that there are 3 PEC members on the PCT Board. The PCT is moving towards a clinical executives including the Acute MDs and PCT clinical directors.
- Performance reports are submitted to the Board on a monthly basis and there are performance discussions at Board meetings. Provider performance reports contain relevant, timely and well presented data.
- The PCT has regular reporting of performance and financial indicators. The PCT is achieving only 74% (red) of its Tier 1 and 2 Vital Signs and Existing Commitments (based on DoH assessment criteria for WCC). It is not meeting the 4-hour A&E target (95% as at Q3 2009/10). On panel day an example was given of performance issues with Own Health which were addressed result in improved access.
- The PCT is developing a partnering approach to PBC. The Strategic Plan describes expected benefits from development of joint commissioning of mental health and learning disability services with the Local Authority.
- The PCT has regular NED/Board organisational development sessions. On panel day the Board described involvement in shaping strategy. There is a clear prioritisation process but the Board has not elected to make investment trade-offs but has an ongoing re-prioritisation process where initiatives are monitored for return on investment both financial and quality.

Recommendations going forward

The energy and focus of the Board needs to be sustained through out the formation of Birmingham PCT to ensure delivery of the critical initiatives

Outcomes

x Top quartile rate of improvement ■ Upper Quartile ★ Newly Selected
x Bottom quartile rate of improvement ■ Lower Quartile ● Previous
● Current

NHS Birmingham East and North health outcomes and quality

Outcomes Selection Date: 2009/10

Strategic priority	3 year historic rate of improvement (CAGR, %) ¹				PCT aspiration (CAGR)	
	PCT	National	ONS cluster	Top decile ⁴		
National	1. Health inequalities (Males) & Health inequalities (Females)	M 3.5	0.8	1.5	-3.9	-18.2
		F 2.0	1.2	0.6	-9.4	-18.1
National	2. Life expectancy (Males) & Life expectancy (Females)	M 0.6	0.4	0.5	0.8	0.5
		F 0.2	0.3	0.5	0.6	0.3
★	3. Infant mortality	n/a	n/a	n/a	n/a	-9.9
	4. Under 18 conception rate	n/a	n/a	n/a	n/a	-14.3
	5. Infants breastfed	n/a	n/a	n/a	n/a	9.6
Local	6. Smoking quitters	-0.1	3.0	5.2	22.1	17.5
	7. Percentage of stroke patients who spend 90% of their time on a stroke unit	n/a	n/a	n/a	n/a	14.2
	8. Delayed transfers of care	n/a	n/a	n/a	n/a	-26.8
	9. CHD mortality	-3.9	-8.2	-10.0	-10.2	-7.2
	10. Proportion of all deaths that occur at home	2.1	1.8	1.8	6.5	33.6

Observations from the Analytical Phase

Changes in outcomes from last year

- Infant Mortality was changed from a local to a National Dataset

Performance over last year :

- #1 men, #2 women, #3 and #9 reflects bottom quartile performance
- Further improvement in # 6 building on previous good performance
- #9 has slipped into bottom quartile performance.
- #10 shows significant improvement but note that this is 2007 data so may have changed over the last two years.
- #5 coverage is insufficient for the indicator to be reliably calculated.

Aspirations:

- The level of aspiration for the following outcomes appear credible: #2, 4, 5, 3 and 8.
- The aspirations for the following outcomes appear to be over-ambitious : #1, 10 and 6
- The aspirations for following outcomes might be more aggressive: #7 and 9

Panel Recommendations:

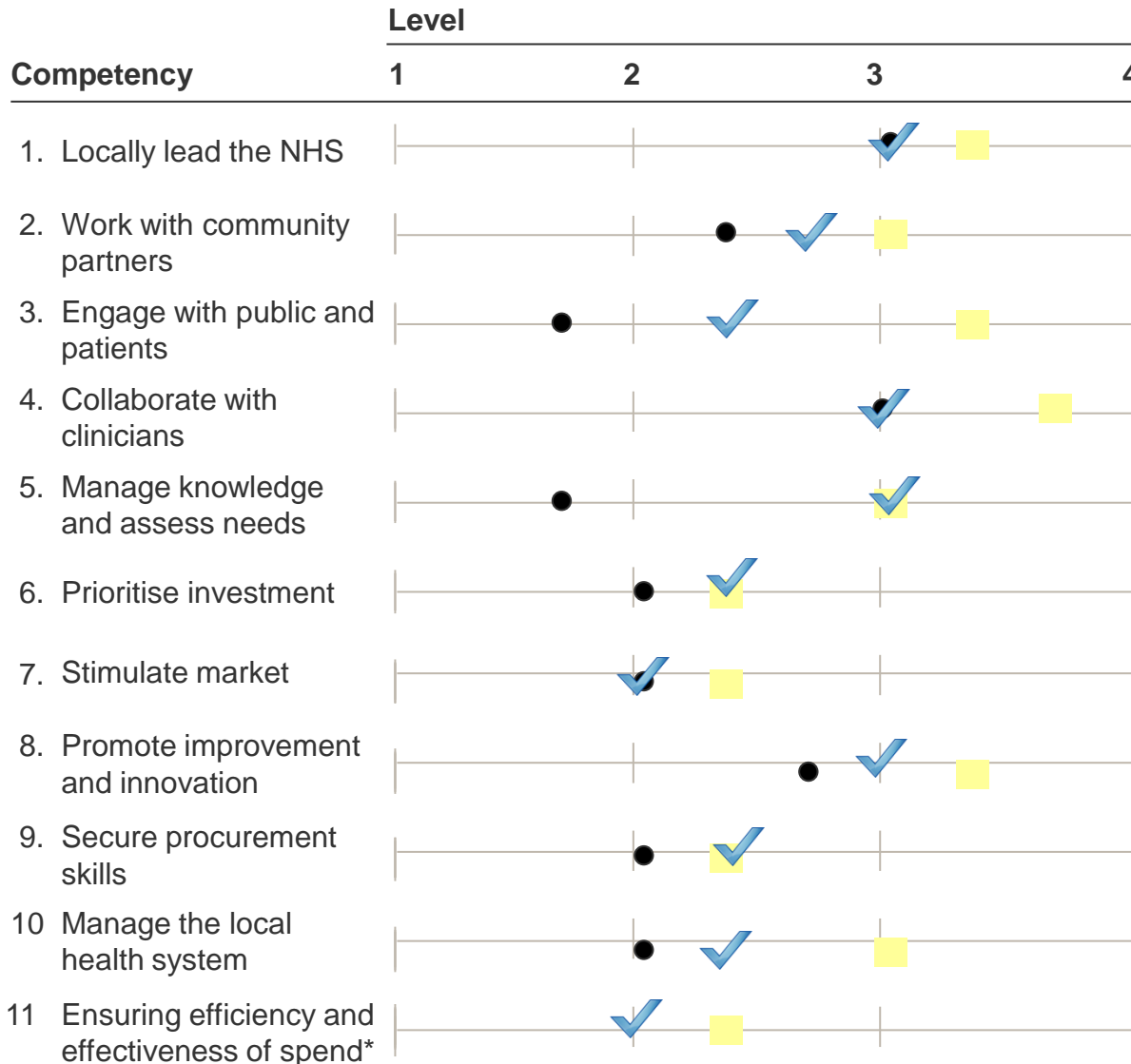
Board to reconsider adopting the patient experience outcome measure and reconsider the aspiration for cardiovascular mortality

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

Overview – Competencies

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



Topline introduction

PCT has provided evidence to meet their self-assessment on 3 competencies

PCT has showed evidence to improve on their rating last year on 7 competencies

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

Outcomes Briefing

Local Outcomes and Those Lacking Data

NHS Birmingham East and North

PCTs were able to select outcomes from a menu provided by the national WCC team based on existing indicators, or where appropriate, develop their own local indicators.

This page provides information regarding local indicators where the PCT provided their own data for analysis or where national data was not available for a range of reasons against one or more of the 'pick list' indicators.

Outcome(s) lacking detail	Commentary	Panel Steer
Infant Mortality	Birmingham has a significantly higher infant mortality rate than the national median and ONS cluster, therefore selection is appropriate. Rates had been slowly decreasing until the latest three year rolling average (see table for B'ham rates below)	<ul style="list-style-type: none"> • Does the PCT have an understanding of the local infant mortality rates and what the main causes are for increased rates?
Under 18 conception rate	Local Authority area target. Trajectory in line with Teenage Pregnancy Unit imposed requirement for 50% reduction from baseline period, this is ambitious. There has been a steady decline in numbers of conceptions to under 19s in the City PCTs must achieve a minimum standard of data quality in order for actual prevalence of breastfeeding at 6-8 weeks to be published.	<ul style="list-style-type: none"> • Does the PCT have an understanding of which areas have the highest rates of under 18 conceptions? What proxy measures does the PCT intend to use to monitor progress against reducing under 18 conceptions?
Infants Breastfed	The requirement is that at least 90% of infants due their 6-8 week check have their breastfeeding status recorded. Birmingham East and North have not consistently achieved the minimum data quality	<ul style="list-style-type: none"> • The PCT's level of recording has improved but is still below the nationally recommended data quality standards of 90% • The aspiration is exceptionally challenging with a desire to increase breastfeeding rates at 6-8 weeks to 65% of all babies
Percentage of Stroke Patients spending 90% of their time on a stroke unit	Data from previous period is not available due to a change in construction of the indicator. Numbers collected against indicator are relatively small.	<ul style="list-style-type: none"> • PCT has shown improvement against indicator and are achieving the current national target • PCT's trajectory start point is below current performance and below the national requirement and the PCT are not planning to achieve the national requirement of 80% by 10/11. Trajectory should be more challenging
Delayed Transfers of Care	A new indicator measuring delayed transfers of care within community services. Previous data covers only acute beds. The CAA process 'red flagged' delayed discharges as an ongoing issue within Birmingham.	<ul style="list-style-type: none"> • Aspiration appears very ambitious.

Competency 1 – Panel assessment

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













Competency	Measure	Level			
		1	2	3	4
Are recognised as the local leader of the NHS	• Reputation as the local leader of the NHS	●	●	✓	□
	• Reputation as a change leader for local organisations	●	●	✓	●
	• Position as an employer of choice	●	●	✓	●

Rationale for scoring

- Key stakeholders agree the PCT is recognised as a local leader of the NHS (survey score of 5.11 out of 6). The PCT participates and leads the health agenda through its work to support PCTs in responding to NICE requirements and leading the integration of learning disability and mental health budgets, and involvement in Total Place work. The local population agree that the local NHS is improving services. (MORI Poll). The PCT monitors patient experience across a range of population types and services such as vulnerable adults and care closer to home. The survey score does not support a level 4 score.
- Key stakeholders agree that the PCT significantly influences their decisions and actions (score of 5.02 out of 6). The PCT has led and implemented change with the Local Authority, and other PCTs across the region e.g. Be Birmingham, supporting PCTs in responding to NICE requirements, Kaiser Permanente Beacon Work.
- The PCT has a workforce development strategy that includes training, secondments and new roles at entry level. The PCT workforce strategy responds directly to key issues raised by the staff satisfaction survey and 'workmat' conversations have been carried out involving over 1,300 staff.

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

- a) The PCT has worked with the Local Authority and the other PCTs covering Birmingham to agree a set of health priorities, these are based upon needs assessed within the JSNA. The PCT has taken the lead on setting the targets for the LAA as part of Be Birmingham and is strongly engaged.
- b) Key stakeholders agree the PCT engages them to inform strategic planning (score of 4.64 out of 6). The PCT has produced a comprehensive JSNA that assesses the needs of Birmingham residents in co-operation with the 2 other Birmingham PCTs. CAA (Birmingham wide) review raised a red flag relating to returning home after a stay in hospital . The PCT has a shared post of Medical Director / Director of Public Health with the expected governance arrangements. The PCT's CEO is the West Midlands' representative on the National Specialised Commissioning Group and the PCT leads the commissioning of mental health, learning disabilities, sexual health and complex care for the three Birmingham PCTs. On panel day an example was given of managing length of stay through analysis of delayed transfers of care at HEFT. This showed above average delays resulting in long LoS. Improvements have been made by launching a joint rehabilitation unit. Information is shared across partnerships. The evidence of working together was demonstrated through the delivery of joint key milestones across 'Be Birmingham'.
- c) The PCT has not shown how it has clear milestones with partners to deliver key initiatives or shown clearly that the initiatives have delivered the intended benefits. Key stakeholders agree that the PCT is an effective partner (score of 4.86 out of 6). On panel day a Health and Work example was given – increasing employment, improving Health – includes Job centre plus, PCT etc. This is now one of the first Fit for Work (Jan 2010) Pilots. Milestones have been included. This has resulted in a number of people who were off sick from work being able to return. BEN is the HOST organisation. A range of other partnership stories were described, including 'Winter Warmth' , however, the analysts and panel did not consider there was sufficient evidence on partnership delivery to support level 3 competence.

Competency 3 – Panel assessment

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

Competency	Measure	Level			
		1	2	3	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	●	●	✓ □	□
	• Public and patient engagement	●	✓ ●	□	●
	• Improvement in patient experience	●	✓ ●	□	●

Rationale for scoring

- a) The PCT has a strategy for communicating with the public, including seldom heard groups, but it is not clear how equality impact assessments are used. The public and patients agree that the NHS proactively shapes health and aspirations (survey score 4.66 out of 6). Personalisation and choice feature heavily within the strategic plan, for example within chronic disease management and vulnerable adults. On panel day the PCT described base-lining looking at infant mortality and found that the priorities were not being addressed for the young deprived white population and that some of the focus for the target Pakistani women would not have the same impact. This triggered initiatives such as early booking and stop smoking in pregnancy. Birmingham Own Health is recruited through membership, often patients with LTCs, members have a telephone based care manager using software to design a personalised care plan. This has delivered demonstrable improvement in systems and reduced contact in the acute by 15%. An end of life example was given rising from 17% of people to a number of initiatives looking at family support (MESH Programme) and aiming to give people the choice. The survey does not support a level 4 score.
- b) The PCT recognises the value of patient involvement and has included it within its action plan. Public involvement was used to shape the pan Birmingham sexual health consultation and the expert patients' programme. The PCT has explained how it has involved the public and patients in reviews of services, but not seldom heard groups. The PCT has not explained how it uses soft or informal data to shape services The PCT engages with LINK and has used this in shaping commissioning. The public and patients somewhat agree that the NHS listens to local people and acts in their interest. (MORI survey). The survey results does not support a level 3 competence.
- c) The public and patients agree that the NHS is helping to manage and improve the health and well-being of the population (MORI Survey). On panel day the PCT described capturing complaints for itself and all providers. These are monitored for trends. Podiatry was highlighted as a problem area, the root cause was the booking system which was improved as a result and complaints have reduced. The Patient Experience Tracker and the PPI groups led changes in Urgent Care for young children resulting in higher patient satisfaction and appropriate place of care reducing A&E attendances. Real-time patient experience is captured in HEFT and goes to the PCT monthly, Community Health Services (CHS) PET is in place and is being piloted in 20 GP practices. Feedback to the PCT is less frequent. Service managers have responsibility for making smaller changes required as a result of patient feedback. The analysts and panel did not identify evidence of systematic processes for driving commissioning decisions and improving the quality of care to support level 3 competence.

Recommendations going forward

Please see the Potential for Improvement Commentary on page 5

Competency 4 – Panel assessment

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

Competency	Measure	Level			
		1	2	3	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	●	●	✓	□
	• Dissemination of information to support clinical decision making	●	●	✓	●
	• Reputation as leader of clinical engagement	●	●	✓	□

Rationale for scoring

- a) Local clinicians have contributed to the identification and improvement of quality of care. The PCT engages GPs, social care and other primary care clinicians including pharmacists and AHPs. Engagement groups have shaped PCT planning (e.g. social care practitioners shaping intermediate care). Clinical engagement has driven improvement in ELC, COPD, Sexual Health and other services. On panel day examples were given of clinicians being involved in efficiency initiatives: Community Pharmacists in medicines management initiatives, social care clinicians in re-enablement and design of step down beds. Further, in two special care centres – dementia and rehab needs & discharge unit - operational staff designed centres and models of care. The analysts and panel did not identify evidence to support a level 4 score.
- b) Survey results show that 40% of PBCs consider that the quality of information and data is very /fairly good however 20% have rated it as very poor. 40% of PBCs consider that the quality of management / financial support is very /fairly good , 20% rated it as very poor. The PCT uses benchmarking to produce GP Practice Quality Profiles, which are available to all GPs. On panel day evidence for information dissemination was presented with GP practices in each locality getting health outcome data, QOF, patient experience and national access data to enable GPs to engage patients about their use of A&E. Further, emergency admissions from the day before are shared with GPs, who are encouraged to speak to their patients about what they can offer them in primary care. GPs have access to IRIS (CBSA web based tool to access data). This has resulted in lower A&E attendances across 3 sites. The PCT benchmarks prescribing (national data), General Practices, ONS cluster and core cities. Learning Lessons (TALL) group has been set-up to apply PDSA techniques to review the variation in process performance.
- c) Survey results showed that 40% of PBCs thought that the speed of business case decision making was very/fairly good and 20% rated it as very poor. The PCT explained its approach to address conflicts of interest. Key stakeholders agree that the PCT pro-actively engages clinicians (score 4.73 out of 6). On panel day it was shown that clinicians have led improvement in a number of areas such as COPD, sexual health and heart failure. The PBC lead felt there was good guidance and support and discipline on business cases. Survey results do not support a level 4 score.

Competency 5 – Panel assessment

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













Competency	Measure	Level			
		1	2	3	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	●	●	◻✓	●
	• Understanding of health needs trends	●	●	◻✓	●
	• Use of health needs benchmarks	●	●	◻✓	●

Rationale for scoring

- a) The PCT has taken into account insight from stakeholders, convened meetings to consult on priorities and findings e.g. older peoples' joint commissioning group, users of personalised services, and LGBT communities . The PCT has used quantitative and qualitative data within the JSNA including sources such as ONS, Birmingham Health and Wellbeing Partnership, and demographic trends in Birmingham. The PCT has a consistent methodology to identify gaps in care, EINA (LAA, 8) and on panel day provided evidence to be able to evidence that it identifies the key causes of variance from expectations using the PRIME programme in relation to access. The JSNA reports have identified current and future needs across Birmingham and each PCT, and in particular have estimated and modelled a) population, b) disease levels and c) needs for care into the future.
- b) The PCT can disaggregate the needs of its population at ward level and population type. On panel day the PCT explained how it identifies and monitors progress towards improvement targets. Key indicators (outcomes) are monitored annually or sooner when the data is available. The PCT do regular data analysis on process indicators . The PCT uses proxy data through performance accelerator (access to termination and delivery data – health care utilisation data) as a monthly proxy for teenage pregnancy.
- c) Through the JSNA, the PCT benchmarks itself against peer PCTs and other core cities nationally.

Competency 6 – Panel assessment

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













Competency	Measure	Level			
		1	2	3	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	<ul style="list-style-type: none"> Predictive modelling skills and insights to understand impact of changing needs on demand 				
	<ul style="list-style-type: none"> Prioritisation of investment and disinvestment to improve population's health 				
	<ul style="list-style-type: none"> Incorporation of priorities into strategic investment plan to reflect different financial scenarios 				

Rationale for scoring

- The PCT has carried out high-level financial scenario and activity modelling. The PCT has reflected on the feedback from WCC last year on prioritisation and has added a front end prioritisation scoring system (before disinvestment/gateway process) version of the Portsmouth model with a set of criteria including service access, productivity gains and health improvement. Initiatives are scored by automated information system and then moderated by a disinvestment/investment group. Every directorate and a range of stakeholders including PPI and representatives outside of PCT, participate in ranking ROI investment in pathways. On panel day the PCT provided an example of a Stroke pathway with upstream and downstream investment and scenario planning around needs.
- The PCT has a clear prioritisation process including the role of an 'Investment Board'. On panel day the PCT provided detail around criteria used to make decisions. The PCT investment intentions are clearly outlined and relate to local need and include stakeholder engagement. The 7 strategic initiative groupings were mapped to the 10 WCC outcomes in the pitch on the patch (these are viewed as metrics to measure delivery of overall goals). The PCT explained the clinical engagement and patient involvement on strategy and strategic initiatives i.e. 1,000 patient panel were asked for their feedback on decisions on disinvestment and as well as some feedback from PPI (in between moderation and gateway). Further, there is a long standing group with Solihull and HEFT that grades drugs and flags 1st line, 2nd line drugs etc based on an individual patient approval panel.
- There is clear alignment between health needs and initiatives. On panel day the PCT demonstrated financial scenario planning based on OSCAR, investment and disinvestment priorities. The PCT gave an example of its pooled budget on LD with the LA, and national work with other PCTs, the use of the programme budgeting approach was also described. Gateway 1-4 (from pilot testing phase, scaled it up, full evaluation with Birmingham University) financial scenario planning at 2 and 3 was evidenced. PCT provided an example of investment decisions due to needs - respiratory disease which is worst in country on admissions to hospital which need to switch the pattern of care as 81% of investment is in hospital. Further, the result of programme budgeting analysis showed areas with lower level of investment with best outcomes.

Competency 7 – Panel assessment

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

Competency	Measure	Level			
		1	2	3	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				
	• Alignment of provider capacity with health needs projections				
	• Creation of effective choices for patients				

Rationale for scoring

- a) The PCT carries out market analysis. The approach is described and some segment analysis is provided. The PCT evidenced 'Healthcare at Home' to introduce mental health services and an alternative provider. There was not sufficient evidence provided to demonstrate that the PCT assesses the relative cost, quality and patient feedback of providers and the services they deliver. Further, benefits and costs of changing suppliers was not provided. On panel day the PCT evidenced the OSCAR framework to analyse investments in new providers but the analysts and panel considered that there was limited evidence of a systematic review across pathways and settings of care. The PCT also demonstrated it had a full range of core providers broken down by a mix of pathway and care setting but the analysts and panel did not evidence what would be delivered by segment and a level 2 score confirmed.
- b) Demand management is used to drive the shift of care from the Acute to the Community. In the Maternity and Children's segment gaps have been identified and mitigation plans put in place. However, there is a lack of detail provided to demonstrate a systematic approach across all segments. Detail of the impact of the PCT strategy on major providers over the next five years is set out including evidence of various market management approaches. On panel day the PCT identified primary care as a gap in supply and also a plan to address that gap using both new providers and consolidation of smaller practices.
- c) Expansion of patient choice is identified as one of the PCT's key goals. A number of areas where choice needs to be developed have been outlined across the strategic initiatives. On panel day the PCT evidenced examples and impact of work with GP clusters and patients to encourage uptake of choice .

Recommendations going forward

Please see the Potential for Improvement Commentary on page 5

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

- a) The PCT benchmarks their current performance against international and national best practice as described across all example pathways. The Stroke pathway redesign demonstrates the move to individualised seamless care but there is limited evidence that this seamless type of approach is systematic. On panel day an Orthopaedic pathway was used as an example: CLINS is a consultant led orthopaedic service that carries out a triage service by an extended scope physiotherapist. The clinician conducts early diagnostics and refers on as appropriate to pain management, weight loss, physiotherapy and surgical assessment. This is used across all orthopaedic centres and has increased conversion rates from 10% to 70%. Four care centres have been implemented and used as an alternative to intermediate care, requiring integrated Health and Social Care staff which has expanded from a bedded unit to a broader unit including day care. There is now seamless care working with the Acute Liaison/discharge team. Work has been done based on best practice from Stirling University such as colour location for dementia. There is also a Community Links service for transfer back home. The analysts and panel considered that there was not sufficient evidence to demonstrate that seam-less care is provided across all care settings to achieve a level 4 score.
- b) The PCT has a clear approach to quality improvement. There is development of leadership skills for clinical quality and patient safety which have delivered a quality focus to re-design programmes such as the new commissioning of community wards which have resulted in a reduction of Delayed Transfers of Care. The PCT has described improvement priorities across a range of services and geographical networks.
- c) Quality and performance metrics are included in the PCT Balanced scorecard and the OSCAR Framework in clinical governance and performance management. The 'Insight' referral management tool has helped reduced referrals to secondary care and is now combined with live tracking of Accident and Emergency admissions. On panel day the PCT described the clinical quality review process which looks at variation in quality for providers. An example provided demonstrated where complaints led to changes in workforce. For all initiatives the PCT evaluates 1) Utilisation, 2) Patient experience and 3) Clinical impact. OSCAR is used as a source of both quality and efficiency information which is regularly reviewed, there is a partnered approach with NHS Direct and Pfizer. Additional studies are also commissioned at Birmingham University. Lean has also been adopted and links quality and efficiencies – an example was given with work in the provider arm.

Competency 9 – Panel assessment

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

Competency	Measure	Level			
		1	2	3	4
Secure procurement skills that ensure robust and viable contracts	• Understanding of provider economics	●	□	●	●
	• Negotiation of contracts around defined variables	●	●	□	●
	• Creation of robust contracts based on outcomes	●	□	●	●

Rationale for scoring













- a) The PCT has a high-level understanding of provider economics for main providers. However analysis of market dynamics is only available for some service areas e.g. chronic diseased management. The PCT uses a broad range of metrics as described in the contract forms submitted which include patient satisfaction, clinical outcomes and financially viable service KPIs. Contracts are broadly supportive of Principles and rules for Cooperation and Competition. The PCT is working with Health Purchasing Consortium to develop skills/capability.
- b) The PCT has procured three new GP practices via ITT, the required service specification was developed in advance of negotiations. The PCT has a negotiation strategy for homecare services, MESH project, with negotiation variables for homecare services linked to care closer to home and reducing acute activity. The PCT worked with Healthcare at Home to develop service specifications for five service areas. On panel day the PCT described that contracts clearly set out service quality and value for money improvement requirements and that contract preparations are robust. Further, there is evidence of specific risk negotiations in the homecare contract, the equitable access scheme and the end of life care contract.
- c) The PCT specifies appropriate metrics, expectations and the dispute resolution procedure in its contracts. Key performance and quality indicators are agreed as part of negotiations with providers. New GP services have been procured through open procurement process, bidders responded to ITT including specification. The PCT has agreed a new contract for homecare services which was agreed as a one-year test and learn contract.

Recommendations going forward

Please see the Potential for Improvement Commentary on page 5

Competency 10 – Panel assessment

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

Competency	Measure	Level			
		1	2	3	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				
	• Implementation of regular provider performance discussions				
	• Resolution of ongoing contractual issues				

Rationale for scoring













- a) The PCT contract forms support collection of a wide range performance data. The performance data in reports is up-to-date and compliance monitoring arrangements/meetings are in place. Performance information is available to public and partners through the PCT’s website. The Insight referral management tool appears to be innovative, the tool provides live tracking of admissions/attendances. GP Practices now actively monitor admissions/attendances on a daily basis, taking action with individual patients when appropriate.
- b) The PCT carries out monthly meetings through the Performance Monitoring Group (PMG) for contracts with NHS providers for which it is coordinating commissioner. However there is no detail of discussions focused specifically on performance improvement. The PCT regularly performance tracks all of its providers. On panel day the PCT evidenced management of primary care providers based on risk but otherwise on an annual basis; the PCT also evidenced work on root cause analysis for sustainable improvements for HEFT on its four-hour A&E target. The analysts and panel did not consider there was sufficient evidence on the regularity of performance meetings leading to sustainable improvements to achieve a level 3 score.
- c) The PCT Clinical Quality Review Group and Performance Monitoring Group report to Director level Tripartite Group for monitoring contract compliance with HEFT. There are joint Service Review Meetings held quarterly with Phoenix primary care to consider provider performance against the agreement . On panel day the PCT described actions based on performance issues in primary care and the interface with the ambulance service and the acute provider to improve handover and turnaround. The analysts and panel did not identify sufficient evidence on clear milestones, tracking and delivery on sustainable performance improvements with providers to achieve a level 3 score.

Recommendations going forward

Please see the Potential for Improvement Commentary on page 5.

Competency 11 – Panel assessment Panel Assessment

● Last year's rating  This year's self-rating

Competency	Measure	Level			
		1	2	3	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

- The PCT is planning to undertake integrated pathway design and procurement as well as review the maximum effectiveness of primary care. It was able to demonstrate how it has collected and analysed outputs for pathways related to priority outcomes in the current year against national benchmarks but not international best practice. The PCT has carried out a wide ranging review of the provider landscape and its spending. On panel day the PCT evidenced an example of community wards resulting in a significant reduction in bed days; stroke pathway work was also evidenced.
- The PCT has identified the need to understand efficiency opportunities within acute care. On panel day the PCT gave examples such as the process for reviewing procedures of limited clinical value, and patient survey information which resulted in a significant change in the end of care life pathway.
- The PCT has identified savings over the coming 4 years across the 7 strategic initiatives and as part of QIPP with involvement in the clinical engagement sessions to determine priorities by patient category. On panel day the PCT described a number of initiatives that had been through a performance review and gateway process to ensure that progress is tracked and initiatives stopped if not successful. The panel and analysts did not evidence level 3 competence.

Recommendations going forward

Please see the Potential for Improvement Commentary on page 5