

PERFORMANCE

TWELVE STEPS TO PERFECT COMPETENCE

The NHS Information Centre's director of commissioning Sandra Hills on the key characteristics of strong PCTs

Competency 5 of the world class commissioning framework is about harnessing high quality, timely information to develop the best services for patients. While performance in the competency varied markedly between primary care trusts, it was clear that the high achievers shared some common features which others need to emulate in the next assessment round. They were:

1 Working in partnership

The joint strategic needs assessment is a crucial element of competency 5 and indicates how well a PCT is using knowledge to assess current and future need. In the best instances, the needs assessment forms part of a live relationship in which local bodies continually share information so that decisions – irrespective of who makes them – are based on a common understanding of need.

Milton Keynes provides a good example. The Milton Keynes Observatory, a constantly updated repository of local information, is jointly run by Milton Keynes PCT and Milton Keynes council. The PCT chief executive Nick Hicks is also the city's director of public health, a joint appointment with the local authority, and many services are jointly commissioned.

2 Sharing knowledge

Gathering and analysing information is crucial, but disseminating it is important too if it is to lead to action.

Nottingham City's needs assessment is on a partnership website and the local NHS meets with bodies such as the police and local charities to help them understand its value and act on its information.

To support patients, Islington PCT has used quality and outcomes framework, patient experience and referrals into secondary care data to produce a sophisticated online scorecard to help people choose a GP practice.

But sharing knowledge often needs to start at home. Rotherham's director of public health Robin Carlisle says data analyses only lead to change if they are

properly understood by board members. His team produces an annual strategic intelligence review which summarises data from a range of sources and is given to board members as well as partners. It also produces summary data at neighbourhood level for seven local assemblies.

3 Securing high quality resource

The best performing PCTs produce data analyses that are compelling enough to stimulate change. To do this, they rely on senior analytical staff to construct from the raw data challenging questions about service provision.

With a shortage of analytical staff across the NHS, PCTs use different approaches to secure enough skilled resource.

Bristol PCT shares access to the Avon IM&T (information management and technology) Consortium. In Western Cheshire, much analysis is done in-house but a large primary care analytics project is contracted out to an independent provider.

While Milton Keynes PCT's in-house team models different scenarios when planning for the future, other PCTs are constrained by limited resources. Rotherham recognises it may never be able to employ a full-time health economist. However, for some analyses, it uses local universities and, together with other PCTs, it commissions programmes from Yorkshire and Humber Public Health Observatory.

4 Getting a total picture of need

To commission services effectively, PCTs need to understand that non-health data such as crime levels, educational attainment and housing quality are important proxy indicators of health need. Because of this, the PCTs who did best on competency 5 looked beyond NHS data to get a total picture of need.

Rotherham's work to tackle teenage pregnancy, for example, identifies girls most at risk by examining a range of social risk factors such as educational attendance and ward of residence.

However, the panel assessments showed some PCTs were not as familiar as others



with core data sources or where to access them. For these PCTs, increasing their knowledge of data sources needs to be a priority and, to support them, The NHS Information Centre is developing its website to help them find the data they require.

5 Identifying unmet need

Identifying unmet need is vital to tackling health inequalities.

In a review of its dental services, Bristol PCT drew on local data sources to compare the number of people accessing services with the number its analysis suggested should be expected to be accessing them. The difference indicated the level of unmet need and commissioners were able to break this figure down for different parts of the city to decide where new services should be located.

In Rotherham, identifying unmet need is part of its strategy to improve the effectiveness of GP practices. The PCT provides benchmarking information which enables practices to compare actual prevalence levels with indicative prevalence levels. From this, they can identify conditions for which they are failing to identify patients and take steps to address the problem.

6 Using up-to-date information

Lincolnshire PCT's chief executive John McIvor gets daily data from his accident and emergency providers, something he believes is essential to tracking trends and potential problems.

However, many PCTs fail to get the basic facts they need quickly enough to commission effectively. They need to address this by working with providers to get data in a timely way.

Where there are gaps in nationally available data, for example in community



Choose wisely: the River Place health centre, Islington, where the local PCT has developed an online scorecard to help people choose a GP; far left, The NHS Information Centre's commissioning director Sandra Hills

services, proactive PCTs have developed local systems for getting regular and timely data flows. PCTs without such systems have no means of monitoring the effectiveness of large parts of NHS spend.

7 Understanding difference
PCTs of all sizes have a large range of population groups within their patches, often with wide variation in life expectancy. The PCTs that did best on competency 5 recognised that blanket solutions do not make financial sense or tackle inequalities.

In a recent initiative to tackle teen pregnancies, Nottingham City used MOSAIC segmentation to improve its understanding of the characteristics of the girls most at risk of pregnancy. This insight helped it to tailor appropriate interventions.

In separate work, the PCT carried out market research to develop insight into residents' smoking and used the information to develop a stop smoking social marketing campaign.

8 Benchmarking
Benchmarking is an ongoing process that challenges commissioners to scrutinise their approach and make sure they have reached the best possible solution.

On teenage pregnancy, for example, Nottingham City benchmarks itself against Liverpool – a city with a similar demographic profile that has a strong record on tackling teenage pregnancy.

However, it is also prepared to look further afield and on cardiovascular disease wants to position itself internationally so that its work is exposed to greater scrutiny.

Within a locality, benchmarking is also important. For example, Rotherham PCT produces a disease-specific comparative

benchmarking tool that analyses the care delivered by its 39 practices. This is to raise questions about clinical practice to ensure GPs are challenged to deliver the best quality care.

9 Using the third sector
The third sector has extensive experience of working with specific, often hard to reach cohorts. They not only serve as a valuable source of information but also as a potentially effective provider of services.

In Bristol, for example, the charity Barnardo's has been appointed to deliver outreach elements of the city's new child and adolescent mental health service. This recognises the fact that many of the target user group are non-attenders at school and are often looked after by the local authority.

Traditional models of service have struggled to reach this group in the past so the involvement of Barnardo's is part of a new approach aimed at meeting currently unmet need.

10 Stratifying risk
People whose condition puts them at medium or high risk of admission into secondary care consume 60 per cent of services, according to Jim Hughes, director of knowledge management and performance at Western Cheshire PCT.

His team have introduced a service that stratifies the population by risk of hospital admission. When a person moves from medium to high risk, the PCT and the person's GP practice is alerted – creating the opportunity to put in place interventions to keep the patient well.

Stratification of the patient population has also helped in deciding the caseload of community matrons, ensuring they are

deployed in a way that has maximum impact in stemming the rate of increase in hospital admissions.

11 Embracing new service models
Western Cheshire PCT has also introduced a new health coaching scheme which people can call to discuss health issues. A key aim is that it will attract people with a long-term condition who do not use GP services and instead call "999" when crisis hits. The PCT estimates the service could reduce the rise in hospital admissions by 6 per cent by the end of its first year.

Bristol PCT has put Brook sexual health advisers in every school in a bid to reduce teenage pregnancy rates and evaluations of the scheme show it is a particularly useful way of reaching young men.

12 Programme budgeting
Programme budgeting information from the Department of Health maps all PCT and SHA spending to 23 programmes of care based on medical conditions such as mental health, cardiovascular disease and cancer.

It helps commissioners check if they are spending enough on particular diseases or getting good enough outcomes for their investment. Programme budgeting information linked to clinical and health indicators is now available as an atlas on the National Centre for Health Outcomes Development website (www.nchod.nhs.uk), a service managed on behalf of The NHS Information Centre.

At Milton Keynes PCT, commissioners used programme budgeting data to identify that spending on diabetes services was high while standards of care were poor. This helped them decide to carry out a full review of diabetes care that has led to improvements in community services. ● Sandra Hills is The NHS Information Centre's director of commissioning.

For more on examples of good practice, see the PCT profiles on pages 12-21, or go to The NHS Information Centre website at www.ic.nhs.uk