

**LAY MEMBER'S HEADLINE FEEDBACK FROM THE WANDSWORTH PCT
PROFESSIONAL EXECUTIVE COMMITTEE (PEC) MEETING WITH THE
MANAGEMENT TEAM AND THE PCT BOARD
11 FEBRUARY 2009**

These headlines are for rapid briefing purposes about the lay/user issues arising in the meeting. It is not a full report from the meeting.

PEC and PCT Board papers are available on the WPCT website:
www.wandsworth-pct.nhs.uk

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This was a joint meeting between the PEC, Management Team and PCT Board, so the normal PEC agenda was not used. Presentations included World Class Commissioning (the external panel feedback report) and the Primary Care Commissioning Strategy.

The anticipated presentation from Dawn Warwick, Director of Adult Social Services, on progress with the transformation/personalisation adult social care agenda was deferred as Dawn was not able to be present. You can, however, see a recent report on local progress on transforming adult social services at this link. This report went to the Council's Adult Social Services Overview and Scrutiny Committee meeting on 19 January.

[www.wandsworth.gov.uk/moderngov/Published/C00000360/M00003083/AI00011288/\\$PaperNo0936TransformingAdultSocialCare2.doc.pdf](http://www.wandsworth.gov.uk/moderngov/Published/C00000360/M00003083/AI00011288/$PaperNo0936TransformingAdultSocialCare2.doc.pdf)

World Class Commissioning – Competencies Feedback

The WCC external panel report from 9/1/09 was discussed in the joint meeting and can be viewed from a clickable link at the foot of this page on the PCDT's website:

www.wandsworth-pct.nhs.uk/about/WCC/default.asp

See page 7 of the panel's report for the overview on the 10 competencies and pp 18-20 for the governance assessment.

The PCT has summarised its performance on the website:

- *On the 10 world class commissioning competencies, the panel assessed us to be at level 2 for eight of the competencies and level 1 for two of the competencies. Level 1 being the lowest level and level 4 world class.*
- *We were rated AMBER for all three of the governance aspects of the assessment which are strategy, finance and board. The 14 elements that underpin this overall score are in the main amber with three scored at green and none at red.*

Points in the presentation included:

- Diving improvement in areas such as mental health, sexual health, and obesity will need more public and user engagement and a segmented marketing approach to sections of the community.
- The buzz word is “alignment” – of what the PCT and the Council are doing especially through the Joint Strategic Needs Assessment (JSNA); what the organisational development plan can deliver; and governance processes from the Board downwards.
- The whole organisational effort will be focused on increasing competencies across the WCC range. The “refreshment” process for next year's JSNA begins shortly.
- WCC has to be linked to the 70-odd targets signed up to in the PCT's Operational Plan. These will be risk rated in terms of impact and deliverability
- The external panel focused on weaknesses (despite the PCT's internal assessment of a higher level) in market management stimulation and procurement skills (see the detail in the document linked above) .

- The PCT's overall score was 1.8 out of a possible 4.0. This was good for London, ie "top of the middle group": some PCT's got 2.0 (there were no 3s) and there were some with weaker scores with 1s in governance. This outcome felt real for our PCT.
- It is unlikely that everything will move up to 3 by next year, so the PCT will identify and concentrate on those things which can be moved up most quickly. The Department of Health has warned that next's year's assessment process will be tougher.
- In the governance assessment, the PCT was amber on all elements of strategy, finance and board, but in the underpinning elements there were no no reds and some greens which is encouraging as a basis for improvement.
- The panel's overall message was that the PCT has a clear purpose and is moving in right direction. The OD plan will be the instrument to get the PCT to where it wants to be by next year. The Board has agreed 2yr fixed term OD director post to oversee this process.

I commented that the story for external use was more positive than it might appear to be by focusing on presentation and process issues about what was said to the panel and how they understood it. The PCT's overall outcome sounded credible and provided a good basis for improvement. Had there been lots of "3s " this would not be believed externally at this stage and had the PCT scored too many "1s" it would just depress everyone.

What the result said is that the PCT as a health investing business is now in a good position to start achieving the outcomes it has set for itself, especially by working with partners such as the local authority. The commissioning priorities are appropriate for the Wandsworth community and it has policies in place to ensure that its customers – service users, carers and the public - are with it on its journey. Of course, it must now deliver on its engagement commitment by ensuring that the various segments of the local community understand what that journey is about and show their willingness to go with the PCT on that journey.

It was a pity that what the PCT was currently learning about procurement and market stimulation through the GP Led Health Centre initiative wasn't able to be counted in the WCC evaluation this time, but it will be useful for the next round to move the score to level 2 in these competencies.

Primary Care Commissioning Strategy

This presentation relied on documents, which I have asked to be put into the public domain on the PCT site, giving considerable detail about 1) polyclinic-type developments around Wandsworth and 2) shifts of activity from secondary into primary care over time. The most recent iteration of the Primary Care Commissioning Strategy should also be made available to the public. A version produced in September 2008 is available on the PCT's website.

Two other documents recently published by the Department of Health are relevant to the approach the PCT will be taking to improving its performance in primary care commissioning as this is linked to WCC and the PCT's Operating Plan for 2009-10. These affect dental and GP services and can be accessed at these links on the DH website:

Dental dental access, quality and oral health

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093831

Improving GP services

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093830

The following points were made in the presentation:

- The primary and community care commissioning strategy was not about general practice on its own. It encompassed the whole of of primary and community health, including strong links to the Darzi Review: *High Quality Care for All* programme (see the dental and GP services reports above), and the pan-organisational drive to improve world class commissioning competencies and performance.
- Achieving the transformation needed implied significant changes in how, when, where and by whom primary care was delivered and a major shift in the volume of work currently

done in hospitals being done in a range of out-of-hospital settings. The workforce and estates would need to be used more effectively than currently.

- In Wandsworth one of the things that shifting activity will mean is removing 117,000 episodes from A&E by 2016, so that 90% of current A&E standard and minor activity will be dealt with in primary care.
- Polyclinic models in Wandsworth mapped relatively well to the main PbC clusters. For West Wandsworth – the HfL polyclinic model locally – Queen Mary’s Hospital is the hub. There would probably be 4-5 polyclinic models evolving in Wandsworth, mostly federations of existing practices augmented with some new buildings. Each of the 47 primary care practices is attached to a potential polyclinic arrangement.
- Polyclinic hubs have to have a significant amount of out patient activity on one site. For example, six practices in South Wandsworth are piloting an 8am-8pm M-F and 12noon-6pm Sat-Sun service run by Harmoni with bookable service.
- The EMIS web system is being used by everyone and the “adastra” adaptation lets any practice tap into EMIS records at other practices and add things if a patient attends another service. This addresses the point strongly made by patients that they do not wish to see practitioners who do not have access to their records.

I agreed that achieving this strategy was largely about provider development and stimulating the market, but this would not deliver all that was needed if the PCT did not also focus at the same time on educating the customers to understand and want these different models of service. In effect the strategy was about creating new primary care products, so there needed to be marketing with sustained investment. It was a risk to assume that the different populations and communities in Wandsworth would somehow spontaneously understand these major changes.

The far northeast of Wandsworth was also a deprived area which the anticipated changes from the Battersea and North Wandsworth consultation might not benefit.

Darzi had pledged that nothing would be withdrawn until new services were in place and these were accepted by users. Financial implications of this aside, the PCT must not find itself trapped by this because local people had become confused and anxious about changes to familiar services. The HfL “Consulting the Capital” consultation was very top down and on its own had little credibility with local populations. It did not create a strong basis to rely on for knowledge or acceptance of change. The PCT’s local consultations were good and the results are increasingly valuable, but this was only the beginning of what must be a continuing dialogue (which is of course a two-way process that must be actively supported).

The message coming out to business in a recession is that survival in difficult times must involve knowing your customers, talking to them and staying close to them so they continue to support you. The success of the PCT’s business as a health investor was not immune from this advice.

Next Meeting of the PEC: 9:30 am on Tuesday, 17th March

PEC and Board papers are available at www.wandsworth.nhs.uk For further information about Board meetings which are held in public contact Sandra Notridge on 020 8812 7740 or e-mail at sandra.notridge@wpct.nhs.uk