

**Harrow Primary Care Trust Action Plan
(from PCT Development Needs Self Assessment)**

Appendix B

Key to Leads:

CE	Chief Executive	DoF	Director of Finance
DPC	Director of Primary Care	DPH	Director of Public Health
DCG&N	Director of Clinical Governance and Nursing	DCM	Director of Commissioning and Modernisation
HCD	Head of Corporate Development	DSI	Director of Service Integration
MT	Management Team		

	Lead	Timescale	Progress/Milestones
1. Performance Management 1.1 Establish Performance Management Group	DoF	Sept. 03	Terms of Reference agreed First meeting held Sept 03 Monthly meetings scheduled Reports to PEC & Board
1.2 Appoint Performance Manager	DoF	Sept. 03	StHA support 1 day per week from Sept 03 Appointment on hold pending restructuring of PCT information department Secondment opportunity arranged from Nov 03 for a minimum of 6 months. Further recruitment planned.
1.3 Confirm lead responsibility for each KPI and Balanced Scorecard item	CE	Aug. 03	Achieved and reported to PEC & Board Confirmed with StHA
1.4 Complete risk assessment and action plans for each KP and BSI	MT	Sept. 03	All Risk Assessments completed. Action Plans for high risk areas and monitoring arrangements agreed
1.5 Report to Board, PEC and Management Team	DoF	Ongoing	Performance management on every Board/PEC agenda since July 03 Style and content being reviewed monthly

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1.6 Identify outcome measures for primary and community care services	DPC	<p>Nov 03</p> <p>Jan 04</p> <p>Nov 03</p> <p>Feb 04</p>	<p>Agreement reached on the outcome measures for district nursing and health visiting</p> <p>Standards for primary care professionals being discussed and implemented locally in line with the new GMS contract</p> <p>Identify standards for outcome measures</p> <p>Agree outcome measures and develop monitoring framework</p> <p>Standards launched and systems developed to enable us to report against them</p>
1.7 Undertake benchmarking of services	DoF	<p>Nov 03</p> <p>Feb 04</p> <p>Mar 04</p>	<p>In place for prescribing – workshop for GPs re: managing the prescribing budget</p> <p>Review StHA Acute benchmarking when available</p> <p>Develop action plan from benchmarking</p>
1.8 Undertake health equity audits	DPH	Jun. 04	Undertake equity audit and begin implementation of action plan within financial year
1.9 Work with Harrow Strategic Partnership to develop set of indicators forming part of the Harrow Vitality Profile for 2003	DPH	Nov. 03	Harrow vitality profile published

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1.10 Develop commissioning strategy to help improve performance of key risk areas for 04/05 (A&E and Financial Balance)	DCM	Nov 03	Establish fortnightly meetings with NWLHT re: health economy's A&E/DTOC performance
		Nov 03	Secure practice-based data from NWLHT re: category C admissions and extend scope of Primary Care meetings with practices to include review of A&E referrals by practice
		Dec 03	Work with MA to assist improvement in management of A&E
		Nov 03	Complete and implement communication strategy with GPs regarding alternatives to Northwick Park A&E, e.g. local MIUs, step up beds, RAU etc.
		Oct 03	Implement restrictions on all extra-SLA ("cost per case") expenditure across PCT for secondary and tertiary care
		Nov 03	Implement SLA monitoring framework for 10 highest risk SLAs to prevent overperformance costs at year end
		Mar. 04	Overarching Commissioning Strategy completed in line with LDP
		Mar 04	Commissioning strategy for Chronic Disease Management completed
		Dec. 03	Needs assessment in major areas of service

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		Mar. 04	(older people and mental health) completed
		Mar. 04	Joint Commissioning strategies for mental health and older people agreed
		Jan. 04	Intermediate Care commissioning strategy complete
		Mar 04	Develop strategy for development of "Tier 2" services shifting activity from secondary to primary care.
		Jun 04	Develop commissioning strategy to drive modernisation and integration within LIFT developments at Alexandra Avenue and Kenmore sites.
1.11 Produce new action plan for reducing expenditure in secondary/tertiary care by £1 million	DCM	Oct 03	Repatriate from Brent management of all major SLAs
		Nov 03	Review impact of new cost per case protocol
			Improve processes for regular SLA activity review
			Enhance performance reporting for high risk SLAs
			Train recently recruited commissioning staff within one month of appointment
			Report on high risk KPIs monthly (to SMT and Board)

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1.12 Board, PEC and Management Team lead for each 'high risk' PI	CE	Oct. 03	'High Risk' PIs identified. Lead Director for each. PEC and NED lead identified
1.13 Develop minimum data set for PCT business	DoF	Dec. 03	Management Team discussion October 03 Database of returns developed Nov 03 1 st cut MDS Dec 03
1.14 Develop Performance Management culture throughout PCT	CE & MT	Dec. 03 Oct 03 Jan 04 May 04 Oct 03 Dec 03	Personal objectives and PDPs agreed for all Managers Timely and comprehensive LDPR2 completion LDPR 3 completed LDPR out-turn Report monthly progress with all KPIs and quarterly Balanced Scorecard. Progress toward KPIs reported in staff briefings and newsletters
1.15 Full implementation of performance reviews and PDPs	DCGN	Mar.04	DNs/HVs completed by Dec 03. All Appraisal training underway. New PDP forms distributed.
1.16 To develop the Commissioning Framework and infrastructure within the PCT to support delivery of performance targets	DCM	Dec. 03	Complete and disseminate profile of commissioned services in order to restrict extra-SLA expenditure

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		Nov 03	Agree, complete and disseminate to providers Commissioning Intentions document setting out financial position and performance/ investment priorities for 2004/5
		Oct 03	Complete and implement new strategy for commissioning from the voluntary sector completed to target service provision in priority areas – avoiding A&E, Older People and Mental Health
		Nov 03	Establish regular dialogue with GPs regarding referral practices in order to constrain expenditure, reduce pressure on A&E and increase use of ICPs
		Dec 03	Operational Policy for Joint Commissioning Unit agreed between PCT and local authority
		March 04	Agree delegation of care management and Continuing Care budget management to providers in order to free up Joint Commissioners for strategic commissioning
		March 04	Complete evidence review of homeopathic treatment and implement outcome in order to reduce PCT expenditure from this SLA

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		Dec 03	Agree programme of needs assessments to support commissioning decisions agreed within the PCT.
		Jan 04	Develop protocol and training programme to support user and carer participation in commissioning processes.
		Feb 04	Develop role description and training programme to support clinical staff participation in commissioning processes.
		Dec 03	Agree process for commissioning of Harrow PCT – provided services
		Dec 03	Seek and implement legal advice on impact of legally-binding contracts with Foundation Trusts
		March 04	Develop whole system demand and capacity modelling tools where appropriate, e.g. older peoples services.
		April 04	Enhance role and workforce redesign skills within modernisation/commissioning function.

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1.17 Prepare for System Reform in Commissioning.		Jan 04 Dec 03 March 04 Nov 03	Hold training event to improve Board and PEC understanding of System Reform Identify skills and process gaps amongst finance, information and commissioning staff to implement system reform e.g. use of HRGs. Map provision of primary/community based alternatives already existing for patients for major conditions, specialities and procedures. Roll out Patient Choice in Primary Care pilot to all practices and across specialities
2. Single Telephone Access			
2.1 Risk Assessment	DPC	Oct. 03	Risk assessment completed
2.2 Action Plan	DPC	Oct. 03 Oct 03 Mar 04	Application submitted to StHA for communication hub/s in North West London Agreement reached across North West London on how revenue costs will be shared Long-term strategy developed in line with reconfiguration of NHS Direct

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3. Smoking Cessation			
3.1 Risk Assessment	DPC	Oct 03	Completed
3.2 Action Plan	DPC	Oct 03	Implementation in progress. Complete Mar 04
3.3 Review Smoking Cessation Group	CE	Oct. 03	Group reviewed and reconstituted
4. Financial Management	DoF	Aug/Sept 03	Risk assessments completed August 03 reviewed September 03
4.1 Risk Assessment			
4.2 Action Plan	DoF	Sept. 03	Action Plan in place
4.3 Establish overview group	CE	Sept. 03	Established and meeting monthly
4.4 Reform financial management processes behind Continuing Care expenditure	DCM	Oct. 03	Establish Continuing Care Expenditure Review Group
		Oct. 03- Mar. 04	Implement Continuing Care Action Plan.
5. Board Development	DCG&N	Ongoing	C.Gov. Strategic leadership assessment completed. 2 nd phase being developed
5.1 Continue Clinical Governance Board Development programme			
5.2 Identify training and development needs of Board	CE	Dec. 03	With support of MA identify appropriate provider and commence with needs analysis.
5.3 Consistent Board development	CE	Dec. 03	As above
6. PEC Development			
6.1 Review PEC membership to include all PODDs	CE	Dec 03	Board and PEC agreement to proposed changes
		Mar. 04	Appointments made
6.2 Review PEC ways of working	CE/PEC Chair	Ongoing	Proactive PEC involvement in service and commissioning
6.3 Identify training and development needs of PEC	PEC Chair	Dec 03 Mar.04	Review of training needs PDPs in place

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6.4 Identify mechanisms for engagement of wider primary care community	PEC		Research most successful mechanism Map current practice Pilot new ways of engagement
6.5 Strengthen PEC role in Clinical Governance	DCG&N	Immediate	Regular papers to PEC – CHIP group to develop CHI Review to include PEC Members.
6.6 PEC development as strategic commissioning body	DCM	Oct. 2003 Nov 03 Jan 04 Jan-Mar 04 Jan-Mar 04	PEC workshop Establishment of Commissioning Steering Group as a sub-committee of the PEC Establishment of Integrated Pathway Steering Group as a sub-committee of PEC PEC decisions on priority commissioning/ investment decisions PEC clinicians increased involvement in strategic/clinical commissioning discussions
7. Management Team Development			
7.1 Nat Pact Leadership Development programme	CE	Ongoing	Working with Healthskills and M.A.
7.2 Identify training and development needs of Management Team	CE	Ongoing	As above
8. Leadership Development			
8.1 3 at the centre development	CE	Ongoing	Coaching for 3 at the centre
8.2 Monthly managers network – interactive learning opportunity	HCD	Nov 03	Initiate dialogue with managers to review agenda items for managers network
8.3 Develop staff involvement	HCD	Nov 03 Jan-Mar 04	Hold IWL staff roadshows in all PCT sites Establish ‘change champions’ workshops to promote involvement across PCT

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8.4 Develop clinical leadership	CE	Ongoing	Clinical leaders remain involved in strategy developments. New projects initiated
8.5 Develop capacity and capability in leadership of improvement science	CE	Ongoing	Share learning from primary care collaborative. Hold PCT workshops on Improvement Science.
9. Clinical Governance Development			
9.1 Develop PCT wide education and training strategy with service specific action plans	DCG&N	Oct 03	Board received draft for comment
9.2 Develop infrastructure in Primary Care	DPC	Nov. 03 Dec-Feb 04 April 04 onwards	Prepare initial paper to be presented to the management team setting out possible ways forward. Agreement reached on best way forward. New infrastructure implemented
9.3 Ensure GP appraisals take place as planned	DCG&N	Oct 03	Structured programme in place. Action Plan being implemented and reviewed
9.4 Undertake CHI dry run assessment	DCG&N	Oct. 03	CHIP group developed

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9.5 Use quality and outcomes framework in new GMS to drive improvement	DPC	<p>Nov 04</p> <p>Dec 04</p> <p>Dec 04</p> <p>April 04 onwards</p>	<p>Meet with all GMS practices to discuss where practices feel there are re the quality and outcomes framework.</p> <p>Hold workshop for PMS practices as soon as further information received regarding how they can access the quality & outcomes framework</p> <p>Provide practices with the IT software to enable them to monitor current position against framework and develop action plans for improvement</p> <p>Monitor each practice against their aspirational targets and identify what support may be required to ensure all practices can reach their full potential</p> <p>Work with PMS practices to ensure the alignment of current PMS performance frameworks with the proposed GMS quality & outcomes framework.</p>

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Action	Lead	Timescale	Progress/Milestones
9.6 Develop Medical Director role	CE	Dec 03	Job description approved & appointment process agreed
9.7 Develop management system for NICE guidance in PCT	DCG&N	Oct. 03	Guidelines in place to be distributed through PEC and CG committee Oct 03
9.8 Develop inclusive PCT wide clinical audit infrastructure, strategy and system with effective feedback loop	DCG&N	Mar 04	<p>Lead role identified - Clinical Audit and R&D co-ordinator – job description approved and appointed.</p> <p>Established Clinical Audit database</p> <p>R&D Clinical Audit Committee receives monthly updates of clinical audit progress</p> <p>Systematic review of baseline assessment currently being completed on the existing clinical audit.</p> <p>Completed systematic approach to 'patient experience' clinical audit in key areas of the Local Health Delivery Plan (LDP)</p> <p>Baseline audits in development: pharmacy, opticians and dentistry within Harrow</p> <p>Asthma audit project (RAISE) in progress</p>
9.9 Develop PCT wide systems and culture of Risk Management	DCG&N	Oct 03	Risk Strategy in place Training implemented

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9.10 Implement reporting system from Datix to Directorates	DGC&N	Jan 04	All reports now going to Risk Cttee and H & Safety Cttee. Directorates are beginning to receive specific reports of their activity.
9.11 Workforce planning – increase capability	HCD	Nov. 03	Review with Directors to assess staff requirements vs. Directorate priorities
9.12 Clarify role and responsibilities of clinical commissioning advisers	DCM	Dec 03	To be agreed by PEC
9.13 Develop Cancer Complaints pilot as best practice Clinical Governance	DCM	Dec. 03	Agree protocol for transferring best practice for the management of complaints regarding commissioned services.
9.14 Develop integrated pathway of care approach to commissioning	DCM	Mar. 04	Continuation of development of PEC as Strategic Commissioning body
9.15 Improve patients' perceptions of GP practices	DPC	2004/05	Meet with practice managers to go through both surveys to seek consensus as to which one is more appropriate. Fund a survey in the first year of the contract to encourage practices to participate but also to ensure we receive information to enable us to make improvements in primary care.
9.16 Roll out and extend Expert Patient Programme	HCD	Dec 03	Understand funding requirement to extend expert patient programme (currently run via Primary Care)

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9.17 Develop systems and processes to ensure the provision of high quality patient centred primary and community services	DCG&N	On-going Dec 04 Jan 04	Development of modernisation groups within District Nursing & Health Visiting. Essence of Care Benchmarking being rolled out across the primary and community services. Development of Practice nurse bank in progress.
10. Corporate and Organisational Development 10.1 Develop Business Planning process for PCT	HCD		Establish clear process for business planning, involving cross-directorate resources where applicable Ensure planning cycle fit with partner bodies (e.g. LB Harrow)
10.2 Develop commissioning/investment cycle in line with LDP	DCM	Mar. 04	Informing commissioning and investment for 2004/5 and beyond
10.3 Develop explicit strategic direction	CE	Mar. 04	Approved by PCT Board following stakeholder conferences in June and September and Board development.
10.4 Finance to undertake customer survey to identify needs and then deliver finance training for non-finance managers	DoF	Oct. 03	Draft agreed should be refined and distributed before 31.10
10.5 Develop and implement PPI strategy – including protocol for training, support and expenses	HCD	On going	PPI strategy developed Develop protocols as objectives for voluntary services manager
10.6 Develop strategy to support ICT needs of PCT.	DoF	Dec. 03	Workshop held Aug 03 Presentation to ICT Steering Group in Oct 03 Board Dec 03

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10.7 Audit implementation of PCT policies and guidelines to support performance review and improvement	HCD		Ensure staff awareness of trust policies and guidance. Roadshow (November) will begin communication process to all PCT staff
10.8 Develop competence and expertise of PCT staff to ensure appropriate interpretation of data	DoF		Identify gaps in competence and expertise Dec 03 Incorporate in Training plans 04/05
10.9 Develop PCT competence in handling media enquiries	HCD	On going	Communications manager assessment re: training needs
10.10 Develop HR strategy – including workforce plan	HCD	Dec. 03	HR manager in process of completing HR strategy for review. Ensure consistent with national and regional aspirations and priorities
10.11 Ensure full implementation of HR policies	HCD	On going	Identified HR policies developed, in development, to be developed Timescale expected to be complete by Jan/Feb
10.12 Review function of HR in PCT – operational and strategic	HCD		Understand NWL approach and review potential to fit HR with IT as shared service approach
10.13 System wide approach to improving recruitment and retention and escalating the skills of the workforce	HCD		Work closely with training and development to ensure PDPs undertaken and development needs are consistent with corporate objectives
10.14 Implement plan to deliver IWL	HCD	On going	IWL co-ordinator in place to facilitate evidence/data collection Roadshows/Q&A sessions arranged for November to inform staff of IWL and additional mechanisms for staff involvement

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10.15 Review existing capacity and identify training needs of staff to meet new agendas – eg Choice and Financial Flows	FD	On going	Finance staff awayday linked to new agenda Sept 03 Action Plan Leads for new projects identified Oct 03 ongoing All Finance staff appraisal and CPD Applying for good practice award silver October 03 Customer survey Oct 03 IIP project
10.16 Develop Service Integration programme	DSI	Dec 03 Dec 03 Dec 03 Dec 03	Present to PCT Board and Cabinet Project Framework, Terms of Reference and Timescales for Service Integration Programme. Agree Project Start Form for Service Integration for Adults and Older People's Services, PCT Board and Harrow Council by December 2003. Establish Service Status Profiles for the following client groups for Older People, Mental Health, Learning Disability and Physical Disability Section 31 Agreement for Pooled Budgets and Lead Commissioning.

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		Feb 04 Apr 04	Shared Consultation Health and Social Care for service users/carers and staff on the service benefits and project plan for Service Integration – minimum of 12 weeks. Implement pooled budgets and lead commissioning for Older People, Mental Health, Learning and Physical Disability.
10.17 Identify implications of Foundation Trusts	DCM	Mar 04	Respond to consultation from prospective Trusts Develop capacity and skills in legally binding SLA arrangements
10.18 Systematic PCT wide review of Nat Pact competencies	HCD	On going	Review with Directorates current position relative to competency standards Develop action plans with Directorates to bridge each competency gap
10.19 Ensure PCT vision, mission and corporate objectives are fully communicated and understood	HCD	On going	Corporate objectives, mission, vision incorporated into information and publicity materials (e.g. annual review 2002/3, annual plan 2003/4)
10.20 Structured series of events to improve staff morale	CE	Mar 04	Combination of work and social events. More staff impact to PCT communications
10.21 Implement system to ensure coherence of PCT systems, structures and processes	CE	Mar 04	Successful CHI 'dry run'