DERBYSHIRE COUNTY PRIMARY CARE TRUST STRATEGY

2007 - 2009

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INTRODUCTION

This strategy sets out how Derbyshire County Primary Care Trust (PCT) will go about its business over the next 2 years, up to April 2009. It explains the challenges facing the health of the Derbyshire population and how we will go about tackling those challenges through the commissioning of services, the development of our organisation and strongly managing the performance of providers of healthcare. The strategy also commits the PCT to working with partner organisations and the public to improve the health and well-being of the people of Derbyshire and to achieve maximum value from the money we spend.

Derbyshire County Primary Care Trust was created by the merger of the six former PCT's across the county and is part of the wider NHS community covered by the NHS East Midlands Strategic Health Authority. The six former PCT's achieved a lot of success in their time and it is right that the new Derbyshire County PCT builds on that success and adopts the good practices already established. Being a bigger and more complex organisation will inevitably mean some things have to change, but we will only make changes where needed; it is right that we recognise the excellent work that has been done in the past.

THE ROLE OF THE PCT

The PCT covers a population of 747,520 and has an overall budget of over £800 million. By national standards this is a large PCT. The PCT has a number of core roles and functions, namely:

- To improve and protect the health of the population
- To buy a range of safe and effective services
- To reduce health inequalities
- To develop and sustain strong relationships across the health and social care community
- To ensure that all health professionals are involved in improving the health of the local populations
- To provide a range of services where it is appropriate to do so
- To develop a range of new providers of healthcare
- To provide appropriate clinical leadership
- To develop strong communication and patient involvement systems.

The role of the PCT is therefore a very central one in ensuring high quality services; these roles look both within the county at the services that are provided, but also must ensure the PCT is accountable to the Department of Health for the money it is given by Parliament to spend on patient care.

In Derbyshire we have a number of challenges, many of which are highlighted in the "Health for Derbyshire Report" which outlines where the major inequalities in the health of the population exist across the county. This report gives us a good starting point from which to develop the priorities for the PCT over the next two years and this strategy will focus our attention on those issues that are most important to the local population.

The PCT is totally committed to working with patients, the wider public and staff to achieve the best possible healthcare for the people of Derbyshire. We must spend our money wisely and we must spend it in ways that will achieve the maximum benefit for the maximum number of people. Feedback from the users of services, from staff and from the providers of services from whom we buy healthcare will be vital in enabling us to make best use of the money we have been given.

HOW WE WILL WORK

It is very important that the PCT develops a strong relationship with the wider health and social care community, whether that be patients, the public, providers of services or other partners who have an interest in the health and social care of the local population. The PCT will adopt a style which helps it to develop this strong relationship and which will guide the way we work; in essence we will:

- Be responsive
- Be judged by the healthcare we deliver
- Make sure we engage where we need to for a healthy Derbyshire and be clear about not engaging where there is no benefit
- Decide what we do, and stick to it
- Be successful and deliver what we set out to do.

The above approach will enable the PCT to make the right decisions, achieve the key targets for the PCT, engage with the local population and deliver the services that the people of Derbyshire deserve. We will provide leadership for improving the health of the people of Derbyshire and support Derbyshire County Council in its role of leading the improvements in the wider well-being agenda across the County.

The strategy is in two parts; part 1 deals with those functions of the PCT concerned with commissioning services for the population of Derbyshire, and part 2 deals with those functions in the PCT which actually provide care to

patients. This distinction is important because these two basic functions need to be kept separate if the PCT is to ensure all the services it commissions are subject to the same challenge wherever they are provided, whether provided by the PCT 's own provider arm or by any other local provider.

GOVERNANCE

The PCT must meet the highest standards of governance and ensure it conducts its affairs with the highest level of probity and make maximum use of public money it is given. The PCT Board has a key role in this and will ensure it discharges this function through rigorous scrutiny of the work of the PCT and through effective Audit and Integrated Governance functions. The Committee structure is set up to achieve this with Non-Executive Director membership on the main committees and other committees as appropriate.

WHAT ARE THE CHALLENGES?

This section addresses the challenges facing the health of the people of Derbyshire and shows the main inequalities and priority areas where we need to tackle disease and ill-health. This starting point allows the PCT to identify its key corporate objectives and outline in this strategy how these will be achieved. The key corporate objectives will change over time as priorities change.

Derbyshire is a diverse county with deprived urban and ex-mining communities, affluent areas, particularly in the more rural west, but where there is also hidden deprivation and isolated, hard pressed farming communities. Six out of the 8 Local Authority Districts are classified as either rural or significantly rural according to the Department of the Environment, Farming and Rural Affairs. There are areas of significant deprivation in what can seem to be pleasant rural locations.

There are large and unacceptable inequalities in health across Derbyshire, inextricably linked with deprivation. These can be reduced by tackling deprivation itself, mitigating the effects of deprivation, promoting healthier lifestyles, and providing preventative and treatment services that are clinically effective and are easily accessible to those in greatest need.

Deprivation is responsible for many early and preventable deaths and health problems:

- Bolsover and Chesterfield are the most deprived districts and have the worst health in Derbyshire
- The gap in life expectancy at birth is over 17 years between rich and poor wards
- Heart disease, stroke and cancer cause over two thirds of deaths in people under 75 and are associated with deprivation
- Teenage pregnancies are not falling fast enough and may be rising in the most deprived communities

- Declining sexual health with more sexually transmitted infections.
- Infant mortality (deaths under 12 months of age) is slightly higher than average and the gap is very wide between the deprived and affluent areas.
- Breast feeding rates are disappointingly low
- The outcomes for looked after children are much worse than for other children
- Long term limiting illness is strongly linked to deprivation and inability to find work, and rates are high in Derbyshire
- Substance misuse and harmful drinking are rising and cause death and harm to families and communities
- Derbyshire has high hospital admissions from accidents, especially falls.

These challenges must be tackled if we are to make progress in improving the health and well-being of the people of Derbyshire. In particular we want to target the most deprived areas where we know we can make progress and where we know there is greatest need.

THE SOLUTIONS

Deprivation can be tackled and its effects mitigated leading to improved health. Working with councils, other partners and communities themselves we will strive to:

- Reduce poverty by increasing uptake of benefits, providing welfare advice and by supporting people into work and training, including those with health problems who may need rehabilitation
- Improve outcomes for children and families by providing more intensive support and services for those in greatest health and social need
- Create safer homes and communities by reducing fuel poverty, reducing accidents at home and elsewhere, and by identifying and offering treatment and support to those who misuse drugs and alcohol
- Reduce teenage pregnancies and improve sexual health, through support to schools in delivering sex and relationship education, enhanced school nurse 'drop-in' services and the provision of accessible sexual health services and sexual health promotion
- Focus on initiatives that achieve equity of access for rural patients, address issues of rural deprivation and lead to a better understanding of the health needs of the rural population in the County.

Promoting healthier lifestyles will improve health, particularly by focusing on more disadvantaged communities. Working with councils and partners is vital to:

- Empower individuals and communities to make changes for a healthier life and greater wellbeing
- Ensure health and social care staff are trained to provide advice and support

- Reduce smoking by discouraging people from starting, principally through work in schools, providing high quality and high capacity stop smoking services and creating a smoke free Derbyshire
- Reduce obesity, improve diet and increase levels of physical activity. This will be achieved through work with schools and families and through providing opportunities and services to help people live a more healthy life
- Increase breast feeding, including through 'baby friendly' programmes
- Reduce substance misuse and harmful drinking through schools programmes and community and work based initiatives
- Promote a greater emphasis on patient empowerment and on self management of long term conditions as well as developing appropriate support services for those conditions.

Ensuring that high quality preventative and treatment services are provided will improve the health of the population. These must be accessible to those who need them most. We will:

- Conduct 'Health Equity Audits', to show which Derbyshire people do not get the services they need, when this happens and why. We will then move resources and change services to ensure they are provided to, and used by, those who need them most. This means that there will be some services we cannot provide
- Ensure that we meet national targets for access to high quality services
- Focus on particular problems in Derbyshire including
  - Provision of coordinated falls prevention and treatment services
  - Early identification and high quality treatment services for circulatory disease, high blood pressure, stroke, diabetes, chronic lung disease and cancer
  - Improve rehabilitation for people who have had a stroke and with ongoing problems as a result of heart and lung disease
- Provide high quality physical and mental health rehabilitation services
- Provide high quality mental health services for serious and enduring mental illness and develop better provision for treatable mild to moderate illness.

ENSURING SUCCESS

There are some key Public Service Agreement (PSA) Targets that include closing the gap by 10% between more deprived people and the average for England in:

- Infant mortality
- Life expectancy at birth

These targets and others will be monitored by the PCT and with its partners through the Local Area Agreement (LAA). Action will be taken when progress is slow.

We will report on progress and ensure we and our partners are held to account through:

- The Joint Derbyshire County Council and PCT Director of Public Health Annual Report
- The Local Area Agreement performance reports
- The PCT's own performance reports, which include key health indicators
- An ongoing programme of Health Equity Audits to demonstrate more equitable access to services.

We will know we are succeeding by showing improvements in health, improvements in wellbeing and reduction in the health inequalities gap in Derbyshire.

HOW WE WILL USE THIS STRATEGY

This strategy forms the basis of the PCT's work plan for the next 2 years; in particular it provides the headline issues from which we will develop the PCTs core objectives each year. At the end of 2 years the strategy will undergo a formal refresh to make sure it is still relevant and will be kept under constant review by the PCT Board throughout its life. Our clear aim is to ensure that whatever the PCT does it has its roots firmly linked to the issues outlined in this strategy. In this way the actions of the PCT will directly influence the measurable outcomes identified for improvement and we will be able to demonstrate improvements in health and well-being as well as added value for the money we receive.

PART 1 – COMMISSIONING

HOW COMMISSIONING CAN HELP

WHAT IS COMMISSIONING?

The commissioning role of the PCT must ensure that we achieve the best possible health outcomes for the people of Derbyshire through the services we contract for, with a range of providers. But this does not just mean buying services; it covers a range of activities:

- assessing the health needs of the population
- planning the services needed to meet those needs
- contracting for those services with a range of providers
- assessing whether those services have improved the health of the population, and then
- seeing if that changes the health needs overall so that new and different services can be provided if necessary.

RESPONSIVE AND INNOVATIVE COMMISSIONING

Good commissioning is a good use of public money. Whilst the money voted by Parliament for the NHS in recent years has increased considerably, the amount we have to spend is finite and will still require us to make choices about how we invest that money in the most clinically and cost effective way. In addition we know the growth in the allocation of money to the NHS is going to reduce after 2008 so we need to ensure what we do spend is sustainable and affordable. To help us do this the PCT will tackle any areas of waste and inefficiency across the whole healthcare system and put the money we save into the development of more services, delivered faster and in the time and place that people need.

The PCT will work with all our primary care partners to plan and performance manage what we buy. We will do this by harnessing strong clinical engagement in the commissioning processes; the focus of this clinical engagement, albeit not exclusively, will be the Practice Based Commissioning Executive committee which will have a majority clinical membership from a range of clinical backgrounds. The PCT will spend the right and proper amount of its commissioning money on the people, districts and care groups who need our services. The PCT intends to show through commissioning that it can buy healthcare that meets the needs of the people of Derbyshire.

Our biggest challenge and our highest priority will be to reduce the unacceptable differences in life expectancy and levels of ill-health already outlined. To do this we will need to invest more of our resources in the areas of greatest need; this will mean that some areas will receive a greater share of the overall resource because they need it most. We already receive specific

resource for certain areas of high need, known as "Spearhead" areas; this money will continue to be spent in these areas to ensure continued benefit where it is needed

Much of our money is already invested in core services delivered by our providers. Other money however is more controllable and can be directed to areas of greatest need, namely:

- Choosing Health money
- General growth money accruing each year
- Local Enhanced Service money which can be used in a discretionary way in primary care.

These resources will be used to invest in areas of unequal need, longer waiting times and unequal ability to access services for whatever reason. When commissioning new or existing services we will always challenge the standard and level of services to ensure no area benefits disproportionately over another, according to need; in particular we will apply a value for money and efficiency test to the amount of money we spend to achieve a given standard and move the resource if necessary.

Commissioning will get the best from public money: it will buy clinically effective, cost effective and safe services; a greater proportion of the commissioning spend will be committed to schemes that improve the health of the population not just paying for the treatment of ill health; but at the same time it will ensure all investments in public health and health promotion are evidence based. The PCT will work with public health to use social-marketing techniques to tailor the services offered to the people of Derbyshire by NHS commissioners.

Commissioning will challenge waste and inefficiency: it will use a form of contract with our providers that significantly reduces unnecessary work and inefficient practice; as individuals PCT commissioners must make sure they add value and make an effective contribution to patient care. The PCT will additionally work with the third sector (voluntary sector and social enterprise) to expand the range of services available to our patients and to bring efficient and targeted patient care from these providers into the mainstream of NHS commissioning in Derbyshire.

The commissioning of primary care will be a core responsibility of the PCT and the PCT will be judged on its commissioning of primary care services by improving the health of the population of Derbyshire. The PCT takes the view that primary care includes not just GPs, but also pharmacists, optometrists and dentists. As well as buying contracted care from our primary care partners the PCT will give £1 million to Practice Based Commissioners, giving them the incentive and autonomy to invest in creative solutions to local issues.

OUR APPROACH TO SECONDARY AND TERTIARY COMMISSIONING

The people of Derbyshire need more for their money, faster. The PCT expects of its providers no needless death, no needless pain and no needless wait. Providers will be expected and encouraged to try new things and deliver traditional benefits even better than before. Informed commissioning will deliver a huge mutual benefit to our patients and our providers together. The Derbyshire PCT will not just push numbers around and it will be scrupulous in making best use of every penny spent.

Derbyshire County PCT will adopt the opportunities afforded by the NHS contract with providers to challenge waste and inefficiency. The PCT will manage surgical thresholds by reducing the number of some operations it is willing to pay for, reduce unnecessary emergency admissions and fund activity at no less than median, and latterly upper quartile, levels of efficiency in our providers. The PCT will use protocol based prior approval schemes, utilisation reviews and customer satisfaction surveys to bring benefits to patients and providers alike.

The PCT will drive improvements in the timeliness and quality of communication with GPs, by secondary and tertiary care providers. It is accepted that the PCT must meet all of the national targets within the finance limit so the PCT will use GP intelligence about the performance of services to make sure a primary care led commissioning style emerges very quickly.

OUR APPROACH TO INDEPENDENT CONTRACTORS

Independent contractors are a vital part of the local healthcare system and cover the range of:

General Practice Services,
Optometry Services,
Dentistry Services, and
Community Pharmacy Services

Derbyshire County PCT will maximise the contribution that each contractor group can provide to ensure patients have access to services at times that are convenient to them; for example a lot of minor ailments can be dealt with by local pharmacists during their often extended opening hours, optometrists can monitor patients for glaucoma and dentists are extremely well placed to offer advice on how to stop smoking.

Access to dental care is known to be difficult in some parts of the County. A commissioning framework is being developed which will be shared with the patients, the public and dentists to ensure that the PCT has identified the right priorities.

The PCT will review all GP contracts during its first year to ensure that both value for money and clinical quality are being provided. Where access to

routine care is not available to patients within a reasonable timescale the PCT will consider whether alternative providers are needed in a community.

OUR APPROACH TO COMMISSIONING QUALITY SERVICES

The strategic aim for commissioning services is that we invest public money in services that are considered 'excellent' for the population of Derbyshire and that improve health and health care.

This means that services must:

- Be safe for patients
- Be clinically effective and meet minimum national standards of clinical quality
- Drive improvements in the health status of the population
- Be valued by the users of the service.

To achieve this we will focus on:

- Developing core clinical quality indicators for contracts in 2008/09 to enable us to judge clinical quality and to review on an annual basis
- Systematically monitoring clinical quality supported by good information
- Ensuring credible clinical input into commissioning processes so services can be judged in line with our strategic aims
- Researching health systems and service industries on approaches to monitoring quality to inform future commissioning
- Ensuring that the services we commission are delivered with a high level of privacy and confidentiality, and treat people with dignity and respect.
- Ensuring the services we commission, and the way we commission them, reflect the equality and diversity needs of the population we serve.

SUPPORTING THE COMMISSIONING FUNCTION

For the Commissioning function to work well, several other supporting functions need to deliver their objectives successfully. For example, we need to know what organisational development needs we have as a PCT; we need to have effective working relationships with partners; we need to be clear what targets we have to meet and how we will monitor progress; and we need to ensure we listen to feedback from patients and the public and use that feedback to further improve services.

ORGANISATIONAL DEVELOPMENT

The creation of the new Derbyshire County PCT is part of a national strategy to strengthen the commissioning capacity and capability in the NHS. We have a clear mandate to become stronger commissioners and deliver more value and higher quality care from the providers with which we do business. We will need to adapt as an organisation to achieve this aim and we will need to learn new skills to help us do this.

The PCT has completed the national Fitness for Purpose Review and has learned a lot about where it needs to strengthen its commissioning functions. Some of this reinforces what we already knew we had to do and have identified in this strategy; some elements are new. We now have in place a Development Plan which will be completed within the life of this strategy and which covers a range of topics. In summary our Development Plan says the following:

- We will address health inequalities and take strong action to rebalance resources in order to address them
- We will improve the way we use information to support the commissioning of services
- We will develop strong mechanisms for ensuring referrals to our providers are carried out in the most efficient and effective manner
- We will develop our commissioning of urgent care services so they are efficient as well as being amongst the best in terms of clinical and cost effectiveness
- We will ensure that the primary and community services we commission meet agreed priorities and follow best practice in terms of pathways of care
- We will develop our own provider services to enable them to operate more independently and to be able to face the challenge of being commissioned in the way that all other providers will be commissioned
- We will establish clear targets which we can use to measure improvements in clinical quality and patient experience.

As part of our organisational development work we will need to ensure we have the right staff with the right training, skills and knowledge to support an effective commissioning function. In order to achieve this we will develop a specific resource of £500,000 for Organisational Development, for both the Commissioning and Provider arm of the PCT along with a clear investment plan. This will be used to develop our staff not only in their current roles but also for the future through the development of clear succession planning to allow greater opportunity for our own staff. This will include the development

of a clear strategy to deliver what is needed to fully recognise and respond to the equality and diversity needs of our staff.

WORKING IN PARTNERSHIP

The Primary Care Trust has a fundamental role in ensuring the healthcare system in Derbyshire works in the best interests of the local population. As the main commissioner of services, it is also in an ideal position to ensure the wider health and social care system is linked into the key national and local targets that we wish to achieve. This includes working with other health organisations, independent health contractors, Social Services, District and County Councils, the Police, the voluntary sector and a host of other partners who can contribute to the health and well-being of the local population. The PCT accepts the challenge of leading the health agenda and acknowledges that it has a role to play in the delivery of the wider well-being agenda led by partner organisations.

In order to achieve this, the PCT will work within the partnerships that we have with other organisations or groups. Some of these partnerships may include several organisations, in which case, the PCT will ensure these are properly co-ordinated, simple to understand and make it obvious to patients and the public what we are trying to achieve. In some cases these relationships will pool money to maximise efficiency and improve services; in other cases the relationship will be based more on simplifying the way we work across the health and social care community. Of particular importance is the need to deliver the aspirations in this strategy through the Joint Commissioning Framework with Derbyshire County Council. This will be an essential element in improving the delivery of health and social care across the county. The targets we have set together are clearly laid out in the Local Area Agreement, which we will use to test the success of what we have set out to achieve. We will also be rigorous in monitoring the performance of providers of services that we commission, holding them to account for delivering the high standards of care required of them.

In a county as large as Derbyshire, it is clear that a flexible response will be required in the way we deal with different aspects of peoples care. Sometimes we will work at ward or parish level, sometimes at village or neighbourhood level and in some cases we will work across the District Councils and the County Council. We will not be prescriptive about how we work, but will work at a level that achieves maximum benefit.

MEETING OUR TARGETS

Whether we achieve the best results will be judged by the people who use our services. We acknowledge that we have a range of national targets which we must achieve; we will work to deliver these targets within the timescales laid down to ensure that the people of Derbyshire are achieving the same standards being set across the country. In addition however, we will set a range of local targets which will be developed in conjunction with health and social care professionals and with the local population across the county.

These local targets will address the very local problems that exist in the different communities throughout Derbyshire; the "Health of Derbyshire Report" identifies where the inequalities exist and setting local targets to tackle these inequalities will bring about a fairer system for the whole population.

Achievement of these targets will be constantly monitored by the PCT Board. The Board will be responsible for ensuring the basic standards set nationally are achieved and that we are achieving the more local standards that we have set for ourselves. We will publish our achievement against these standards and the Board will debate progress against these standards in public.

LISTENING TO THE PEOPLE OF DERBYSHIRE

In monitoring our progress against our targets, we will listen to what the users of services are telling us. We will work with the Overview and Scrutiny Committee of the County Council which rightly brings the democratic voice of local people into the scrutiny of the level and quality of health services across Derbyshire.

Derbyshire already has a well developed network of patient and public involvement providing feedback on services, and this will be further developed. We will develop our understanding of the views about healthcare in Derbyshire; this will include our own service monitoring but also feedback from patient complaints, Patient Advice and Liaison Service, patient focus groups and other mechanisms to ensure we have the fullest possible picture of the services across the county. This response mechanism will be a continuous cycle of learning so that we can develop our services to their fullest potential.

PART 2 – PCT MANAGED SERVICES - PREPARING FOR THE CHALLENGE

GOVERNANCE ARRANGEMENTS

As a statutory organisation the PCT is legally accountable for the services it directly manages; these are outlined below. As such the PCT Board must have a direct influence over the management of these services and have systems and processes in place to ensure they are delivered safely and effectively.

In addition, there is the need to ensure the right level of challenge in the commissioning of those services such that we can be sure we have as robust a dialogue about quality, cost effectiveness and value as we do with any other provider. To that end we have created a Provider Services Committee as a major Committee of the main PCT Board with Non-Executive Director membership. Whilst this Committee will report to the Board on the achievement of standards, it will also be responsible for the day to day management of the provider arm of the PCT as if it were a self-managing body like other providers. The Provider Services Committee will be supported by a sub committee structure which will ensure sound risk management, clinical governance, clinical audit and a range of other key governance functions which will ensure the provider services of the PCT are run effectively and to the highest standards.

PROFILE OF OUR SERVICES

Working in partnership with GPs, other primary care staff, local authority and voluntary sector partners we are focused on delivering effective and accessible services that improve health, promote and retain independence and reduce the unacceptable health inequalities that we have in Derbyshire.

With over 5400 staff, we are the second largest health service employer in Derbyshire and the community service provider of choice for our population, spending approximately £120million per year. Our staff are caring for people across the county in, or near their homes, and in twelve community hospitals with more than 500 inpatient beds.

The table on page 18 gives a summary of services we provide through our provider services arm and in partnership with Derbyshire County Council and Derbyshire Mental health Trust.

The services we provide	
Community hospital based services • Minor injury units • Step-up and step down inpatient beds • End of life inpatient care • Older peoples mental health assessment inpatient care • Stroke rehabilitation • Day hospital services • Outpatient services • Day case surgery • Diagnostics • Therapy services	***Community Nursing Services*** Working with adults and older people: • District nursing • Community matrons • Rapid response teams • Specialist nurses • Palliative care nurses Working with children and families: • Health visitors and school nurses • Sure start programmes • Safeguarding/looked after children's services
Other specialist community services • Disability resource team • Brain injury service • Community dentistry • Sexual health services • Psychology services	***Therapy Services*** • Physiotherapy • Occupational therapy • Speech and language therapy • Podiatry (including surgical podiatry)
• Learning disability services – in partnership with Derbyshire County Council and Derbyshire Mental Health Trust	

LOOKING TO THE FUTURE

Our workforce, our network of community hospitals and services, and our partnerships provide us with great opportunities to move even more care closer to home and provide a wider range of integrated services to bigger populations. This is in line with national policy to see care move out of acute hospitals and into the community.

Within 18 months our services will be commissioned just like those of all the PCT's other providers. They will have to be able to demonstrate their value, quality and cost-effectiveness, meeting local needs and commissioner priorities in the face of increasing competition from other organisations.

Continuing to succeed and develop in this new environment will require very different ways of working.

To prepare for this challenge we will:

- Develop our financial and information systems so that we can understand, describe and market our services clearly in terms of objectives, costs, benchmarks of efficiency/ clinical effectiveness and quality, and outcome where possible

- Review our services to make sure they are effective, sustainable and what our commissioners want to invest in

- Consider with staff and partners which services the PCT is best placed to provide and those which may be better run by others.

  We will implement the agreement with Derbyshire County Council that our jointly managed Learning Disability Service should transfer into their hands as quickly as possible. We have also agreed that the PCT will not be in the business of managing GP practices.

- Take advantage of the opportunities of being a Derbyshire wide organisation for improving the quality and cost-effectiveness of our clinical and non-clinical support services.

  Initially we will focus on developing Derbyshire county wide estates and facilities services, hotel services and a community hospital pharmacy service, working with current external service providers to move services in-house.

CHOOSING THE RIGHT ORGANISATIONAL MODEL

There are a range of alternative management models emerging for PCT directly managed services such as Community Foundation Trusts, or social enterprise organisations. Over the next two years the PCT will work with our community, staff and partners to consider which organisational model(s) will be best placed in the future to manage and develop the range of community based care we will be offering local people.

In order to support this process we have established a joint programme, across Derbyshire and Nottinghamshire, to oversee and coordinate a strategic service review of the directly managed services within each of the Primary Care Trusts.

As the PCT increasingly becomes a commissioning focused organisation there is a need to review its provider services for effectiveness and value for money and to consider what the most appropriate models of delivery for these services will be in the future. Undertaking a structured review will provide an excellent basis for developing our services to be fit for purpose and for informing our decision making about future models of delivery.

We have identified a range of outcomes that we expect the review to deliver, namely:

- Clear descriptions of what we expect each service to look like along with an understanding of what we will measure to assess performance and compare standards against other similar services across the country

- The development of care pathways showing how patients should be treated along with the outcomes we expect to see following that treatment

- A review of how and where services have been delivered so far and an understanding of future productivity benefits that exist within each service

- A clear understanding of the risks and benefits involved in integrating services or working in partnership with other organisations, including the governance arrangements that will be necessary for success

- An analysis of the opportunities and challenges of the various different future models of delivery for provider services, such as an understanding of their suitability in the Derbyshire community

- The development of 'customer facing' awareness amongst provider services staff and an understanding of the new environment in which services are operating.

We have already started the preparatory work on the review programme in March 2007, and it will run for a 12 month period from march 2007 to March 2008, after which we will start the implementation of the preferred option.

DEVELOPING OUR ORGANISATIONAL DEVELOPMENT PROGRAMME

Looking at new models of delivery involves significant organisational development input; both in terms of how a new model is formed and how staff are helped to adapt to the new organisation and how it works. This will involve keeping hold of the good things from the 6 former PCT's and adopting new ways of working that help the organisation to respond to the challenges of the future.

Our vision is to develop all staff so they can shape, change and improve the services they provide and reach their potential. The PCT faces a large and challenging agenda and the only way we will make a difference and deliver on this agenda is by investing in our staff. The Trust is committed to being a learning organisation where staff have the opportunity to develop new skills and have access to learning and development and we will make this a priority. We want to ensure that staff are able to meet the challenges involved in delivering excellent health care to the population of Derbyshire. We recognise that there is a need to continuously improve and learn, therefore, lifelong learning is an essential element in generating successful individual, team and organisational performance. The PCT will invest £500,000 in an organisational development programme that will:

- Bring together the differing organisational climates of the 6 organisations that came together to form our PCT
- Support the delivery of high quality patient care
- Support improved access and more choice
- Cross the barriers between health and social services, and between primary and secondary care
- Ensure staff gain the skills and competencies necessary for their jobs

- Support clinical governance within the Trust
- Focus on hard to recruit to posts and areas where recruitment is difficult.

There will be many new challenges facing our staff and we will work with them in identifying development needs and devising programmes and initiatives to meet those needs. Our key priorities will be:

Organisational Climate/Culture

Organisational culture refers to the common patterns of attitudes and behaviours that exist in an organisation. It is linked to performance, quality and productivity and is sensitive to training and comprises factors such as relationship quality, patient/ customer focus, and leadership style.

We have valuable knowledge of the culture of our 6 predecessor organisations from staff and patient surveys. There is a marked difference between the legacy PCT's which adds challenge to the task of developing a new organisation with a common culture. We will develop a new culture using and valuing the best aspects of each and we will incorporate factors known to influence culture such as structure, leadership patterns and the demonstrated values of the organisation.

We will use a variety of methods, such as communication groups and staff surveys to gain feedback on how we are developing the culture of the new organisation; this feedback will then be used to make the changes necessary for further improvement.

Leadership - Facing the Challenge

High quality leadership at all levels is at the heart of a successful organisation and key to this is the development of current leaders and the identification and development of future leaders. We will promote an involving and consultative leadership style, which develops partnerships, and a culture that encourages challenge and debate and which secures radical and innovative improvements in services for patients.

Developing Teams

Effective teams are more productive and secure better outcomes for patients. We will invest in team development to maximise each team's potential to deliver high quality cost effective healthcare. As part of this we will create a culture that enables succession planning to flourish, investing in our own staff for the benefit of local people. We will also work with local partners to ensure we maximise our own recruitment in areas of greatest deprivation, thereby supporting local regeneration by offering greater employment opportunities.

Communications

As a large organisation it is crucial we develop open, effective communications systems and processes which involve our staff and all stakeholders engaged in healthcare delivery.

Diversity

We recognise and value the importance of diversity, underpinned by a climate of trust and respect. We will ensure that our workforce reflects the population we serve and that our staff understand the diversity agenda and are supported with diversity awareness events and training.

Governance

Sound governance requires that the Trust has in place the right number of staff who: are recruited properly and inducted effectively; have access to training, education and development; receive an annual appraisal; are supported when they are not performing in their roles; are listened to and ultimately retained within the PCT or the NHS. Initiatives will be developed to ensure that the Trust achieves strong governance.

ENSURING HIGH QUALITY SERVICES

We will ensure that we can demonstrate that we are providing safe and high quality clinical services by developing our staff, our processes and information systems in line with best governance practice that enables us to:

- Be responsive to clinical incidents and ensure that all staff are involved in continuous service improvement
- Implement and deliver clinically effective care that clearly adds benefit to individuals and the local population
- Monitor the standard of the care we are providing
- Adopt an open, honest and learning culture and
- Introduces new policies and interventions in line with best practice and national policy.

Our workforce is the key to our continued success and as we develop new services, and reshape our current ones we must ensure that we have the right number of staff, with the right skills equipped to work productively and flexibly.

We will also review the way we provide medical input into our services and our own medical workforce to explore opportunities for developing a more robust and consistent approach.

We will work with partners to develop an integrated workforce development structure across health and social care in Derbyshire to support new roles which cut across traditional professional and organisational boundaries and which mean we can make the best use of our staff's skills and our resources.

SUMMARY

This strategy sets out the main priorities that will define what our PCT will do over the next 2 years; it does not try to give the detail of how we will do it. It is important to highlight that the PCT has 2 distinct areas of work: its Commissioning role and its Provider Services role; this is why we have written this strategy in two parts. In that way we will achieve our aim of treating our Provider Services in the same way we treat other providers from whom we commission services.

Derbyshire is a county with many diverse needs which we must meet. This is intensified in some areas by high levels of deprivation and we will focus on these areas to reduce the inequalities brought about by these underlying disadvantages. There is much to do but we are clear that we can make progress and invest in those services that will benefit patients and improve health and well-being.

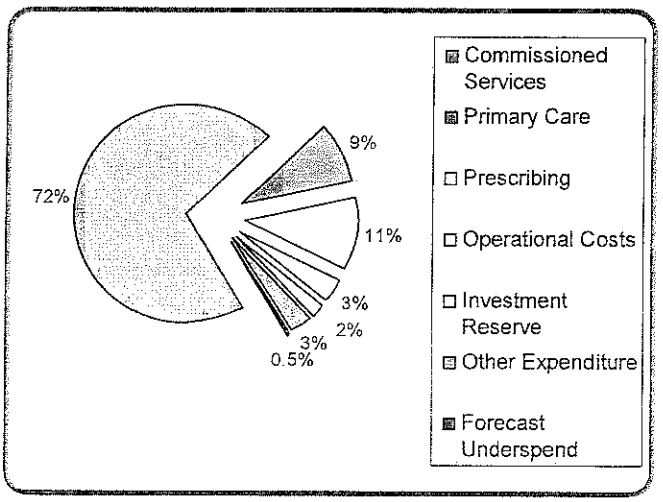
As a new organisation we need to develop our own internal resources, whether these be people, infrastructure or finance. We have a plan to do this and we will review this strategy in two years time to see what progress we have made and what changes we need to make for the next stage in our development.

We are already working hard to develop relationships with statutory organisations, voluntary sector organisations and public and patient groups and we will do more in this area to ensure we create a positive and productive working relationship that benefits the people of Derbyshire.

APPENDIX 1

HQ Address	Derbyshire County Primary Care Trust Scarsdale Nightingale Close Off Newbold Road Chesterfield Derbyshire S41 7PF			
Profile	Derbyshire County Primary Care Trust was formed on 1 October 2006 from a merger of Amber Valley, Chesterfield, Derbyshire Dales and South Derbyshire, Erewash, High Peak and Dales, and North Eastern Derbyshire PCTs.			
Population	747,520			
Annual budget	£951,672,000 (07/08)			
Total PCT workforce	6447 (includes 5417 in Provider Services)			
Community Hospitals	The PCT provides services from 12 Community Hospitals (See Appendix 2) and manages over 500 inpatient beds.			
Primary Care Workforce	General Medical Practitioners classed as NHS plan GPs	GP registrars	Practice nurses	Dentists
	452	37	293	306
Number of GPs with special interests	24			
Number of GP practices	98			
Number of NHS Dental Practices	87			
Number of Pharmacies	128			
Number of Opticians	96			

Planned expenditure 2007/08



Derbyshire County Primary Care Trust

GLOSSARY

Infant Mortality - Infant Mortality relates to deaths in children under the age of 1 year; the Infant Mortality rate is expressed as a number per 1000 live births

Teenage pregnancies - Teenage pregnancies are those pregnancies that occur in girls of teenage years. There is a Health Inequalities PSA target to reduce the under-18 conception rate by 50% by 2010. It is particularly important for health to reduce rates in girls under 16.

Substance Misuse - is a term which refers to the potentially harmful use of any substance, such as alcohol, a street drug or misuse of a prescribed drug. Harm may occur to the user or to others.

Harmful drinking – The Department of Health recommends that men drink no more than 3-4 units of alcohol per day and women 2-3 units per day. Men should drink no more than 8 units in any one day and women 6. Drinking above these levels is associated with a significant increased risk of harm. Pregnant women are advised to drink little or no alcohol and some people with other conditions etc may also be advised to drink less. Everyone is advised to have some alcohol free days.

Health Equality Audits - Health equity audits identify how fairly services or other resources are distributed in relation to the health needs of different groups and areas and the priority action to provide services linked to need. . The overall aim is to distribute resources linked to health need.

Public Service Agreement (PSA) Targets – these targets were agreed between the Treasury and the Department of Health. The Health Inequalities PSA Targets are:

- By 2010 to reduce inequalities in health outcomes by 10 percent as measured by infant mortality and life expectancy at birth. The PSA target is underpinned by two more detailed objectives

- Starting with children under one year, by 2010 to reduce by at least 10 per cent the gap in mortality between routine and manual groups and the population as a whole

- Starting with local authorities, by 2010 to reduce by at least 10 per cent the gap between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole

- The HM Treasury Lead spending Review in 2004 also saw specific health inequalities added to other key PSA targets

- Introducing w targets to reduce the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole by at least 40% for cardiovascular disease and by at least 6% for cancer.

- Reducing adult smoking prevalence in routine and manual groups to 26% or less by 2010 is now a PSA target

- A new target to halt the year on year rise in obesity among children under 11 by 2010

- Retaining a target to reduce the under -18 conception rate by 50% by 2010

For the first time ever tackling health inequalities is one of the top 6 priorities for the NHS, as set out in NHS Operating Framework 2006/07. This is another strong signal of the Government's commitment to closing the inequality gap, and should provide additional momentum for delivery of the PSA target.

Local Area Agreements- LAAs set out the priorities for a local area agreed between central government and a local area (the local authority and Local Strategic Partnership,) and other key partners at the local level including the PCT. LAAs simplify some central funding, help join up public services more effectively and allow greater flexibility for local solutions to local circumstances. Through these means, LAAs are helping to devolve decision making, move away from a 'Whitehall knows best' philosophy and reduce bureaucracy. In Derbyshire, the LAA includes key health targets and is central to the PCT if it is to achieve these targets.

Choosing Health – The Choosing Health White Paper (Nov 2004) describes the government's proposals to address underlying causes of ill-health and inequalities. It is a new emphasis on 'upstream' work. Action is required not just across the NHS but all sectors, particularly Local Government. A key theme is to provide information and support for individuals to make healthy choices. The PCT has received earmarked money £4,620,000 recurrently to fund implementation. The priorities are to:

- Reduce smoking
- Reduce Obesity – new action with a focus on children
- Increase exercise – more opportunities
- Support sensible drinking
- Improve sexual health – new campaigns and services
- Improve mental health and well being – crucial to good physical health
- Develop the NHS (and others) workforce to better promote health.

The Choosing Health White Paper identified Money - Choosing Health Money is money given to the Primary Care Trust by the Government for the specific purpose of spending it on projects that help people to live healthy lives and that promote health and wellbeing. Such areas might include programmes for healthy eating and exercise promotion.

Local Enhanced Money – Local Enhanced Money is money provided to general practices to provide services as part of the General Practitioners Contract; some of these services are essential services and therefore must be part of the basic contract but other services are additional above and beyond the basic contract.

Practice Based Commissioning – PBC is about engaging practices and other primary care professionals in the commissioning of services. Through PBC, front line clinicians are being provided with the resources and support to become more involved in commissioning decisions.

Under PBC, practices receive information on how their patients use health services. This information can be used for the redesign of services by front line clinicians for the benefit of patients.

Practices can do this individually but most will do it as part of a consortium (group of practices). They can propose ideas but the PCT has to agree to them. Also, proposing a service does not automatically allow them to provide that service – they will have to bid against other service providers.

Secondary and Tertiary Commissioning – Secondary Commissioning is the purchasing of health care from secondary care providers such as district general hospitals who provide the basic range of hospital services. Tertiary Commissioning is the purchasing of services from specialist centres that provide more specialist advice and treatment beyond that provided in local district general hospitals.

Quartiles - Statistics which divide the observations in a numeric sample into 4 intervals, each containing 25% of the data. The lower, middle, and upper quartiles are computed by ordering the data from smallest to largest and then finding the values below which fall 25%, 50%, and 75% of the data. The middle quartile is usually called the Median.

Fitness for Purpose Review - The Fitness for Purpose Review carried out by the Primary Care Trust was an assessment of whether Derbyshire County Primary Care Trust, as a new organisation could meet its responsibilities and objectives. It identified areas for improvement and a plan for this has been produced.

Urgent Care Services - Urgent Care Services are those used by patients with an urgent health need. The DH has not officially defined this, but a reasonable definition might be "a health need that cannot wait for a routine GP/practice nurse appointment". Examples are GP, OOH, Emergency Care Practitioners, Ambulance Services, NHS Direct, A&E etc.

Pathways of Care – these are documents that aim to standardise the care that patients with similar conditions receive. They inform health care providers of each step in the care of their patients and ensure fairness in accessing care. E.g. any patient presenting with symptoms suggestive of cancer should be referred by their GP on the same day, should be able (within local limitations) to choose where they are referred, and seen by the appropriate specialist within 2 weeks etc. These are examples of national standards of care. Pathways of Care are similar to this but go into greater detail of how a service works in a local area.

Health Scrutiny is a powerful tool to improve health and reduce inequalities and ensure that the PCT best meets local health need. Scrutiny of health is the responsibility of Derbyshire County Council (DCC) under the Health and Social Care Act 2001. DCC discharges these responsibilities through the Healthier Communities Improvement and Scrutiny Committee, undertaking both 'themed reviews' and scrutiny of 'substantial variation of service'. NHS bodies have a duty to respond to scrutiny recommendations and Overview and Scrutiny Committees (OSC) have the power to refer NHS organisations to the Secretary of State or Monitor (the regulatory body for NHS Foundation Trust). In Derbyshire there is an appropriately challenging but constructive and valuable partnership with OSC which should be preserved and enhanced.

PALS - This is the Patient Advice and Liaison Service and is available for patients within Derbyshire County Primary Care Trust to seek advice on how they can best use the health services available to them. They can also answer queries, provide information regarding complaints procedures and provide independent patient advocacy. They are a visible contact point for patient and public involvement.