

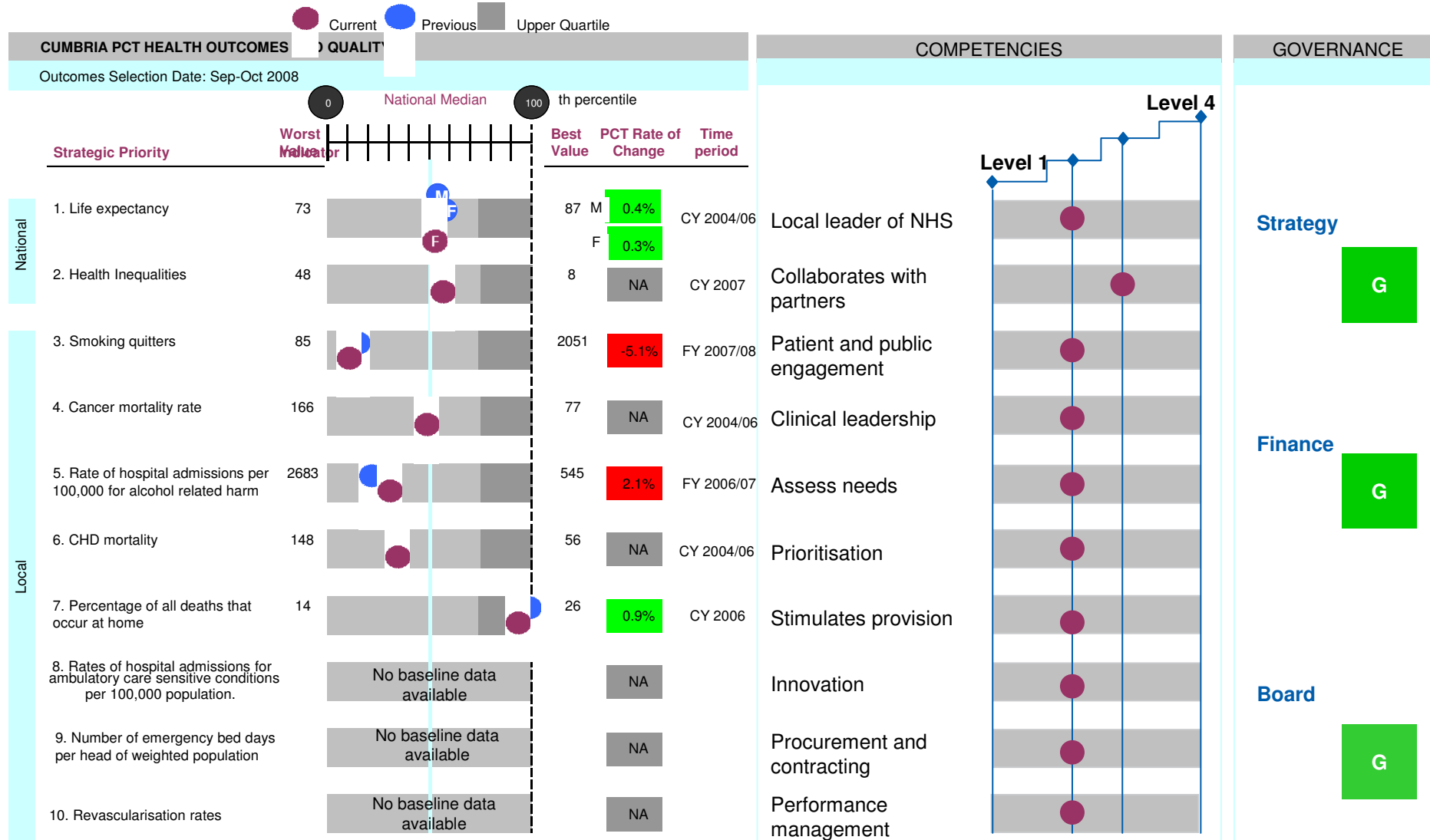


Panel Report

Cumbria
12 November 2008

Overview

- First, the Panel thanks Cumbria PCT for participating in this round of assessments for the first year of World Class Commissioning assurance.
- The Panel asks the PCT to read this report in the spirit in which it is intended: as a support for developing world class commissioners, as a test of the commissioning assurance system and as an independent view based on the evidence the PCT has brought to the Panel.
- During our evidence review and conversations with Cumbria PCT, the Panel developed an overall impression of the organisation, which is that the PCT has an aspirational vision and strong show of support from all the members of the PCT team. The Panel felt that the PCT had demonstrated a high level of engagement in the development of the strategic plan and good use of delegated responsibilities for individual initiatives.
- The Panel identified areas for potential improvement that the PCT will need to consider as the PCT positions itself to drive transformation of health and healthcare in Cumbria. In particular, the PCT should increase involvement of non-medical clinicians and improve understanding of what is driving outcomes.



Potential for improvement

The Panel congratulates Cumbria on the impressive turnaround that it has achieved in recent years, and the encouraging trajectory that the PCT is now on. In particular, the Panel noted that the PCT's strategic plan aligns well with local needs, and that the PCT has an ambitious plan to deliver improved care to the local population. Going forward the Panel notes that the PCT should develop closer engagement with acute providers to ensure delivery of planned disinvestments.

Commentary

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

1. The PCT's vision is clear and aspirational and the PCT should continue to develop clear processes for identifying the best value for money in delivering its strategic priorities

Observation: The Vision is clear and aspirational, has evidently engaged the PCT and is consistent with the health needs Cumbria faces. Initiatives are clearly aligned towards the vision and the Board appears to have challenged and been involved in the development of the plan

Recommendation: The PCT has a clear process for prioritising initiatives based on a number of criteria, however the PCT should aim to improve its understanding of the relative impact and value for money of initiatives when allocating investment going forward

2. Engagement with partner organisations is strong, however the PCT should focus on developing closer working partnerships with acute providers as it implements disinvestment plans

Observation: The PCT has engaged with acute trusts in Cumbria and there is some evidence of market development in certain areas and specialties

Recommendation: The PCT's plan involves disinvestment (£20m) in secondary care, as care is moved to community hospitals as part of its closer to home strategy. The PCT should ensure that it has a clear and robust plan to deliver this disinvestment by working closely with providers. While the panel recognises the challenges that Cumbria faces in introducing plurality of provision, the PCT should ensure that it is open to opportunities to increase plurality and choice for patients and should ensure that a fair and transparent process is always maintained in developing provision

3. Clinical engagement is encouraging, especially with GPs. The PCT should build on this success to reach out to wider clinical groups

Observation: Engagement with GPs has clearly been central to the success of the turnaround programme in Cumbria and the PCT has made steps to involve the wider clinical and practitioner population.

Recommendation: The PCT should ensure that it continues to develop non-medical clinician and provider engagement, and to develop a clear plan for sustaining clinical engagement in the longer term

4. The PCT should improve monitoring of patient experience and its use of data and benchmarking

Observation: The PCT has clearly identified the need for better patient experience data and the importance of building on patient experience feedback to develop strategy. However these capabilities are currently limited

Recommendation: Work to ensure robust and systematic process for using feedback to inform strategic planning and development of initiatives

Outcomes

Outcomes chosen

- Life expectancy
- Health inequalities
- Smoking quitters
- Cancer mortality rate
- Hospital admissions per 100,000 for alcohol related harm
- CHD mortality
- Percentage of deaths occurring at home
- Rates of admission for ambulatory sensitive care (locally defined)
- Number of emergency bed days per head of weighted population (locally defined)
- Revascularisation rates (locally defined)

Panel observations on outcomes:

- The PCT seems to have a clear process for identifying priority areas in the SP, with a high level of Board challenge and engagement
- In particular health inequalities appear to be a central theme in the development of Cumbria's strategic plan
- Wanting to be more community focused, the PCT is developing more comprehensive locality based metrics
- The PCT is trying to focus on screening and prevention, but it is not clear how this has informed the chosen WCC outcomes

Recommendation:

- Improve understanding of drivers of cancer mortality, addressing improvements by stage of disease and treatment pathway
- Continue to develop high impact areas of prevention and to introduce more comprehensive screening where possible
- Develop clearer evidence base relating initiatives to impact on outcomes
- While Mental Health was acknowledged as important it was not selected as an outcome. The PCT was aware of its development need to tackle this and that a formal Mental Health Strategy is required soon.

Overview - Competencies

 Panel Assessment

Competency	Level 1	Level 2	Level 3	Level 4
1. Locally lead the NHS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Work with community partners	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Engage with public and patients	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Collaborate with clinicians	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Manage knowledge and assess needs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Prioritise investment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Stimulate market	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Promote improvement and innovation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Secure procurement skills	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Manage the local health system	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Competency 1: Panel assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Are recognised as the local leader of the NHS	• Reputation as the 'local leader of the NHS'	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Reputation as a change leader for local organisations	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Position as the local healthcare employer of choice	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- There was no clear evidence that the local population agrees that the PCT is improving services and PCT acknowledges that it has not to date captured patient experience and fed this back into service improvements
- It is clear that the PCT is taking initiative to consult with stakeholders, however it is not clear how much the PCT is leading local organisations vs. responding to concerns and acting as a hub or mediator for discussions
- However the PCT demonstrated clear engagement of local partners in effecting change, e.g., in moving care closer to home
- Staff morale and development have suffered in the last few years, this may partly be due to the PCT's financial standing, but it is improving and there are plans to develop a longer term recruitment strategy, given the older composition of workforce

Recommendation:

- Build on its engagement with stakeholders, ensuring that there is an emphasis on the PCT leading stakeholder opinion rather than responding to it, or acting as a mediator
- Continue to focus on developing staff through recruitment and training, and improve staff morale by defining clear career paths and development

Competency 2: Panel assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities	• Creation of Local Area Agreement based on joint needs	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Ability to conduct constructive partnerships	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Reputation as an active and effective partner	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The LAA targets local needs and is aligned with the strategic plan and the PCT is heavily involved in agreeing priorities, e.g., PCT chair chairs the Health and Wellbeing Board where the LAA is agreed
- There was clear alignment between local needs and the strategy, i.e., the geographic profile leading to a focus on community provision
- The PCT provided evidence that joint posts and teams are used (e.g., community ventures) but it is not clear how the accountability of these posts/teams works in practice
- Engagement by the LA is positive and encouraging
- Evidence of effective partnership working and engagement with local providers was not clear

Recommendation:

- The PCT could add value by monitoring the impact and effectiveness of delivery of partnership working on outcomes for the population
- The PCT should set procedures/protocols which clearly define the accountability of any joint ventures/posts with PCT partners

Competency 3: Panel assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Proactively build continuous and meaningful engagement with the public and patients to shape services and improve health	• Influence on local health opinions and aspirations	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Public and patient engagement	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Delivery of patient satisfaction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT provided some examples of changes in behaviour (workplace smoking), however there was no clear evidence that opinions have changed significantly or that social marketing has had impact yet
- The PCT admitted that while patient experience data is a priority, the PCT is currently appear challenged in gathering and assessing this information. They are currently using the consultancy firm Patient Experience as a means to gather this information

Recommendation:

- The PCT would be advised to review the impact of campaigns to influence public health behaviours and views. This should be evidenced and if there are any changes, fed back to relevant stakeholders
- The PCT should ensure a systematic and sustainable use of patient experience which will then inform and shape further strategies and developments

Competency 4: Panel assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Lead continuous and meaningful engagement of all clinicians to inform strategy and drive quality, service design and resource utilisation	• Clinical engagement	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Dissemination of information to support clinical decision making	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Reputation as a leader of clinical engagement	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Rationale for scoring:

- Evidence suggests a high level of engagement, particularly with GPs. However it is not clear if non-medical clinicians have had widespread engagement in strategic planning or service redesign, especially in leadership roles
- There were indications of encouraging links between primary and secondary clinicians using diabetes as an example
- There was some encouraging use of benchmarks in the diabetes pathway redesign, but it is not clear how widespread and systematic the use of benchmarks is on a dynamic basis
- The evidence gathered was unclear as to how the PCT plans to improve the quality and format of information disseminated
- The PCT articulated the point that they want their GPs to be focused on the health of their local community rather than just the health of their own patients”

Recommendation:

- The PCT would be recommended to improve the involvement of non-medical clinicians in engagement processes, including leadership roles and service redesign and to ensure that there is a clear plan to develop this clinical engagement over time. This would require appropriate and clear delegations of authority to this level.
- The PCT has good evidence of primary and secondary care engagement in a number of areas. This should be systematised to ensure maximum benefit
- The PCT would be encouraged to continually assure itself that the quality, format and frequency of information provided, is what stakeholders want

Competency 5: Panel assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements	• Analytical skills and insights	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Understanding of health needs trends	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Use of health needs benchmarks	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT has a reasonable understanding of its population’s current health needs in adequate levels of detail. However it is unclear how well the PCT has assessed health gaps, especially for the future and how the needs assessment for the population is likely to change as its JSNA is consulted on
- Clear evidence was not available of the PCT analysing health trends over time or explicitly identifying met and unmet needs over time
- Benchmarking is done and the level of external comparison is encouraging. However benchmarking appears to be carried out on an ad hoc basis for projects as and when needed and the panel felt that the PCT was unduly sceptical of the value of benchmarking
- It was noted that the PCT produces one set of community profiles using health, council and social services data

Recommendation:

- The PCT would be encouraged to ensure that it develops systematic processes for using benchmarking to support its improvement journey
- The PCT should develop a robust systematic process for identifying gaps vs. needs in its population, building a more comprehensive analysis database

Competency 6: Panel assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
<p>Prioritise investment according to local needs, service requirements and the values of the NHS</p>	<ul style="list-style-type: none"> Predictive modelling skills and insights 	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<ul style="list-style-type: none"> Prioritisation of investment to improve population’s health 	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<ul style="list-style-type: none"> Incorporation of priorities into strategic investment plan 	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- There was some basic predictive modelling, but it is unclear that this has been used systematically across a range of analytical areas (e.g., financial and activity scenarios)
- Over the next 2 years the PCT is planning to disinvest with its local NHS provider to the value of £20m. The viability of having complex services on 2 “local” sites versus the political issues of shutting one down is a big challenge for the PCT to manage
- Prioritisation of initiatives to target local needs is encouraging, e.g., community hospital providers

Recommendation:

- The PCT needs to understand more systematically, not only the health challenges that face its population but how the PCT’s investment decisions match these needs. Robust analysis of programme budgeting data alongside population health measures would help the PCT to disentangle priorities for action from priorities for investment and to make more systematic and evidence based decisions, on the balance of investment across diseases groups and activity types
- While there is evidence of modelling it is recommended that a more robust link would be required on activity, finance and quality. Clearly modelling the link and therefore the impact of changed assumptions would make for greater assurance
- To ensure the stability of the economy without compromising appropriate value for money the PCT would be advised to ensure full engagement of the providers and opportunities for their income from topics such as tariff plus payments and utilising the Trust’s specialist knowledge/expertise in certain areas.

Competency 7: Panel assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes	• Knowledge of current and future provider capacity	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Alignment of provider capacity with health needs projections	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Creation of effective choices for patients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT is acutely aware when it analysed its market with the LA that due to geography it is incredibly difficult to either stimulate the market or create greater competition, however it is unclear that the PCT has conducted a rigorous assessment of providers based on patient experience
- The Board are aware of the importance of capacity restrictions and difficulty of sustaining smaller specialties within its location
- The PCT articulated the issue on access to specialist care for their population given the physical geography the PCT has to manage

Recommendation:

- While the Board recognises difficulty of market development, PCT should ensure it is open to opportunities to develop patient choice and plurality. This will be one of the most challenging aspects to the plan but one which must be addressed for the PCT to be able to implement all aspects of their strategic plan
- In developing the market the PCT must consider the opinions of its population and their needs and/or wants

Competency 8: Panel assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration	• Identification of improvement opportunities'	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Implementation of improvement initiatives	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Collection of real time quality and outcome information	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- It was noted that most submitted business cases are at a Cumbria-wide level. These are completed on a standard template and completed by an appropriate mix of people including patients and staff. All Business Cases go to the PEC for an initial review and are given back for “updating” before they go to the Board
- The PCT did not evidence the aggregation of GP system data, although some benchmarking has taken place. The PCT is in the process of developing a big locality dashboard which should address performance monitoring issues when implemented
- There were some examples of improved pathways, e.g., for smear tests the PCT worked on improving the pathway to bring down the anxiety of its patients with the main cause being the length of time to wait before being called (streamlining the process has brought down waiting times which in turn has had an impact on the anxiety levels of their patients), however it is not clear that the PCT has accomplished systematic success across a range of services

Recommendation:

- The PCT should ensure that quality information is improved and used to inform service redesign and this is captured formally
- If not already doing so the PCT should invest resources into aggregating GP systems data to assist in knowing which specific patients to target

Competency 9: Panel assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Secure procurement skills that ensure robust and viable contracts	• Understanding of providers economics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Negotiation of contracts around defined variables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Creation of robust contracts based on outcomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rationale for scoring:

- When the PCT discussed the procurement agenda (systems management) they acknowledged that due to a lack of “players” when going out for tender there was a high level of resource input but limited outcomes. Due to this the PCT has now set up an internal filtration system on what goes out for wider tendering to ensure better value for money
- Whilst a SWOT analysis was conducted in the SP there was no clear evidence that the PCT tried to model provider incentives and choices
- The Panel were unclear that outcomes have been systematically incorporated into contracts, beyond national standard measures, or that contracts effectively incentivise improved performance

Recommendation:

- Whilst the PCT can demonstrate use of data that assesses care quality and patient experience there is a need to think more systematically about the underpinning business model for its providers. For example, do commissioning decisions routinely consider how services should be bundled together during specification to maximise economies of scale and/or scope?
- For the PCT to develop further it would be recommended that it creates a more comprehensive understanding of all its current and potential market providers. This would need a thorough insight into provider benchmarking KPIs and causes of poor quality
- The PCT must assure itself that the internal “filtration” system for procurement is robust enough that a future challenge is not made to its decision

Competency 10: Panel assessment

Panel Assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvement in quality and outcomes and value for money	• Use of performance information	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Implementation of regular provider performance discussions	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Resolution of ongoing contractual issues	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT is using the company Patient Opinion to gather intelligence on patient experience and feelings. They are looking into systems that will reward good practice and improvements rather than penalising them. It was not articulated as to how real time this information was or the forums in which it is discussed
- At present the PCT does regularly meet its providers to review performance against plan. This is both on a activity and quality basis, however, the evidence suggests that only key performance indicators are reviewed
- The Panel were not given any clear evidence of resolving ongoing contractual issues

Recommendation:

- The PCT would be advised to move to a system of reviewing data that supports a greater breadth of KPIs such as clinical quality and access
- As the quality and information being produced is more “rich” it would be beneficial to be more proactive, rather than reactive, in discussions with providers
- It is recommended that the PCT Board focuses on agreed actions that assign leads to clear deliverable timescales. There should be clear protocols if these remedial action plans are breached to ensure non-compliance with KPIs are addressed rapidly

Governance: Panel assessment on Strategy

✓ Panel Assessment

Assessment	Measure	Red	Amber	Green
	• Vision and objectives	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Initiatives to ensure delivery of strategic objectives	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Consistency of financial plan with the strategy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Board challenge and ownership of the strategic plan	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Achievement of milestones to date	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Rationale for rating:

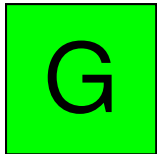
- There was a clear plan and structured objectives that align with the health needs of the population
- From a challenging first 2 years, the PCT has shown true clinical engagement (especially with medics)
- The Initiatives support the delivery of the vision
- The Board are aligned with the Plan
- The PCT needs to ensure that it can deliver the initiatives
- Due to the financial constraints, the PCT has historically had to manage, it has not really been able to promote new developments or initiatives. On that basis, there were limited robust examples of the PCT delivering these types of milestones.

Recommendations going forward:

- Going forward, the PCT should ensure that it develops clear and transparent assessments of the relative value for money of initiatives
- The PCT needs to develop a more sophisticated way of modelling its risks and better use of scenario planning would support this work
- The PCT should also ensure that monitoring of initiatives will allow timely assessment of progress and impact
- The PCT could be more clear on performance management process for the future

Governance: Panel assessment on Finance

✓ Panel Assessment

Assessment	Measure	Red	Amber	Green
	• Sustainable financial position	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Historical financial management	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Robustness of planning assumptions	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Rationale for rating:

- The PCT articulated that they have modeled financial scenarios based on the current economic climate but this appeared limited.
- Historically the PCT had to manage a material deficit, but within a relatively short space of time (with support from the SHA) they have become now financially stable.

Recommendations going forward:

- The PCT would be recommended to build a more sophisticated financial modeling system which will meet the future demands of the PCT. The PCT has the challenge of issues such as HRG4, uncertain future uplifts due to the current economic climate, activity fluctuations and future initiatives in the delivery of WCC.
- Another recommendation would be for the PCT to review again the quality of both its assumptions and working for year 4 and 5 of the plan. This is in light of new developments/updates and also to assure itself of the changes made within the SP since submission.

Governance: Panel assessment on Board

✓ Panel Assessment

Assessment	Measure	Red	Amber	Green
	• Organisation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Risk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Information	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Performance	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Delegation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Board interaction	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Rationale for rating:

- The PCT has a clear and well defined structure which is understood by the board
- Within the plan there are clear robust actions improvement milestones set
- The PCT is in line to achieve its targets and through monthly meeting tracks operational performance of its providers.
- Evidence would suggest that the Chief Executive has, at the start of the process, had to drive much of the WCC agenda throughout the Board

Recommendations going forward:

- The Board recognises the need to further develop its public engagement
- The Board needs to continue to develop information flows from its partners and out to its stakeholders on a regular basis
- The organisation must assure itself that it can address any of the internal capacity and capability gaps acknowledged in delivering the challenging strategic plan

Potential for Improvement Commentary

PCT trajectory

The Panel congratulates Cumbria on the impressive turnaround that it has achieved in recent years and the encouraging trajectory that the PCT is now on. In particular, the panel noted that the PCT's strategic plan aligns well with local needs and that the PCT has an ambitious plan to deliver improved care to the local population. Engagement with local practices is impressive and bodes well for delivery of the plan across such a dispersed population.

Areas for organisational development

In order to support delivery of the strategic plan, the Panel recommends that the PCT focuses on ensuring the delivery of the planned disinvestment from acute services, building closer working relationships with all acute providers to identify the best opportunities for efficiencies. The Panel felt that risks remain, as the PCT implements its closer to home strategy and that the Board should develop clear monitoring of progress in strategic plan initiatives, designed to improve access to localised care. Moreover, the PCT has plans to develop better use of patient experience data and to increase the involvement of non-medical clinicians and practitioners in strategy and service design. The Panel recommends that the Board ensures that this is delivered.