

NHS BRENT

COMMISSIONING INTELLIGENCE INFORMATION STRATEGY

-CONSULTATION DRAFT

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NHS BRENT

COMMISSIONING INTELLIGENCE INFORMATION STRATEGY (CIIS)

1. Introduction

NHS Brent aims to make a significant difference to the health and well being of local people by ensuring the delivery of better health services, promoting health and reducing inequalities.

Information is key to effective decision making in support of the above.

The strategy sets the direction for developing and improving commissioning information in Brent taking account of best practice and guidance. **The purpose of the CIIS is to define the actions required for NHS Brent to achieve top WCC Competency and Use of Resources ratings in its use of information to improve health in Brent.**

This paper is a draft for consultation with key stakeholders both within the PCT and external to it.

The strategy is supported by an outline implementation plan covering the period to March 2010 at which point progress will be reviewed and an 10/11 plan implementation produced in line with 10/11 NHS Brent Corporate Objectives.

The strategy has been developed largely by PCT staff, with some input from others. A list of contributors is set out in **Appendix 1**.

2. World Class Commissioning (WCC)

High quality and timely information underpins development of the best services for patients. The world class commissioning framework details the competencies which enable PCTs to develop towards excellent organisational performance. High quality information underpins the achievement of excellence across the competencies and is an indicator for a high performing organisation.

Information requirements for PCTs under World Class Commissioning can be segmented into the following areas:

Strategic Planning

- Assessing needs
- Reviewing service provision
- Deciding priorities

Procuring Services

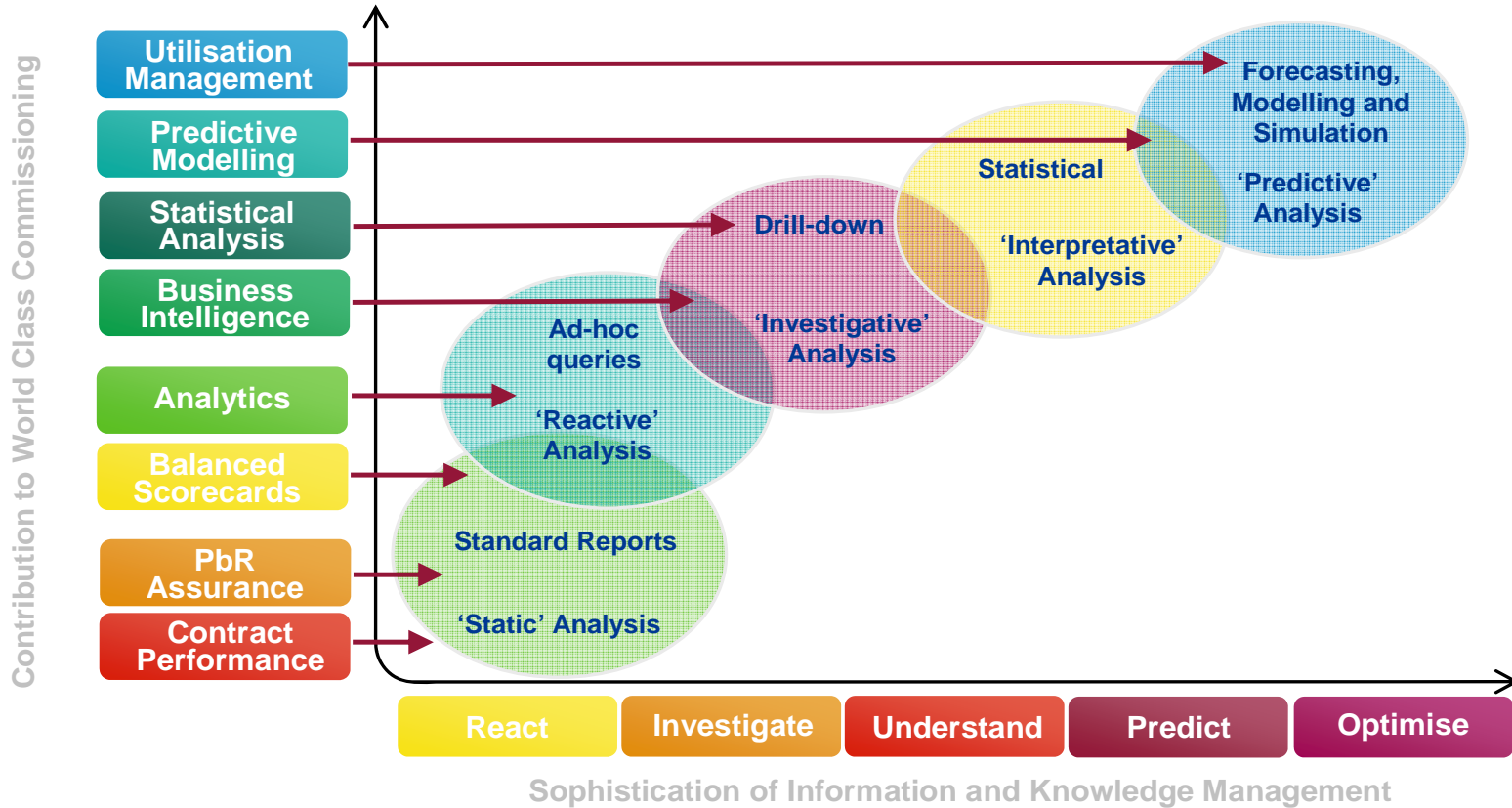
- Designing services
- Shaping structure to supply
- Planning capacity and managing demand

Monitoring and Evaluation

- Supporting patient choice
- Managing performance
- Seeking public and patient views

The levels of sophistication of information and knowledge management and their contribution to WCC is illustrated by the diagram on the next page.

Informed Commissioning



Adding life to years and years to life

3. Specifying Health Intelligence for World Class Commissioning

A comprehensive analysis of information needs to support each of the 11 WCC competencies has been undertaken by the PCT and is set out in [Appendix 2](#).

The key outputs aligned to each competency are mapped in [Appendix 3](#).

4. Use of Resources

The Audit Commission's Use of Resources assessment has a key line of enquiry (KLOE) on Use of Information – Does the organisation produce relevant and reliable data and information to support decision-making and manage performance? The KLOE has four sub-elements and key aspects of each are set out in [Appendix 4](#).

5. Best Practice

The initial World Class Commissioning evaluations identified a range of attributes and information for Competency 5 Manage Knowledge and Assess Needs which defined the best PCTs: (source: NHS Information Centre)

- Working in Partnership and developing a common understanding of need
- Sharing Knowledge with Boards, LBB, GPs using live information and online updates
- Securing High-Quality Resources from London Health Observatory, CSL and potential partners e.g. Universities to produce data that stimulates change
- Obtaining a Total Picture of Need by using non-health data such as crime levels, educational attainment, employment and housing quality as proxy data for health need
- Identifying Unmet Need and comparing expected to actual values for disease prevalence and service usage
- Ensuring Up to date Information based on regular and timely data flows from providers. Using updated QOF, Crime statistics and residents surveys.
- Understand Population – wide variations in life expectancy mean different approaches are needed for smoking, teenage pregnancy etc
- Use of Benchmarking to understand relative performance
- Using the Third sector to work with hard to reach groups
- Using Risk Stratification to identify at risk population segments e.g. long term conditions
- Use of Programme Budgeting to support planning and review

- A comprehensive map of local service provision
- Mapping and identification of areas of greatest need and relatively poorest health and well-being access and outcomes

The following other sources of best practice have also been reviewed in the development of NHS Brent's CIIS:

- Figures you can trust – briefing on data quality in the NHS (Audit Commission, 2009) -
- The Intelligent Commissioning Board (Dr. Foster Intelligence, 2006)
- Taking it on Trust – A review of how Boards get their assurance (Audit Commission, 2009)

6. NHS Brent Current Position Assessment

An assessment of the PCT's current position in its use of information has been informed by the following:

ASSESSMENT	COVERAGE / OUTCOME	DATE	PERIOD COVERED
WCC competency assessment 08/09	Self-assessment of 10 competencies NHS. Self –assessed as level 1 on a number of competencies relating to information and WCC panel report included specific reference to this*	December 2008	November 07 – October 2008
Information Governance toolkit 08/09	Self-assessed submission. Overall 66%	April 2009	08/09
Use of Resources – KLOE 2.2	TBC	July 2009	08/09

In addition to the above, a workshop of PCT staff considered the PCT's current position and areas to build upon, the key elements of which are summarised in [appendix 5](#).

* The NHS Brent WCC panel report included the following:

Observation: Positive steps have been taken to improve the gathering and use of information in the acute sector. However the PCT notes that there are key information gaps in mental health and provider services. In mental health no data has been provided for 3 years, and the PCT plans to incorporate data requirements into the new contract. In primary care the PCT has taken positive steps (e.g. primary care scorecards) to gather data, but feedback from GPs suggests more could be done to improve data collection and dissemination

Recommendation:

- Pursue data from the mental health provider urgently
- Build capabilities in information management and analysis to ensure that the data the PCT does have is analysed and put into a format that is easy for stakeholder groups to digest
- Ensure that as the provider side of the organisation becomes business-ready (APO) and is eventually externalised the right information management capabilities are built to ensure success. Ensure that the provider organisation understands it will be commissioned based on quality and activity, unlike the non-contested commissioning of the past.

Specific recommendations included in the Panel Report were:

Competency 4

- Investigate poor survey results regarding the quality of information provided by the PCT to PBC groups

Competency 5

- Ensure that primary care data is analysed and produced in a way that can be easily utilised by clinicians
- Share data with providers (e.g. GPs, clusters) regularly
- Where there is currently no data (mental health, provider services) work with providers to remedy this

Competency 6

- Ensure the PCT understands their role as opposed to the role of other sector and pan-London groups to ensure they are building the capabilities they need to and sharing/buying other capabilities

7. Framework for Developing CIIS

The development of the CIIS was informed by consideration of the above in context of a) the PCT's 09/10 corporate objectives, b) the information requirements to support the implementation of the PCT's Commissioning Strategy Plan (CSP) and OD plan and c) the information requirements to support the forthcoming refresh and update of the Commissioning Strategy Plan.

1. 09/10 Corporate Objectives

- performance targets (as per 09/10 Operating Plan)
- CSP initiatives (not covered above)
 - a) Primary Care strategy, including acute demand management and activity shifts
 - b) Intermediate care strategy
 - c) Vascular Health strategy
- Use of Resources (not covered above)
 - a) Improved Financial Management
 - b) Achieving Efficiencies (primary care & community services)
 - c) Achieving efficiencies (strategic commissioning)
 - d) Other, including Workforce, Strategic asset management and Governance, risk management & internal control

2. OD Plan

- Collaborative working (NWLCP)
- PBC development programme
- WCC Competency Development

3. CSP refresh 09/10, incorporating updated:

- Joint Strategic Needs Assessment (JSNA) update
- Review outcome trajectories (incl. WCC datapack)
- Medium term Financial Strategy (MTFS) update
- Activity & cost benchmarking
- Provider landscape update
- Market Management strategy
- Detailed activity & financial modelling for 10/11 onwards
- Stakeholder awareness events & engagement

8. Underpinning elements of CIIS

The information analysis to support the above need to be at the core of the CIIS.

Supplementing and supporting the specific workstreams generated from the above, the CIIS will be underpinned by the following:

- a) Data Quality Improvement Plan – the PCT commenced a DQIP in July 2008 and this has been renewed and updated for incorporation in this plan – see Appendix 6
- b) Organisation wide skills and competencies – developing an information culture and the skills competencies and ways of working to supporting this will need to be an integrated part of CIIS implementation – see Appendix 7
- c) Tools & Infrastructure – to effectively implement a CIIS, we need to ensure that the ICT platform and the software tools are fit for purpose and facilitate WCC analytical functionality. - Appendix 8 sets out current tools & infrastructure which will be reviewed as one of the work streams supporting CIIS implementation (see section 10 below)
- d) Information Governance – the PCT has improved its compliance with IG toolkit requirements in 08/09 and has agreed a plan to further improve 09/10. This is summarised in Appendix 9 and is monitored by the ICT/IG group and the Audit Committee

9. Resources

Key to delivering the strategy will be harnessing the resources invested by the PCT through:

- a) CSL – all PCTs are investing significantly in CSL and CSL's early product priorities are summarised in appendix 10.
- b) The NW London Sector Commissioning Partnership – the sector is currently reviewing its potential analytical priorities – see - appendix 11
- c) PCT staff, including training & development – it is anticipated that a restructuring of the PCT's Information Management team will be undertaken in the light of a) and b) and the need to refocus on supporting the implementation of the CIIS. It is assumed that this will be within the current resource envelope. (i.e. the time freed up by the transfer of functions to CSL/Sector partnership will be redirected to support the CIIS). In addition the Public Health structure has already been strengthened. Once appointments are made this additional capacity will enable significant increase in public health analytical support to support CIIS implementation. The costs associated with training and development to support CIIS implementation will be incorporated in the PCT – wide Learning & Development strategy.
- d) PCT IM tools and infrastructure – recommendations for investment may arise from the proposed review of tools and infrastructure and, if this is the case, Business Cases will be brought forward.

10. Strategy Implementation Plan

The table below provides the proposed project workstreams for the CIIS over the period to March 2010. An Executive Lead (SRO) and lead manager have been identified for each action. Also where relevant, Finance and Performance and Public Health lead support has been identified. F&P leads are based on existing staff in position (or appointed and due to start in next 3 months) and will be kept under review as additional appointments are made (e.g. Deputy Director – Performance). The key to the Executive leads is:

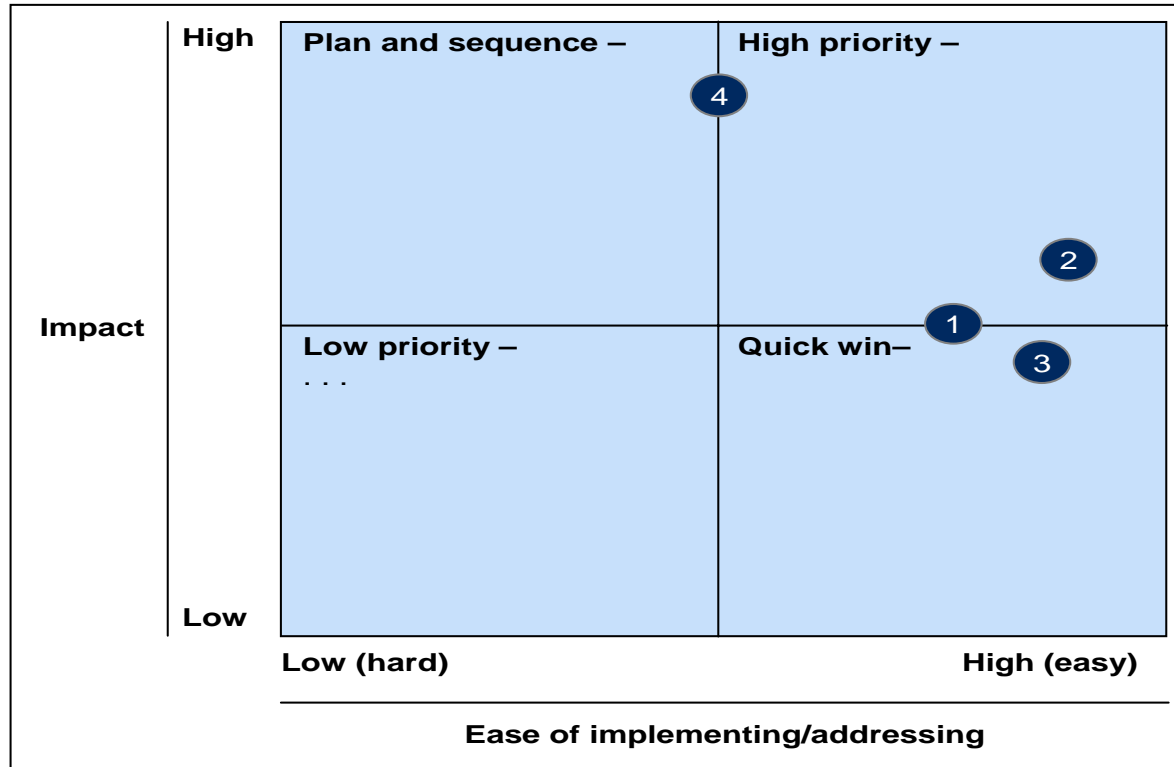
- CE – Chief Executive
- DSC – Director of Strategic Commissioning
- DPCC – Director of Primary Care & Community Commissioning
- DFP – Director of Finance and Performance
- DPH – Director of Public Health & Regeneration
- DHR – Director of Human Resources & Organisational Development

Projects have been grouped as follows:

- a) Overarching / Underpinning
- b) Strategy support
- c) Performance improvement support
- d) Commissioning / contracting support

The project workstreams will be either established as formal projects with detailed project plans, including timelines, dependencies, milestones, costs, benefits etc, developed or integrated into existing project groups / workstreams, as appropriate.

The oversight of the CIIS implementation will be through a CIIS Implementation Group, Chaired by the Chief Executive, who will also be responsible for prioritisation (where necessary) of projects using the framework below:



Strategy Implementation Project Plan

A. Overarching / Underpinning workstreams

Ref	Project	Executive Lead (SRO)	Lead Manager	F & P Lead	Public Health Lead	Timetable		Key Outputs/Objectives
						Start	Finish	
A1.	Utilise CSL 'early products'							
1.1	Provider performance analytics a) Vital signs b) Contract (monitoring finance)	DFP DFP	Jonathan Phimister Gary Sired	Bindi Shah Golam Wayes	- -	June 09 Oct 09	Mar 10 Mar 10	To ensure that the PCT maximises the benefits of utilising CSL products
1.2	Claims management	DFP	Gary Sired	-	-	Jan 10	Mar 10	
1.3	Health Needs Assessment (NHS) toolkit	DPH	Simon Bowen	-	-	Sept 09	Mar 10	
A2.	Work with NWL CP on development of Performance & informatics analytical functions	DFP	Jonathan Phimister	-	-	June 09	Mar 10	

A3.	Review F & P (info mgt) structure and ways of working in light of above and to maximise support for CIIS implementation	DFP	Jonathan Phimister	-	-	July 09	Mar 10	To align IM team to support CIIS implementation
A4.	Implement agreed Information Governance plan (appendix 9)	DFP	Avtar Ubbi	Phil Maddocks	-	Apr 09	Mar 10	To ensure planned improvement in IG arrangements are achieved
A5.	Implement CIIS OD plan (appendix 7) as part of PCT wide L & D strategy implementation	DFP	Sarah Davis	Jonathan Phimister		Sep 09	Mar 10	To ensure that L & D strategy and PBC development programme Support CIIS
5.1	PBC Development Programme (data analysis)	DPCC	Gill Kelly	Gary Sired	Simon Bowen	July 09	Mar 10	

A6	Review tools/infrastructure							To ensure IT infrastructure and software tools support CIIS implementation
6.1	Intranet/internet	DSC	Kike Biye	Carol Sheridan	-	Sept 09	Mar 10	
6.2	Other tools and infrastructure to support internal knowledge management	DFP	Jonathan Phimister	Avtar Ubbi		Sept 09	Mar 10	
A7	Governance							To establish programme and project management arrangements to support implementation
7.1	Establish CIIS project management and governance arrangements	DFP	Sarah Davis	-	-	July 09	Mar 10	
A8	Reporting/Access							To ensure that access to available information is optimised across the PCT
8.1	Review and confirm reporting arrangements across PCT for routine reports	DFP	Jonathan Phimister	-	-	Sept 09	Mar 10	
8.2	Review and confirm access arrangements to data sources	DFP	Jonathan Phimister	-	-	Sept 09	Mar 10	

A9	Ensure all information is accessible to PBC and analysed at Practice/Cluster level							To ensure that PBC have access to practice level information
9.1	Public Health/needs analysis	DPH	Simon Bowen	-	-	Sept 09	Mar 10	
9.2	Activity/financial analysis	DFP	Gary Sired	Jonathan Phimister	Simon Bowen	July 09	Mar 10	

B. Strategy Support

B1.	CSP 09/10 refresh							To ensure that CSP refresh is supported by advanced analytical and informatics capability
1.1	Health needs analysis (JSNA)	DPH	Simon Bowen	-		Aug 09	Oct 09	
1.2	Outcomes (Incl. WCC datapack)	DPH	Simon Bowen	-		Aug 09	Oct 09	
1.3	MTFS – cost & activity forecast / modelling across all commissioned services	DFP	Jenny Greenshields	Venkat Vallinayagam	Simon Bowen	July 09	Nov 09	
1.4	Activity & Cost benchmarking (incl. WCC datapack)	DFP	Jenny Greenshields	Jonathan Phimister	Simon Bowen	June 09	Oct 09	
1.5	Provider Landscape Review	DSC	TBC	Jenny Greenshields	Simon Bowen	Sept 09	Oct 09	

B2	Information analysis to support CSP initiatives							To ensure CSP initiatives have analytical base
2.1	Primary care strategy Incl. a) analytics to support service redesign across pathways b) accessing information held by Primary care	DPC	Sarah Curtis	Jenny Greenshields/ Gary Sired	Simon Bowen	July 09	Mar 10	
2.2	Intermediate care strategy	DSC	Allan French	Jenny Greenshields	TBC	July 09	Mar 10	
2.3	Vascular Health	DPH	Steve Sewell	Jenny Greenshields	-	July 09	Mar 10	
2.4	Mental Health	DSC		Gary Sired	TBC	July 09	Mar10	

B3	Development of investment & disinvestment processes to meet WCC Competency 11							To ensure information and analytical capacity and capability supports WCC competency 11.
3.1	Develop framework for measuring costs and benefits/outcomes	DFP / DPH	Gary Sired / Simon Bowen	-	-	Sept 09	Mar 10	

3.2	<p>Extend & align PCT investment process to include:</p> <ul style="list-style-type: none"> • disinvestment proposals • whole system reviews, including baseline spend • WCC investment tools/techniques, including programme/ Marginal analysis • Market analysis 	CE	Bev Sydney	Gary Sired	Simon Bowen	Sept 09	Mar 10
3.3	<p>Communicate across the PCT and agree training/development plan</p>	CE	Bev Sydney	-	-	Sept 09	Mar 10
3.4	<p>Align implementation of CIIS to support above</p>	DFP	Gary Sired	Jonathan Phimister	-	Sept 09	Mar 10
3.5	<p>Agree how (and by who) VFM is assessed prior to submission to Investment Panel</p>	CE	-	-	-	Sept 09	Mar 10

C. Performance Delivery Support

C1	Information analysis to support performance delivery plan							To ensure performance delivery plans have appropriate data quality and analytical focus
1.1	Implement Performance accelerator tool	DFP	Tim Taylor	Bindi Shah	-	July 09	Oct 09	
1.2	Smoking – information system implementation	DPH	Steve Sewell	Bindi Shah	-	Sept 09	Mar 10	Meets reporting requirements in a timely manner
1.3	Immunisations – data quality plan	DPCC	Tony Menzies	Avtar Ubbi		Sept 09	Mar 10	
1.4	Dental – performance analysis	DPCC	David Harding	Minu George		July 09	Mar 10	CNWL quality of data submitted for quarterly returns
1.5	Crisis – CNWL Data quality	DSC	Sarah Nyandoro	Bindi Shah		April 09	Mar 10	Regular data on coverage received from 21 building-analysed by GP practice
1.6	Breast Screening – quality of information	DSC	June Farquharson	Bindi Shah		July 09	Mar 10	Validation and submission of non NCSP data, aid in performance management of

1.7	Chlamydia –	DSC	Louisa Taylor	Bindi Shah	April 09	July 09	other providers
1.8	Breast feeding – data quality	DSC	Sarah Mansuralli/Melanie O'Brien	Bindi Shah	April 09	Dec 09	Source of data for denominator finalised- cross check with GP list, engage GP practices in signing up to LES
1.9	Stroke –	DSC	June Farquharson	Bindi Shah			Data analysis around clinical coding of stroke patients, ensure all main providers submit quarterly data.
1.10	Access to Primary Care –	DPCC	Tessa Sandall	Bindi Shah			Ensure all Providers are submitting data on a quarterly basis, cross check no of deliveries reported by Trusts with other data sources.
1.11	Antenatal access – data analysis/collection	DSC	Sarah Mansuralli		April 09	Sept 09	

D. Commissioning / Contract management

D1	Non Acute Contract management 09/10 - 10/11 – analytical support/development							To ensure Commissioning / Contract Management is supported by appropriate information analysis
1.1	Joint working	DSC	Parin Robbins	Gary Sired	-	July 09	Mar 10	
1.2	Primary care (incl. Primary care dashboard, QOF etc)	DPCC	Tessa Sandall	Gary Sired	-	July 09	Mar 10	
1.3	Community Services	DPCC	Nicole Price	Gary Sired	-	July 09	Mar 10	
1.4	Mental Health	DSC	Parin Robbins	Gary Sired	-	July 09	Mar 10	
D2	Acute claims management 09/10 (pending handover to ACV / CSL)	DFP	Gary Sired	Golam Wayes	-	May 09	Mar10	To ensure business continuity
D3	Continuing care							To ensure Continuing Care information developments are supported
3.1	New continuing care database	DSC	Parin Robbins	Gary Sired	TBC			
3.2	Electronic patient care assessment	DSC	Parin Robbins	TBC	TBC			

D4	TOSLA database – support/develop	DSC	June Farquharson	Gary Sired	Simon Bowen		To ensure TOSLA database development is supported
D5	PBC information & analysis						To ensure PBC receives information and analysis at the required level
5.1	Extension of scope of regular information reports to PBC	DFP	Gary Sired	Jonathan Phimister	-	July 09 Mar 10	
5.2	Systematic benchmarking of practice resource utilisation	DFP	Gary Sired	Golam Wayes	-	July 09 Mar 10	

11. Risks to delivery and oversight of implementation

- Risk schedule – risk schedules will be developed for each of the project implementation plans. Set out below are the high level risks for the overall CIIS.

Risks to delivery and mitigation plan

Key Risks (specific risks to delivery)	Severity (1-5)	Likelihood (1-5)	Score (Multiplied)	Mitigation (Where appropriate)
1. F & P (IM) capacity insufficient to support implementation of CIIS	4	3	12	Re-focussing of IM team to support CIIS
2. Organisation-wide capacity Insufficient to support Implementation of CIIS	4	3	12	Prioritisation of CIIS implementation by EMT
3. PCT skills, capability & ways of working prevent implementation of CIIS	4	4	16	Incorporation of CIIS as key element of PCT-wide Learning & Development strategy
4. Lack of project implementation resources	4	4	16	Engage project implementation support.

12. Conclusion

The implementation plan is designed to specifically support on

a) an improvement in WCC competencies

- general – support to PCT's aspiration level of competencies for 09/10
- specific – in particular, support to achievement of level 2 in:
 - Competency 4** – Clinical engagement – Disseminate of information to support clinical decision making
 - Competency 5** – Manage knowledge, analytical skills & insight
 - Competency 6** – Prioritise investment – predictive modelling skills
 - Competency 11** – Measuring and understanding efficiency & effectiveness of spend

b) an improvement in Use of Resources assessment (Use of Information) to Level 3.

The impact will be monitored specifically by the CIIS Implementation Group..

List of Contributors – NHS Brent

June Farquharson	Deputy Director of strategy & Development
Tessa Sandall	Interim Assistant Director Primary Care Commissioning & Performance
Nicole Price	Deputy Director of Community Commissioning
Jonathan Wise	Director of Finance & Performance
Jo Ohlson	Director of Primary Care
Simon Bowen	Public Health Consultant
Gary Sired	Deputy Director of Finance
Sandeep Prashar	Interim Head of Information
Jim Connelly	Director of Public Health
Gill Kelly	Interim Assistant Director PBC
Jonathan Phimister	Head of Information (designate)
Eliza Tudor	PBC Manager
Kike Biye	Head of Press & Communications (interim)
Vijay Patel	Harness Business Manager
Carolne Kerby	Managing Partner - Brentfield Medical Centre Management Lead - Harness Cooperatives
Tim Taylor	Interim Deputy Director of Finance

List of Contributors – Others

Tony Eardley - Tribal
John O’Connell - Dr Foster Intelligence

COMPETENCY 1 - LOCALLY LEAD THE NHS

Relies on actual management of services, changes in services and relationship and reputational management. The data/information items are marked with a bullet point and specified evidence is marked with an asterisk.

Key communications and information needs include:

- Survey data about the PCT*
- Media reputation*
- Staff data surveys ,sickness rate, vacancy rate, turnover*
- Communication strategy and plan*
- Annual PPE Report*
- Joint Strategic Needs Assessment (JSNA)
- Health and Well-Being Strategy (H&WBS)
- Commissioning Strategy Plan(CSP)
- Annual Public Health Report (APHR)
- Organizational Development Plan(ODP)

Appearances at the Health Select Committee
Engagement with the Local Strategic Partnership
Engagement in PPE and LiNKS
Engagement with the Borough Council
Engagement with Providers

The competency will draw on external and internal surveys of key stakeholder opinion, transparency of decision-making and the constant use of high-level health information which supports changes that are being advocated.

COMPETENCY 2 WORK WITH COMMUNITY PARTNERS

Relies on engaging and agreeing with others the appropriate organizational structures that support needs assessment processes and the interpretation of data, especially around the JSNA and the Local Area Agreements (LAA) and the CSP. The following communication and information needs are required:

- Engagement in structures and processes through the Local Strategic Partnership (LSP)
- Pro-active in driving the H&WB Strategy within key partnerships
- Transparency in organizational structures and processes for considering partner requests for service change.

This competency will draw on the joint specification of required data and its interpretation as information. In particular

- JSNA and its use in identifying and prioritising*
- LAAs will be central as will the monitoring of processes and outcomes from the LAA,*,
- H&WBS and the CSP, especially joint commissioning plans*.

COMPETENCY 3 - ENGAGE WITH PUBLIC & PATIENTS

Relies on consulting patients and public in all stages of the commissioning cycle, this competency brings information pro-actively to the attention of groups and elicits advice on the planning, design and implementation of services. The following reports are key elements:

- Survey data from representative samples of patients and public analysed correctly to yield commissioning information, including attitudes satisfaction, expectations and reports on process variables. The surveys should be acceptable and in appropriate cases targeted to hard to engage groups*
- Focus group data analysed correctly to yield rich descriptions of patient and public views, general and specific target groups*
- Regular reports exchange with LiNKs and OSCs*
- Publishes an accessible prospectus*
- Attention to communication variables such as reading level translations, media, and summarisation of information in health information*
- NHS Brent maintains a transparent narrative which describes the PPE and details its impact on commissioning decisions.*

COMPETENCY 4 - COLLABORATE WITH CLINICIANS

Meaningful engagement with clinicians is required and this needs to be demonstrated to make a significant impact on commissioning decisions, Key data and information reports include:

- Quality and Outcomes Framework (QOF) data are analysed appropriately to enable identification of significant variation at practice level, prompting timely investigation and management responses.*
- Disease- level activity data and (where possible) patient-level outcome and attributable costs to enable estimation of key productivity indexes such as return on investment (RoI) in Practice Based Commissioning (PBC).*
- Practice needs assessments*
- Evidence of responding to PEC and clinical reference group advice*
- Appraisal of research literature for responses to TOSLA requests
- JSNA
- CSP
- Benchmarking data interpreted as commissioning information

Note – PBC information work stream of PBC development programme to feed into this.

COMPETENCY 5 - MANAGE KNOWLEDGE & ASSESS NEEDS

Needs assessments using robust methods and data analysis allowing interpretation of data into information is central to the commissioning process. Measurement of the population impact of commissioned services and relevant use of benchmarking data should inform actions. Key data/information includes:

- JSNA, especially used to specify un-met needs in specific sub-populations*
- LAAs based on needs assessments*
- CSP, used to set outcome trajectories and cost-effectiveness ,segmented by key population characteristics*
- Shared equity audits*
- Mortality rates ,directly standardised for age, birth rates, prevalence rates based on synthetic models,
- Causal models for predicting specific diseases based on changes in risk factors over time
- Routine use of relevant benchmarking data and its use for detailed planning to improve ranking

COMPETENCY 6 - PRIORITISE INVESTMENT

Prioritisation is necessary in any budget-limited system and the procedures used to decide the relative ranking and allocation of resources for specific items must be appropriate. Both allocative and technical efficiency should be measurable and managed. Predictive models of costs and health-gain should be used, such models must be well-specified, identify investment priorities and targeting of investments. Among the data/information requirements are:

- Specific and timely accurately coded disease and intervention activity data*
- Disease and intervention level cost data *
- Financial management information
- Programme budgeting marginal analysis (PBMA)
- Detailed cost-benefit analysis to inform investment & disinvestment decisions*
- Equity audits of accessibility and outcomes
- Activity and cost benchmarking analysis*
- Medium term finance and activity modelling*.

COMPETENCY 7 - STIMULATE THE MARKET

Market intelligence and development are central to contestability and competitive advantage. This will involve active data collection and cross-commissioning data sharing as well as a relevant and timely view of provider quality, required capacity and development potential. Data/information requirements include:

- Provider quality and capacity, development potential*
- Identification of corporate risks and mitigation strategies*
- Service and pathway design based on needs assessments and demand management*
- Regular use of provider surveys, complaints and concerns data*

COMPETENCY 8 - PROMOTE IMPROVEMENT & INNOVATION

Continuous quality improvement involves correct and timely use of relevant information and effective use of this information in specifying best practice preferably based on research evidence.

Relevant data/information includes:

- Detailed process specifications for patient pathways based on evidence-based thresholds for transitions ,including best practice networks*
- Clear and timely patient process and outcomes information from services and pathways and use of this information for quality improvement*
- Benchmarking data interpreted and used for specifying best practice and evidence of rewarding innovation and quality*
- Specification of change-outcome models to track impact of service changes

COMPETENCY 9 - SECURE PROCUREMENT SKILLS

Procurement skills enable properly detailed service level agreements and contracts specification. This requires availability and use of key data interpreted correctly as information and the establishment of good professional commissioner-provider relationships.

Requirements include:

- Provider economics and ability to analyse and model economic consequences of change e.g. demand ,diversified supply and use of this information in specifying contracts*
- Contracts need to specify outcomes expected from interventions and specify cost-effective treatments and pathways, including circumstances that require intervention to secure improvement of performance*

COMPETENCY 10 - MANAGE THE LOCAL HEALTH SYSTEM

Compliance with contracts in terms of delivery of outcomes and achievement of value-for-money, continuous improvement of quality and timely management of problems is key to effective systems management. Data and information requirements include:

- Real-time surveys of patient views on services quality are used in performance management*
- Where routine data is insufficient contracts specify the collection of key performance data
- There are clear roles in commissioning and provider organizations for collection, ownership, sharing and management of information
- Dashboards of key performance indicators are required to support performance management and are discussed with providers and used to compare providers*
- Monthly performance of major providers is used to closely engage them in service improvements
- Clear procedures are in place for identifying and tackling poor performance.

COMPETENCY 11 – ENSURE EFFICIENCY & EFFECTIVENESS OF SPEND

A core purpose of commissioners is to make sustainable trade off decisions and sound investments to deliver the highest level of health benefit for a given level of spend along each care pathway. Robust analysis of spend and its impact on health benefit enables PCTs to make well informed investment decisions. By identifying and unlocking efficiency and productivity improvements across all its Commissioned activity. PCTs will deliver both better health outcomes and greater value for money.

Data and information requirements will include, for all Commissioned activity, at the intervention level in all pathways:

- Outputs, spend, output efficiency (output per £ spent) outcomes and health benefits per £ spent
- Identification of opportunities for improving efficiency and effectiveness
- Measurement of delivery of efficiency and effectiveness initiatives

Competence	Main Data	Main Processes	Information Outputs	Who?
1. Lead the local NHS	Patient surveys by PCT; Media monitoring	Survey skills; Abstraction and summarisation	Patient attitudes and experience; Media reputation	PH and HP working with Communications, PPE and HR staff.
2. Work with community partners	Health and demographic statistics	Health Intelligence skills for needs assessments and presentation; LAAs specification and monitoring; H&WB strategy development	JSNA LAA report H&WB strategy	PH working with Commissioners; CPH (Health Regeneration) co-ordinate with commissioners
3. Engage with public & patients	Surveys of attitudes & experiences; Focus groups PPE information	Survey skills Skills in running and reporting focus groups PPE information skills	Feedback on patient experience. PPE	Commissioning working with PH epidemiologist PPE staff PPE staff
4. Collaborate with clinicians	Disease level primary care and secondary care data, including referrals treatments, procedures and outcomes	Knowledge of data sources and skills in downloading from SQL data-bases and skills in interpreting data	QOF information reports; CMIS reports; Dr Foster reports; Performance management reports; Practice profiles; PBC monitoring reports	Primary care commissioning, working with F & P and PH

Competence	Main Data	Main Processes	Information Outputs	Who?
5. Manage knowledge and assess needs	Socio-demographic data; mortality and morbidity data; activity by coded disease or procedure; cost data	SQL skills; statistical analysis skills; interpretation of data skills	Predictive disease models; Outcome analysis Needs Assessments	F & P working with epidemiologist and PH
6. Prioritise Investment	Financial and cost data; activity data; outcome data; socio-economic data	Economic appraisal skills ; economic modelling skills; PBMA skills	Business models including Return-on-Investment; Programme Budgeting Marginal Analysis	Commissioners working with Finance & Performance & Public Health
7. Stimulate the market	Provider economics and capacity; needs assessments; outcomes; cost data; benchmarking data	Financial and economic management skills; market analysis skills; risk management skills	Market analysis reports; comparative outcomes by provider reports	Commissioners working with PH and F & P
8. Promote improvement and innovation	Disease and procedure level patient data; patient outcome data; benchmarking data	Input-Output analysis; evaluation of services skills	Service Performance Reports; Detailed Pathway designs; demand analysis	Commissioners working with the PH and F & P
9. Secure procurement skills	Provider economics; cost and activity data; outcomes data	Input-Output models; cost-quality models; statistical skills	Market analysis reports; demand and capacity and outcomes reports	Commissioning working F & P and PH

Competence	Main Data	Main Processes	Information Outputs	Who?
10. Manage the local health system	Activity and quality data for regular contract performance management; early warning of significant variation; dashboard of performance indicators; benchmarking data	Specifying relevant performance process and outcome data; presentation skills; analysis and interpretation skills; quality control analysis	Regular dashboard of performance indicator reports; quality control and risk reports	Commissioning working with F & P and PH
11. Ensuring efficiency & effectiveness of spend	At intervention level all pathways <ul style="list-style-type: none"> - spend - outputs - benefits 	Identification of opportunities to maximise efficiency and effectiveness	Measurement and monitoring of delivery programme to improve efficiency & effectiveness	F&P and PH working with Commissioning teams

KLOE 2.2 – USE OF RESOURCES

Does the organisation produce relevant and reliable data and information to support decision making and manage performance?

2.2.1 Produces relevant and reliable data and works with partners to secure data quality

What's this about?

[In the Know](#) defines data as numbers, words or images that are not yet organised or analysed to answer a specific question. The Audit Commission describes data quality using six key characteristics: accuracy; validity; reliability; timeliness; relevance; and completeness. When managing data, PCTs must balance the importance of these characteristics with the significance and purpose of the data.

PCTs need to have a rigorous system of checking data from trusts and GPs so that they can be confident about the quality of data they use and therefore in some cases the payments that they make. The PbR data assurance framework supports the checking of data but is not sufficient on its own.

Local public services work in partnership and need to share or rely on data from each other and from other organisations. They should therefore be open about, and willing to share, the data they use for reporting information and for decision making. PCTs should put arrangements in place so they can be confident about the quality of data they use from other organisations.

2.2.2 Provides information which supports the decision making process

What's this about?

[In the Know](#) defines information as being produced through processing, manipulating and organising data to answer questions, adding to the knowledge of the receiver.

PCTs and practices must have access to fit-for-purpose information to enable them to make informed decisions about how to commission services. Using information well in decision making will lead to better services. Different decisions will need different types of information. The first step to providing information which supports decision making effectively should be to understand the nature of the decision. Information should be relevant and of the right quality for the decision in hand. Presentation is also important – information will only help decision makers if it can be easily understood.

PCTs provide information to GP practices to support practice based commissioning. The Audit Commission report [Putting Commissioning into Practice](#), published in 2007, found that many PCTs were struggling to provide GP practices with reliable and timely information. World Class Commissioning Competency 4 includes a level 2 requirement that: 'the quality, format and frequency of information is perceived as appropriate by PBCs'. **Note: the output from this assessment may provide audit evidence in respect of the information provided to practice based commissioners by the PCT.**

2.2.3 Ensures data security and compliance with statutory requirements

What's this about?

By nature of the services they deliver, public sector bodies collect and manage sensitive data for example, social care data, criminal data, and patient records. PCTs need to put arrangements in place to ensure compliance with relevant statutory requirements and government guidelines, and specified public sector policies on data and information security.

2.2.4 Monitors performance against priorities

What's this about?

Recording and reporting on performance indicators (PIs) can help public bodies to improve performance management by enabling them to focus on national and local priorities. It can also help them to ensure the priorities and targets they have set are still appropriate. However, by themselves, PIs and targets do not provide all the information needed to manage and improve services. PCTs should have clear processes and initiatives designed to support delivery against their strategic objectives and priorities. There should be regular and coherent monitoring and reporting on progress against these priorities.

Note: outputs from the PCT's World Class Commissioning assessment against Competency 5 (level 3) of the framework will provide audit evidence on the following:

- the PCT regularly benchmarks itself against national targets and other PCTs on local health needs status; and
- the PCT has developed plans to improve its performance to meet stretch targets and benchmarks.

NHS BRENT CIIS

Areas to build on

Areas to develop

Comp 1 – Locally lead the NHS	Existing H & WB strategy, JSNA, CSP LAA	More detail below CSP – analysis of broader range of sub-population segments of data (e.g. LBB). More prospective modeling. Surveys of key stakeholder opinions
Comp 2 – work with community partners	Existing H & WB strategy, JSNA, CSP LAA	Analysis of reasons for changes in demand. Trend analysis. More detail below CSP.
Comp 3 – Engage with public and patients	PPE strategy	Website. PROMS. Local employers.
Comp 4 – Collaborate with clinicians	PBC activity / finance reports, Dr Foster QOF analysis Practice profiles	PBC Development Programme – Use of information Demand management group / costed plan to support Primary care strategy
Comp 5 – Manage knowledge and assess needs	Existing H & WB strategy, JSNA, CSP LAA	More detail below CSP. More predictive modeling. Needs assessments for individual care groups
Comp 6 – prioritise investment	Existing Investment / Business Case	Cost-benefit analysis to inform more

	<p>processes</p> <p>Existing activity & cost benchmarking analysis</p> <p>Medium term financial strategy/CSP</p>	<p>developed investment & disinvestment decisions</p> <p>Extend process to include systematic evaluation of existing spend</p>
Comp 7 – stimulate the market	Provider landscape analysis for CSP	Regular use of provider surveys, complaints 7 concerns data across all commissioned services. More sophisticated market analysis and contracts
Comp 8 – promote improvement and innovation		More widespread use of productivity tools / benchmarking across all commissioned services
Comp 9 – secure procurement skills	GP Led Health centre procurement.	Analysis and modelling of Provider economics. Up-skilling commissioning teams
Comp 10 – Manage the local health system	Existing contract performance mechanisms (e.g. NW London, BCS). DQIP for BCS. Balanced scorecard for primary care.	Contract compliance / Performance dashboard for all Commissioned services DQIP for BCS for 10/11 (inc. costed service lines) PbR for mental health
Comp 11 – efficiency & effectiveness of spend	Investment processes	Relating spend more directly to benefits Whole system reviews Disinvestment programme

Data Quality Strategy: 08/09 - 09/10 Plan

Appendix 6

Appendix 6

Area	Deliverable	Comment	Current Status for 08/09 Deliverables	Planned 09/10 Completion Date	SRO	Lead Manager
General	Data Quality Dashboard	Quarterly SUS dashboard available. Non-Acute to be developed.	In Progress	30 Sep 09	DF	Head of Information (Hol)
General	Data Quality Policy and 09/10 Data Quality Plan	Incorporating Information Team Data Quality Plan	In Progress	30 Sep 09	DF	Head of Information
Information Governance	Identify data quality responsibility owners for all areas	Appoint data quality champions in each area.	In Progress	31 Aug 09	DF	Head of Information
Information Governance	Develop documented procedures for using local and national benchmarking to identify possible data quality issues		In Progress	Ongoing	DF	Head of Information
Acute Commissioning	Produce monthly Data Quality Monitoring report for main providers and working arrangements for assuring validity of trusts data	Acute Sector Vehicle is to be primary link to CSL	Commenced	Ongoing	DF	Head of Information
Practice Based Commissioning	PBC data validation/checking active in 50% practices	Revised data checks to be applied in 09/10	Commenced	Ongoing	DF	PBC Information Manager

Practice Based Commissioning	Develop mental health/provider arm data by practice		Outstanding	31 Mar 10	DF	PBC Information Manager
PCT Management	Improve consistency in the use of HR data		Ongoing	Mar 10	DHR OD	AD HR&OD
Primary Care and General practice	Review/report of quality of GP-provided data with PCC		Ongoing	Mar 10	DF/DPC C	Primary Care/ Hol
Joint Working	Review/report of quality of Joint Working data DSC		Ongoing	Mar 10	DSC	Head of Joint Commissioning
Public Health	Agree with DPH action plan		Ongoing	Mar 10	DPH	DPH/DF
Strategic Planning	Action plan to complete Strategic Plan spend/activity model		Completed in 08/09			
Information Governance	Establish Regular Audit cycle for accuracy checks on patient data		Completed in 08/09			
Acute Commissioning	Review position re PBR data assurance framework and Code of Conduct		Completed in 08/09			
Performance Management	Develop performance report to include trend analysis		Completed in 08/09			
Acute Commissioning	Document In House Validation functions (processes established)		Completed in 08/09			
Acute Commissioning	Plan for integration of validation services from CSL		Completed in 08/09			

Training and Development plan to support CIIS implementation

Source: PCT Workshop

Target Audience

PCT Managers
Practice Based Commissioning Managers/Leads
Informatics Staff

Assessed Needs

Core set of skills to be developed for all commissioners;
Data quality improvements through greater involvement with front-line information recorders and end users;
Enhanced information handling and analytical skills for managers to allow greater autonomy e.g. Intermediate Excel skills;
Develop awareness of data sources to all commissioning staff;
Greater awareness and knowledge of Dr Foster system used for PBC contacts;
Interpretation and communication skills in analysts/Information Team;
Develop capability and capacity in Informatics Team;

Approach

Use resources that are readily available such as NHS Information Centre, London Health Observatory, WCC data packs;

Use focused learning and development approach in tackling key problems – research issues, understand the numbers and develop a common understanding.

Use of benchmarking to produce comparators and identify key problems

Promote the range of information available

Tools and Mechanisms

Develop Job Descriptions to incorporate relevant information handling skills for all staff;

Use Personal Development Plans and Objectives/Appraisals as opportunity to develop skills and competences;

Develop policies and means of engagement between end users and analysts/Information Team;

Review local data warehouse solutions to achieve comprehensive access to local data;

Knowledge Management

Consider staff awareness sessions e.g. at lunchtime to demonstrate internet/intranet resources available and to provide tips/hints to navigate to different information sources;

Improve communication channels - ensure organization charts are up to date with who to contact and their details;

Consider setting up an Information Asset Inventory;

Improve Documentation Management.

APPENDIX 8

Commissioning Intelligence Information Strategy NHS Brent

Current Tools

Application/ Tool	Area	Accessibility	Function	WCC Role
Sollis	Acute Commissioning	Information Team	Data warehouse linked to SUS allowing local interrogation and analysis of Commissioner Data Sets	Procuring services through establishing need based on current patient activity and accurate provider payments and contract challenges
Dr Foster	Practice Based Commissioning (PBC)	PBC budget managers and PCT/PBC support staff	PBC provides a monthly statement for each GP practice, detailing who has been treated by a secondary provider, when, what for, in terms of diagnosis, procedures and HRG, and how much the treatment cost. It can apply the HRG to historical data for the purposes of trend analyses, and drill down to the individual patient record is available.	Procuring services through planning capacity and managing demand; Monitoring performance.
GIS (Geographic Information System)	Strategic Planning	Public Health Team	GIS provides geographical mapping for a detailed level of health and proxy indicators.	Assessing needs; comparing health inequalities
WCC	Strategic Planning	Information Team	Refresh of benchmarking data	Assessing needs; procuring services

APPENDIX 9

	(2006/07)	(2007/08)	(2008/09)	(2009/10)
Information Governance Management	25%	48%	57%	75% *
Confidentiality and Data Protection Assurance	26%	51%	53%	73% *
Information Security Assurance	33%	59%	66%	73% *
Clinical Information Assurance	16%	33%	33%	66% *
Secondary Use Assurance	N/A	23%	61%	66% *
Corporate Information Assurance	8%	16%	50%	66% *
<i>Overall</i>	25%	45%	57%	72% *
	Brent tPCT (2006/07)	Brent tPCT (2007/08)	Brent tPCT (2008/09)	Brent tPCT (2009/10)
Statement of Compliance	28%	58%	66%	76% *
	0% = ■ (0 - Non-Compliant)	1% - 39% = ■ (1 - Partially Compliant)	40% - 69% = ■ (2 - Compliant)	70% - 100% = ■ (3 - Fully Compliant)
* 2009/10 scores are based on achieving objectives set out in action plan agreed by the Audit Committee. The action plan is being reviewed to identify areas of further potential improvement.				



Commissioning Support
for London

CSL Early Development of our Products and Services

June 2009



Providing clinical and business support to London's NHS

Product Portfolio

Provider Performance Analytics (PPA)

PPA will build a comprehensive set of tools that will help PCTs and SACUs (Sector Acute Commissioning Units) to clearly monitor how their providers are performing. Specifically through:

KPIs – will provide an accurate picture of the situations PCTs are facing and allow them to benchmark against other PCTs and national targets. Specifically, an exhaustive set of over 300 metrics have been collected. Of these, feedback from the PCTs has helped prioritise 45 to begin with and over the coming months PPA plan to release 15 new KPIs per month as we work our way to providing the complete set

Contract Monitoring – will provide interactive dashboards that identify where contract

agreements are succeeding or need further support. They will also allow benchmarking on a pan-London level. Specifically, the dashboards will allow PCTs to view:

- actual spend versus estimated spend
- actual levels of activity versus planned
- pan-London benchmarking of spend and activities
- HRG level activity analysis

Contract Negotiation Reports – will provide ‘below the numbers’ evidence in hard copy format that will enable DoCs to negotiate and articulate challenges.

Product Portfolio

Health Needs Assessment (HNA) Toolkit

The HNA Toolkit will develop into an interactive portal to support London's health needs assessment and health intelligence analysis. The HNA Toolkit will help deliver improved performance against World Class Commissioning competencies through better JSNAs and Commissioning Strategy Plans by:

- **enabling** health intelligence experts to use their analytical skills and insights more effectively
- **enabling** decisions about joint plans between PCTs and local authorities to be based on robust, shared evidence
- **enhancing** the benchmarking of health needs by providing consistent analyses and outputs and easy access to comparator data
- **releasing** more time and resource to be concentrated locally on developing needs-based strategies and business cases
- **facilitating** the needs-based prioritisation of investment and identification of improvement opportunities.

Version 1 of the Toolkit will provide the data and analysis required to update JSNAs. Version

2

will be built to meet additional needs articulated by users which are likely to include a wider range of data sets with customisable analytical capabilities and output options.

Product Portfolio

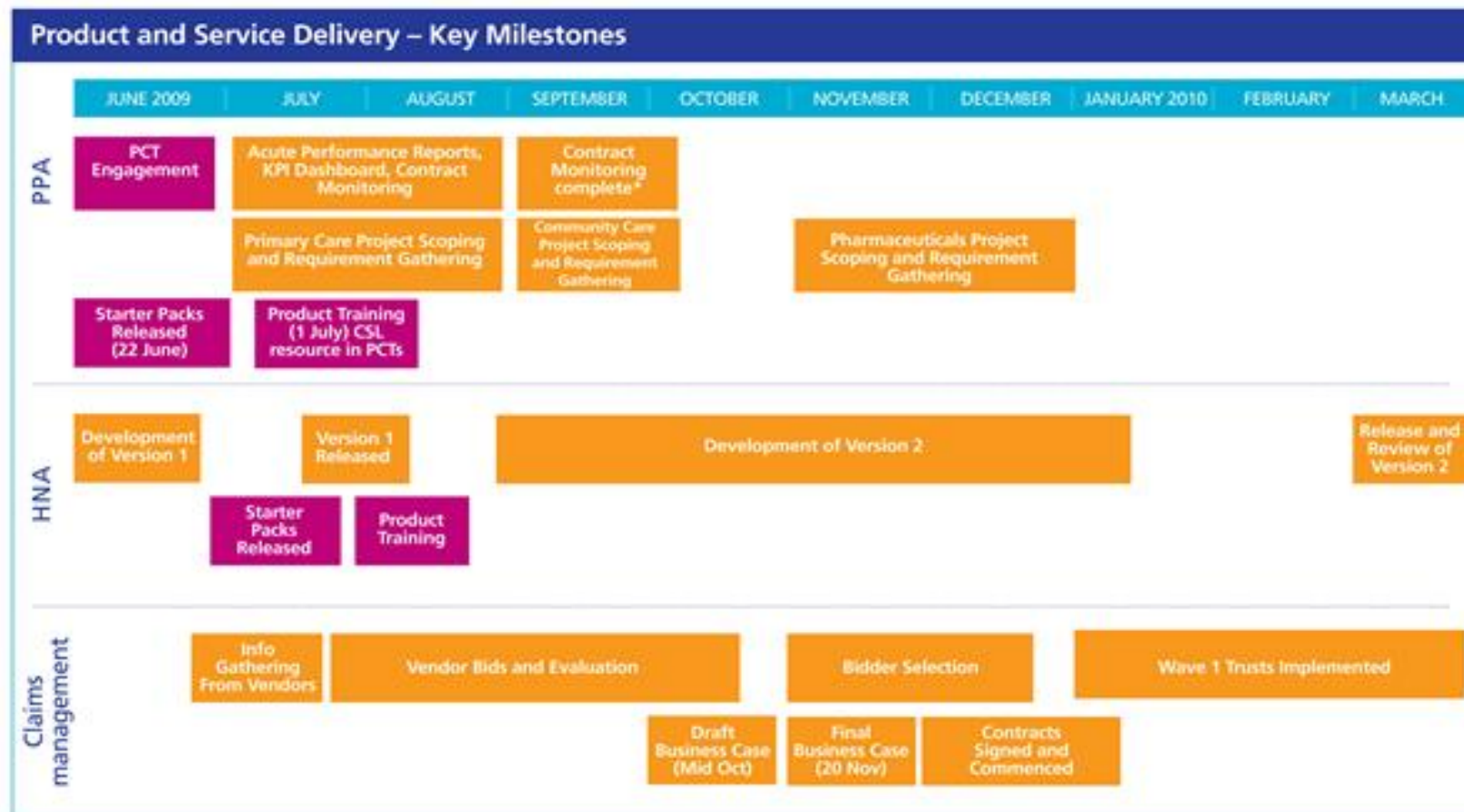
Claims Management

A centralised Claims Management function will enable PCTs to reconcile monthly provider invoices and, by identifying incorrect claims, provide more accurate cost allocation. Claims Management will work by having vendors checking and challenging claims made by Acute Trusts to PCTs / Sectors. Specifically the service will:

- **deliver value for money** by reducing the amount PCTs pay for misbilled, miscoded or clinically inappropriate care
- **enhance quality** by improving clinical practices and coding so they are delivered consistently and in accordance with 'best practice'
- **improve outcomes** by informing future commissioning of acute care
- **support commissioners** in conducting reconciliation challenges, including the development of challenge reports and benchmarking of provider performance on claims across London.

By consolidating this work into one function we are able to share best practice, harmonise reporting and make financial efficiencies – efficiencies that will be borne out of solid evidence.

Product and Service Delivery Timeline



Product and Service Delivery
 Product Support

* Subject to data and data loading



Summary of potential functions

- Sharing acute analysis to support needs assessment
- Predictive modelling
- Analysis to support service redesign (including evaluation)
- acute metric development and schedule 5
- model expected activity and cost
- market metric analysis
- Claims management analysis (short term)
- Analysis of over / under performance
- target monitoring
- Analysis to support PbC
- patient experience
- data sharing with key partners and stakeholders

As at 30 June

GLOSSARY OF TERMS

Abbreviated Term	Full Name
ACV	Acute Commissioning Vehicle
BCS	Brent Community Services
CIIS	Commissioning Intelligence Information Strategy
CMIS	Central Management information System
CNWL	Central and North West London (NHS Foundation Trust)
CSL	Commissioning Support for London
CSP	Commissioning Strategic Plan
DoC	Director of Commissioning
DQIP	Data Quality Improvement Plan
Dr Foster	Dr Foster Intelligence (public-private partnership)
DSC	Director of Strategic Commissioning
EMT	(PCT) Executive Management Team
F&P	Finance and Performance
GP	General (Medical) Practitioner
H&WBS	Health and Well-Being Strategy
HR	Human Resources
ICT	Information Computing and Technology
IG	Information Governance
IM	Information Management
JSNA	Joint Strategic Needs Assessment
KLOE	Key Line of Enquiry
KPI	Key Performance Indicator
L&D	Learning and Development
LAA	Local Accountability Agreement
LBB	London Borough of Brent
LINKs	Local Involvement Networks

MTFS	Medium Term Financial Strategy
NW(L)	North West (London)
OD	Organisational Development
OSC	Overview and Scrutiny committee
PBC	Practice-based Commissioning
PBMA	Programme budgeting marginal analysis
PbR	Payment by Results
PCC	Primary Care Commissioner
PCT	(NHS) Primary Care Trust
PH	Public Health
PI	Performance Indicators
PPE	Patient and Public Engagement
PPI	Patient and Public Involvement
PROM	Patient Reported Outcome Measure
QAY	Quality Adjusted Life Year
QOF	Quality Outcome Framework
SACU	Sector Acute Commissioning Unit
SQL	Structured Query Language
SRO	Senior Responsible Officer
SUS	Secondary Uses Service
TOSLA	Treatment Outside Service Level Agreement
UoR	Use of Resources
WCC	World Class Commissioning