



**PBC Performance Monitoring  
Framework**

**PEC & PBC Leads Review  
Meeting**

**East & North Hertfordshire PCT  
West Hertfordshire PCT**



Bruce Riddle, Director  
14 May 2008



## Presenters

- » Bruce Riddle – Director –Public Services – Health Sector Lead
- » June Blake – Managing Consultant – Public Services Health
- » Jo Snape – Managing Consultant – Public Services Health
  
- » Kristina Park – Director – NCI Healthcare - Apologies

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## Navigant Consulting – Brief Background



### Who We Are

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## Who is Navigant Consulting?

» Navigant Consulting (NYSE:NCI) is an international consulting firm providing operational, financial, regulatory and strategic advisory services primarily to companies in regulated industries and government agencies.

» Navigant Consulting (Europe) Limited is a wholly owned subsidiary company



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## Navigant Consulting (Europe) Limited

- » Navigant Consulting has had a presence in the UK for almost ten years
- » With five offices - London (2), Leeds, Birmingham and Glasgow
- » 300-odd employees in the UK
- » In the UK, Navigant Consulting (via several recent acquisitions) has been working in the Health Sector for the last 5 years
- » Have advised the UK public sector on Health programmes and projects worth more than £10 billion – Focus on Contracting & Procurement
- » Provider under the Department of Health Framework for Procuring external Support for Commissioners (FESC)
- » Leverage into some 400 Healthcare professionals within our US practice
- » Keen on providing a Fresh Approach and transforming global knowledge into local solutions



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## PBC Performance Framework

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## Background & Approach

- » NCE originally bid for a piece of work for the PCTs around the creation of a PBC Framework – due for completion in 2007
- » Start delayed to 2008 – PCTs and PBC Groups had progressed considerably – Navigant questioned the validity of completing the original scope.
- » A revised scope of work was agreed within the original package – creation of an outline PBC Performance Management Framework
- » Initial focus –Stakeholder engagement – week long series of interviews
- » Next step focussed on stakeholder workshop to identify comprehensive KPI Matrix – 4 tiers - national, EoE, PCT and PBC
- » Close Liaison with PEC Chairs and the PCT in refining the initial set of KPIs
- » Final report circulated in advance of this meeting – must be seen as a workable starting point – further in-use development and enhancement will be necessary
- » Model T to Mondeo

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## Objectives of the PBC Performance Framework

- » To enable the PCT and localities to monitor the progress of their Practice Based Commissioning strategy
- » To provide aggregated information on how and where individual components may be off target
- » To provide a basis for decision making
- » To enable action plans to be adjusted/developed to bring activities back on track.

The approach has sought to identify helpful information for stakeholders and to minimise complexities by building on existing data where possible.

To succeed it will need support from all stakeholders.

## Components of the Performance Framework

- » A set of Key Performance Indicators (KPIs)
- » The Balanced Scorecard
- » The Dashboard Report

## Key Performance Indicators - Proposed List for Balanced Scorecard

### • Practice Metrics:

- Practice ID, Population, Choose and Book ref rate

### • Clinical Indicators eg:

- MMR, emergency admissions with COPD as primary cause, Annual Flu Uptake, 4 week Smoking Quitters

### • Activity Indicators eg:

- Standardised referral rate, no procedures in a primary care setting, provider arm average length of stay

### Financial Indicators eg:

- PBC Spend – elective & non elective admissions, %variance against PBC budget

### Prescribing Strategy eg:

Prescribing Budget percentage over / under spend

### Equity eg:

Percentage of adults with diabetes with a record of HbA1c within the last 15 months

Signed copy of PBC Framework received by PCT from Practice, Quarterly EOE PBC survey results (rec Q16)

## The Balanced Scorecard

- » For each Key Performance indicator, there are two measures:
  - › Individual constituents are ranked against each other (highest scoring is ranked 1, second highest ranked 2 etc)
  - › The performance of individual constituents is assessed against the relevant applicable target:-
    - Performance with a variance of 5% or less = Green
    - Performance with a variance of more than 5% up to 20% = Amber
    - Performance with a variance greater than 20% = Red

**BALANCED SCORECARD - SAMPLE**  
**Locality / Practice Group:**  
**Date:**

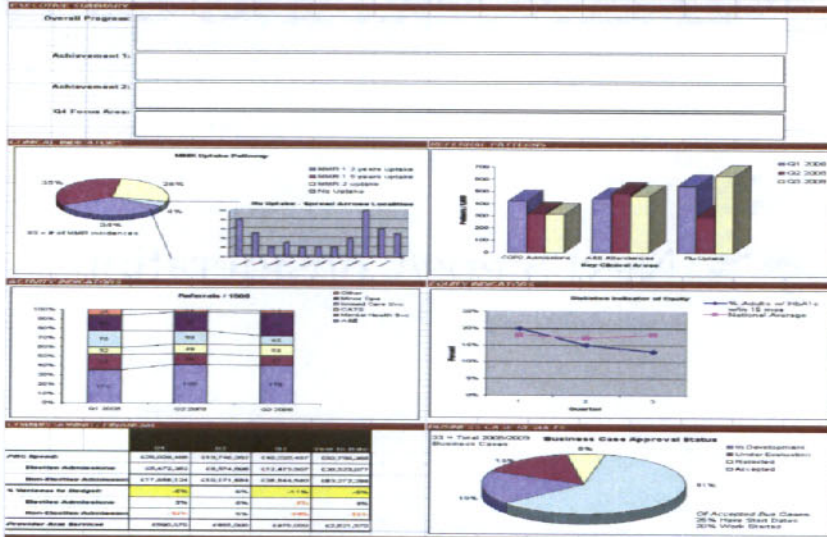
	Result	Ranking against PCT in Hubnet Ranked to 7th Lowest Ranked	Target	Performance Against Target
Locality Registered Population	10,000			
Locality Unregistered Population	11,000			
Choice and Book Referral Rate	20%			
<b>Clinical Indicators</b>				
M&R1 Update - 2 years	45%	1	45%	
M&R1 Update - 5 years	40%	4	45%	
M&R1 Update	5%	4	12%	
M&R1 Overall	50%	3	55%	
No of emergency admissions with COPD as primary cause for admission	250	7	240	
No of A&E attendances due to diabetic emergencies or complications	750	11	500	
Annual Flu Update	50%	7	40%	
Cytology Update	1%	1	11%	
Breast Screening Update	25%	7	27%	
Actual No of 4 week Smoking Quitters against Target	97 of 100	3	100	
<b>Activity Indicators</b>				
Total Referrals per 1000 patients registered	373	7	360	
Standardised Referral Rate (all specialties)	21%	3	18%	
No of Elective Admissions	450	1	420	
No of Non Elective Admissions	871	1	500	
No of A&E Attendances	945	1	600	
No of adults referred to community mental health services per 1000 registered patients	75	1	80	
No of referrals to enhanced primary care services per 1000 registered patients	143	6	120	
No of Minor Procedures performed per 1000 registered patients	242	3	230	
No of patients managed by lead and non lead based intermediate care services	450	1	500	
Average length of stay (LOS) for Provider Services Arm	3	1	3	
<b>Financial Indicators</b>				
PBC Spend - elective admissions (Actual / Budget)	£250,000	6	£180,000	
PBC Spend - non elective admissions (Actual / Budget)	£1,200,000	7	£1,180,000	
% Variance against PBC budget - elective admissions	20%	7	17%	
% Variance against PBC budget - non elective admissions	3%	1	10%	
Spend on Provider Arm Services (Actual / Budget)	£720,000	8	£575,000	
<b>Process/Strategy</b>				
Procurement Strategy	Procurement Budget percentage over / under spend	-1%	0%	
<b>Equity</b>				
Percentage of adults with diabetes with a record of HbA1c within the last 15 months	12%	6	3%	
Signed copy of PBC Framework received by the PCT from the practice	84%	1	100%	
Quarterly EOE PBC survey results (rec Q5B)	3	1	10	
<b>OVERALL</b>		4.1		

\*Green = target met with <5% variance, Amber = 5% to 20% variance, Red = over 20% variance to target

## The Dashboard Report

LAST & NORTH HESKETHOROUGH PCT & WEST PERFORMANCE PCT

3rd Quarter Dashboard Results



NOTE: All numbers are for illustrative purposes only and include only manually input numbers.

## Benefits of the Approach

- » It is flexible in its application *PCT or consortium*
- » It is flexible in its timing (suggest quarterly but some indicators may be annual)
- » It is a litmus test
- » It is easily adjusted
- » It facilitates timely debate and decision making - and timely action if required
- » It is a good communication tool *colours come out*



## Next Steps/Considerations



## Recommended Next Steps

- Enhance metrics to establish a more robust measurement system
- Most appropriate way to implement? – suggest pilot with two locales across the patches
- Agree Dashboard Report and periods of data collection
- Continuous Review esp of Balanced Scorecard
- Investigate ways of automating data collection and report generation
- Agree Communications Channels

*ways of collecting manual to start with*

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*how disseminate info who going to share with*



## Q&A/Discussions

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