8. Project office

Nigel Armitt reported that weekly meetings were being held to clarify the progress on delivering the Financial recovery plan with a fortnightly meeting reviewing the status of all projects and project leads to report on any problems. It was agreed to circulate to PEC and PBC leads the terms of reference of the project office steering group which needed to link further with PBCs. It was agreed that the terms of reference of the steering group which was working with all West Hertfordshire PCTs should be submitted to the next PEC commissioning committee meeting in September.

It was agreed that PEC members with concerns about the project should contact Nigel Armitt.

9. Map of medicine

Andrew Larkworthy gave a presentation on the structure of the Map of Medicine software which should be rolled out to people with "smart cards" registered with the Communicating for Health Registration Authority. The pathways included in the map of medicine were evidence based and the process would take until December 2006 although an earlier version was likely to become available in July.

In discussion the following points were made:

- The map of medicine software did not link with the patient record which made it less suitable for discussion with patients during consultations.
- The audit trail did not allow for explanations of the reasons why the proposed pathway had not been followed for a particular patient.
- One of the earlier pathways to appear on the map pf medicine would be for Chronic Obstructive Pulmonary Disease.
- There would be very significant savings generated if the map of medicine pathways were followed thereby reducing hospital referrals.

It was agreed to attach a copy of the presentation to the minutes of the meeting.

Action: John Paton

10. Date of next meeting

It was agreed to have a final meeting on 14 September.

LEGACY ISSUES

The PCTs need to plan for issues that have been concerning them to be taken forward into the new pan Hertfordshire PCT organisation and raised, as appropriate, at the Board meetings of the West Hertfordshire PCT.

To this end the PCTs are using a pro-forma to identify key issues to be taken forward, indicating the priority (in terms of how early in the life of the new PCTs the particular issue needs to be addressed). A copy of the template is attached as an Appendix.

PEC needs to agree the Issues to be referred to the new PCT. I think it will help lead the discussion if I am able to report suggestions received. To this end, please will PEC members email me with their thoughts on the top three items that they feel need to be addressed by the new PCT.

I list below what seem to me to be the key areas and the PEC leads in these areas and would welcome suggestions from them in respect of "their" area:

Governance and Clinical Effectiveness Sheila Borkett-Jones

IT, CfH, Choose and Book
 Andrew Larkworthy

Research Russell Jones

Prescribing & Medicines Management Claire Moring

Provider services (Nursing ,HV & therapy) Louise Hill

Dental Grace Mckeown

Pharmacy Girish Mehta & Raj Patel

GP Appraisal
 Nick Brown/Richard Walker

Practice Based Commissioning
 PBC leads

Clinical leadership in the new PCT
 Nick Brown/Richard Walker

Child Protection
 Nick Brown

Caldicott Guardian
 Mary Knott & Joe Kearney

This is my thoughts on the key issues but the PEC will no doubt have others.

Nick Brown, 5 September 2006 nick.brown@watford3r-pct.nhs.uk

W3R PCT AND DACORUM PCT LEGACY ISSUES IDENTIFIED BY PCT COMMITTEES

COMMITTEE TITLE:		
CHAID.		

DATE OF MEETING WHEN DISCUSSED:

LEGACY ISSUES please prioritise as follows:

OFFICER LEAD/SECRETARY:

- matter for urgent attention of the new PCT 1 = (ie within the first month of the new PCTs existence)
- matter for short / medium term attention 2 (ie within one to six months)
- matter for longer term attention 3 = (up to one year)

No.	Summary Details:	Priority (1-3)
1		
2		
3		
4		

policy development Develop comprehensive

Watford and Three Rivers PCT Vision 2003/6

community, primary, secondary and tertiary services. Working with patients, clinicians, and partners from the statutory and Developing our PCT to improve health services for local people, through commissioning and delivering safe, effective voluntary sector to modernise local services and to improve health."

Developing the PCT

- Achieving Improving Working Plus Lives Practice and Practice
- Appraising and Developing Getting our Policies and PDPs and delivering them. Staff, ensuring all staff have

Procedures right, trained on

- Develop and implement an effective recruitment and retention strategy. implemented and reviewed.
- Build and maintain effective Risk Management structures.
- Faster support communication an open and honest way throughout the organisation in

with 100% PDP by & development scheme 4/2004 comprehensive approval Implement a

strategy by 4/2004 to new recruitment & retention

Develop & implement a

improve R&R by 20%

practice plus by 4/2004. staff to achieve IWL

by 4/2004

monitoring and planning to patient feedback to enable feedback report of all

Deliver comprehensive

have patients at the centre

Improve HR practices for

Develop an integrated

process by 4/2004. To test systems protect controls assurance Develop systematic

in place to protect patients system, to have all policies implementation review

staff by 4/2006

High Quality

- Using patient feedback and and improve services. patient needs to change
- Clinical Governance openness and sharing. Systems which promote
- Working across the whole Deliver NHS Plan and NSF Target.
- integrated services. system to ensure well
- Deliver better access for appropriate service. local people to the
- Underpin services by best use of technology.
- all service action plans by engagement plan. To a comprehensive patient have patients involved in Develop and implement
- lengths of stay by 20% & which reduces hospital & implementation plan intermediate care strategy readmissions halves post operative
- commissioning strategy Quality & Outcomes practices to 95% level in delivering IIYH and which underpins Develop an all service to local needs Framework and responds improves quality in

Improving Local Health

- Identify local priorities of local people. which recognise the needs
- Deliver effective health promotion.
- Engage hard to reach groups in health issues
- Change commissioning of NSFs, implementing care pathways and improving hospital services to deliver outcomes for patients.
- services schemes to target specific local Deliver Local enhanced

community plan

 Develop & Deliver a Public underpinned by knowledge of local needs. all PCT decisions are Health strategy that means

Working in

Commissioning Services

 Develop a clear commissioning strategy for starting with key priority all commissioned services,

Develop capacity in the

and how to get involved

know what we are doing

Ensure local people

community and voluntary

Work with Partners to

sector.

wider determinants of

target improvement in

- Base commissioning decisions on needs assessment and best areas
- Deliver NHS plan and NSF practice.

Participate in and lead

- Engage patients and specifying services for commissioning. clinicians together in
- across StHA. network development Develop Local Health
- through the local deliver better health Work with local council to commission services Partnership Board to from the voluntary sector
- skilled people are talents of all appropriately clinicians to ensure that the Build relations between all delivering services to