

## THE LEEDS PCT MOVING FORWARD PROJECT



The Leeds PCT recognised in the latter half of 2006, that in order to meaningfully engage with commissioners and to be able to fully demonstrate levels of staff productivity and quality it would need to radically rethink the way in which it collected and reported information through its city-wide community information system, RiO, a modern, web based application, which works securely via a fixed or mobile connection to N3.

Four specialities, District Nursing, Health Visiting, Intermediate Care and School Nursing were chosen as the trail blazers and these covered around half of the clinical workforce.

The project was managed under a Project Board, chaired by the Director of Care Services and ran between December 2006 and June 2007. Each speciality set up its own Project Implementation Team which was made up predominantly of clinicians and supported by informatics staff.

An overall a set of principals were developed against which the project progressed:

- Building on What's Good
- Ensuring Value For Money
- Working through partnership
- Focusing on delivery and clinical outcomes
- Ensuring active engagement - staff, staff side, patients, public
- Driving improvement in services
- Enabling Clinical leadership
- Basing decisions on evidence
- Promoting excellence, quality, innovation
- Respecting individuals
- Promoting team working

These principals were developed to be consistent with today's NHS and the objective was to allow the Provider

Care Services Directorate of the Leeds PCT:

- To thrive in a Commissioner / Provider environment, by using information as its currency.
- To enable evidence through information to be used to demonstrate Leeds as a best value provider.
- To allow scrutiny and contestability of community services and allow them to flourish in a competitive environment.

Through the Project Implementation Teams, clinicians were tasked with defining their service models and once completed the models were translated and embedded into the Community Information System. To reduce the possibilities of inaccurate or untimely data, the project delivered various levels of support including:

- Floor walkers- who held the responsibility of ensuring local compliance and understanding of the new code sets
- RiO Champions, both clinical and administrative staff who volunteered to act as a local support for colleagues who needed assistance in entering data.
- Local "crib sheets" written with the help of clinical staff to take them step by step through each process
- Refresher training at all levels, including PC awareness courses for those not confident with using information or IT.

The outcomes of this work are:

- The PCT can report activity against its models of service directly from the Community Information System
- The PCT can account for individual staff time against the clinical activity they have provided - to assist in capacity planning
- There are now a number of Key Performance Indicators which can be used to measure the value of the clinical intervention provided.
- A blueprint exists which can be rolled out to other community provider services.