




Annual review
2009/10



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Foreword from the chair



I am delighted to have been appointed chair of the Primary Care Trust Network (PCTN). As an active member of the network for the past three years, I know how hard we have worked and how much we have achieved on behalf of our members since the PCTN's inception in 2007. I look forward to

contributing to our growing success and influence in my new role as chair.

We continue to represent over 90 per cent of primary care trusts (PCTs) across the country. In view of the challenging economic situation that we have all faced over the last 12 months, this is a fantastic achievement. It highlights the excellent value and benefits that we provide our members and also how important our membership is for PCTs within these increasingly difficult times.

As the economic and political landscape continues to change, it has become even more important for the PCTN to provide real support and representation to its members. Our programme of work continues to support members around key areas including supporting

the delivery of World Class Commissioning, developing a separate programme for providers and representing our members in the media and to the public.

Our third year has seen us continue to work to influence policy makers and produce a range of events and publications. These have focused on topical issues to stimulate discussion and to encourage learning among our members. As PCTs' provider and commissioner functions have increasingly separated, so too has our work programme to help us tailor our products and services to meet the changing needs of our members.

As chair of the PCTN I encourage all our members to get involved this coming year. Membership is the lifeblood of our network and it is your continued involvement that helps us to build on the great improvements we have already made.

Finally, I would like to thank Lise Llewellyn for her hard work and commitment during her three years as chair of the PCTN. Lise chaired the board since its inception and has helped to make it the national voice for PCTs that it has become. I look forward to carrying on that work, with David Stout our director and the support of the board and our wider membership.

John McIvor
Chair, Primary Care Trust Network

Director's statement



There is no doubt that 2010/11 will be a very challenging year for PCTs. Not only are they responsible for leading the delivery of one of the most demanding change programmes ever faced by the NHS as a result of the economic downturn, but they are also required to make significant management

cost reductions. At the same time there is political uncertainty with a new coalition government formed following the General Election in May 2010.

In my view these challenges mean that the need for a strong, independent voice for PCTs is greater than ever. However, I fully recognise that the financial pressures on PCTs also mean that it is vital that we can demonstrate that the PCTN delivers value for money to our members.

I am pleased that we have been able to freeze our membership fees for the third year running for 2010/11, while still maintaining an active and effective programme of work. We will continue to represent PCT interests through creating opportunities to get involved, sharing knowledge and experiences and by facilitating learning and development opportunities.

I am delighted that we continue to get positive responses to our work – 75 per cent of PCT chairs and chief executives in our membership survey spoke highly of our work. We aim to build on the successes of the last three years, with a particular focus on communicating the role and performance of PCTs to an often sceptical audience; influencing policy with the new Government; and promoting good practice – particularly in relation to driving up quality and productivity.

We will underpin this work with a very proactive approach to member engagement to ensure we are genuinely focusing on the key issues which members will find of most value. We also know we need to be very clear with members about what we are trying to achieve and give more consistent feedback on progress.

In conversations that I have had with network members over the last 12 months it is clear how hard we are all working to tackle both national and local issues and continue to secure high-quality care, improvements in health and reduction in health inequalities for local communities. PCTs up and down the country continue to show their resourcefulness and innovation in addressing these priorities.

While the year ahead will be difficult, I am confident that our members will be able to work together and meet these challenges.

David Stout
Director, Primary Care Trust Network

About us

The Primary Care Trust Network (PCTN) was established in 2007 as part of the NHS Confederation to provide a distinct voice for PCTs in England. At the end of 2009/10 we had 141 out of 152 PCTs in the country in membership.

The PCTN aims to support PCTs to improve health services and health outcomes across the country. We seek to do this through influencing policy and public debate, providing a distinctive voice for PCTs, and supporting PCT leaders through networking, events, publications and sharing information and learning. We also aim to raise the profile of the issues affecting PCTs, strengthen the influence of PCT members and enhance their reputation within the NHS and with wider stakeholders. We represent member views through regular meetings with stakeholders including senior civil servants, politicians and other stakeholders. We also represent our members in the national media and bring their views to the wider public debate.

David Stout is the director of the PCT Network. David oversees a dedicated team of staff and steers the work programme on behalf of our members. David and the PCTN board are also supported by NHS Confederation staff from the policy, membership, public affairs, publications and events teams.

Member benefits and involvement opportunities

The PCTN is a member-driven organisation. We are committed to involving members in developing and shaping our work programme. Membership is open to all PCTs that are already member organisations of the NHS Confederation. Currently we represent over 90 per cent of all PCTs in England in our network.

A summary of our member benefits are listed below.

Influencing policy and opinion:

- a full-service, in-house team with policy, media relations and public affairs expertise, dedicated to PCTN priorities

"I really value the advice and challenge from the PCTN which helps us improve policy and its delivery. I find the PCTN to always be responsive and I welcome the 'PCT voice' it brings to the national stage."

Bob Ricketts

Director of system management and new enterprise, Department of Health.

- links with NHS Employers to ensure that PCT views on workforce and GP contract issues are fed into the Employers' work programme
- good contacts with the media to facilitate presentation of the role of PCTs within the NHS
- a dedicated media team responding to breaking news on PCT policy issues.

Support:

- share learning and best practice through member network meetings, seminars and conferences
- a series of publications written by PCTN covering the main issues that affect PCTs and the wider NHS
- a range of subgroups including directors of finance, ambulance commissioners, as well as forums for PCT chairs and rural PCT members
- invitations to represent the network at dinners and receptions with key stakeholders and policy makers
- discounted rates at NHS Confederation and NHS Employers conferences.

Communications:

- access to the members-only area of our website including our publications library

- our fortnightly e-bulletin *In Touch*, highlighting key policy issues, developments in our work programme and forthcoming events
- PCTN parliamentary bulletin summarising the latest health issues in Government and Parliament specifically for PCTN members.

For more information on our membership and events coming up this year, please contact Martin Panther in the membership team at martin.panther@nhsconfed.org.

“The PCTN is absolutely key to keeping us at the forefront of policy generation, learning and best practice and ensuring that as PCTs we can demonstrate that we add value and are fit for purpose.”

Paul Sabapathy

CBE, chair, NHS Birmingham East and North and vice chair of the PCT Network

Our work and achievements 2009/10

We undertook a wide range of activities on behalf of PCTs in 2009/10. Brief highlights are set out below.

Policy

We continued to work closely with the Department of Health, other Government departments and other stakeholders on policy development during the year. PCTN members consistently rate this as our most important function. Although much of this work is behind the scenes, we make sure that we have effective input from our members, using the feedback we receive to help inform and underpin our discussions.

Our aim is to ensure that policy is as practically implementable as possible and that PCT views are effectively fed in early in the process of development. We try to take a constructive approach, acting as a 'critical friend' to Government. But we are not afraid to be publicly critical where we think it is necessary, for example on elements of the Transforming Community Services policy.

We maintained our focus during the year on commissioning and systems management, including seeking to clarify the so-called 'NHS as preferred provider' policy. We continued to argue for simplification of regulation from the Care Quality Commission (CQC) and Audit Commission and took a close interest in the early work of the Cooperation and Competition panel (CCP). The PCTN submitted evidence to the CCP on the Great Yarmouth & Waveney conduct case which related to the PCT's decision to tender for community services.

We also continued our input to the development of World Class Commissioning, and David Stout was asked to be part of the national calibration process to help ensure the system is consistent and fair.

The impact of the economic downturn on the NHS was a key area of work. We promoted debate on this issue in our work on commissioning in a cold climate and developed good links with the Department of Health's work on their national Quality, Improvement, Productivity and Prevention (QIPP) plans.

We have started to develop our ideas on clinically-led commissioning and how hard commissioning budgets for GPs could be made to work effectively. We also proactively engaged with PCTs during the year to give input into NHS Employers' mandate for negotiations on primary care contracts.

Our work with the National Mental Health Development Unit (NMH DU) on the national mental health commissioning programme, the public mental health and well-being programme and the personalisation programme continued, and our contract with the NMH DU will continue in 2010/11.

We undertook some focused work on children's services. Dawn Primorolo, children's minister, attended the first meeting of our re-launched PCT chief executives and directors of children's services sounding board. In January 2010 we held a seminar with Sir Ian Kennedy to discuss how child health services engage with children's trusts as part of Sir Ian's review of children's services. Our survey to get a view of the barriers and enablers to local partnership working around the Every Child Matters agenda attracted 78 responses from PCTs which helped shape our submission to Sir Ian's review in February 2010.

Communications and public affairs

We maintained an active stakeholder contact programme during the year.

During the year we met with both Government and opposition politicians and held regular meetings with senior civil servants and senior staff in a range of other stakeholders such as Monitor, the Care Quality Commission, the Audit Commission and the Local Government Association.

We held a breakfast meeting with Andrew Lansley MP in July 2009 to explore conservative policies for health and met with Mark Simmonds MP, shadow health minister, to discuss rural health issues.

For the first time we held PCTN sessions at each of the party conferences, in collaboration with the

National Institute for Health and Clinical Excellence (NICE). These sessions focused on priority setting in the NHS and the role of PCTs.

David Stout gave evidence to the Health Select Committee's commissioning inquiry in November 2009 and a number of our members submitted evidence to the inquiry as it progressed. The NHS Confederation also submitted evidence to the Children, Schools and Families Select Committee inquiry into Sure Start Children Centres based on views from a PCTN survey of members.

Over the last 12 months the PCTN maintained a high media profile. David Stout has been quoted in a number of national and trade publications and other media, including:

- BBC Radio 4's *PM programme*, BBC Radio 5 live *drive time* and BBC News 24 discussing the issue of out-of-hours GP care
- the *Daily Telegraph* and *Daily Mail* and appeared on BBC Radio 4's *Today programme*, BBC News 24 and BBC News discussing the issue of provision of weight loss surgery on the NHS
- the BBC Radio 4's *Today programme* discussing the issue of PCT funding for respite breaks.

Events

The PCTN maintained a busy programme of events during the year.

For the first time we ran two separate commercial one-day conferences in the year attracting nearly 200 delegates – one focused on community services and the other on commissioning for quality. These events were designed to support PCTs learning and sharing of ideas with policy makers.

We also established a separate PCT provider forum which supported a number of well-attended free

events for members on community services during the year. Our confidential forum for provider chairs in January 2010 also provided an opportunity for chairs to discuss the issues specific to their role.

We ran a series of smaller policy seminars on a wide range of important policy issues to help develop our thinking and to share good practice. Topics included commissioning in a cold climate, the social care green paper, children's trusts, rural PCTs and commissioning for quality.

We increasingly worked collaboratively with other organisations to run joint events. We held a successful joint event in January 2010 with the National Association of Primary Care on how to make hard commissioning budgets for GPs work. In November 2009 we presented the findings of a piece of research with Ipsos MORI on local perceptions of the NHS and PCTs and discussed the implications of the results. We also ran a seminar with the Association of Directors of Adult Social Services (ADASS) in February 2010 to discuss integrated working between health and local government.

Our event on leadership in February 2010 featured input from Sir Stuart Hampson, former chair of John Lewis Partnership, and was followed by a reception at the BT Tower.

Publications

We continued to produce a range of publications during the year which have proved popular with members. These ranged from discussion documents designed to promote debate through to detailed policy briefings designed to make sense of policy.

We also continue to produce *In Touch* – a fortnightly e-newsletter – which keeps members briefed on the work of the network and topical news.

Our priorities 2010/11

In light of the challenging context for PCTs, our priorities for 2010/11 focus on five key themes:

- strengthening commissioning
- developing community services
- partnerships with local government
- improving regulation and system management
- promoting the role and performance of PCTs.

We have developed our plans for 2010/11 in light of member feedback from our annual survey and delegate feedback from events and meetings throughout the year.

Strengthening commissioning

There remains significant pressure on PCTs to demonstrably improve their commissioning capabilities. This includes improving their performance in the World Class Commissioning assurance process and demonstrating that they are delivering improvements in quality, productivity and efficiency. So in this area we aim to:

- engage with the new government on their plans for the future of commissioning
- contribute to improved awareness and understanding among policy makers and influencers of the commissioning function in the NHS
- be seen as a constructive, informed and authoritative voice on commissioning
- participate constructively in public and private discussion and debate about commissioning, including in the media
- facilitate member networking and help members support each other to implement savings targets, service re-design, public communications and policy directives
- maintain excellent relationships with our members to ensure we are well informed about their priorities, challenges and development needs, and can connect them with relevant colleagues

- participate as a partner in the NMH DU's commissioning programme and other work-streams.

Developing community services

2010/11 will be a year of significant change for community services. The Operating Framework for the NHS in England 2010/11 set out a timetable for plans for the future of community services to be agreed. Our aims are therefore to:

- support members to successfully manage the transition for community services by influencing the new Government, the Department of Health and strategic health authorities' (SHA) approach
- influence the Cooperation and Competition Panel's approach to consideration of mergers
- facilitate members to share practical advice and support with each other
- maintain ongoing support for PCT provider arms during the year on the CQC's registration process and the development of the Department of Health performance regime for community services.

Partnership with local government

Key priorities for this area of our work programme in 2010/11 are to:

- work closely with the Local Government Association, the Association of Directors of Adult Social Services (ADASS) and the Association of Directors of Children's Services (ADCS) to further develop our work on the benefits of health and social care integration
- influence government policy on integration and re-ablement, particularly in light of the white paper on social care
- work across government on aspects of integration, particularly regarding older people's policy, crime and disorder reduction and the development of Total Place
- develop examples of good practice in integration
- work with national stakeholders around the development and implementation of the Children's Plan and Child Health Strategy

- continue the debate on the delivery of accountability within local partnerships and how this could be strengthened
- continue our engagement with the key issues around safeguarding of both children and vulnerable adults, working with national partners and members.

Regulation and system management

As the NHS continues to drive up quality and productivity, it is important that regulation and system management in the NHS supports this work. Our aims for 2010/11 include:

- promoting greater clarity and transparency in the assessment system for commissioners
- working with the Department of Health, Audit Commission and CQC to rationalise the current approaches in World Class Commissioning assurance, the NHS performance regime for commissioners, Use of Resources and Vital Signs
- promoting clarity on the respective roles between PCTs, Department of Health, SHAs and the regulators in system management
- promoting effective joint working between the Department of Health, CQC, Audit Commission, Monitor and the CCP
- working with the Department of Health to develop the Operating Framework for the NHS in England 2011/12 on behalf of our members.

Promoting the role and performance of PCTs

In 2010/11 we will continue our programme of work to tackle low awareness of the role of PCTs among political audiences and the public. Our aims are to:

- assist members by identifying opportunities to promote and engage them in our media and public affairs work
- change perceptions and increase understanding of policy makers and politicians of PCT issues

- develop a contact programme with politicians and other key external organisations to inform policy debate
- proactively placing media articles in national and trade press
- respond robustly to comments in the press and Parliament which paint an inaccurate picture of national PCT performance
- continue to help PCTs build best-practice on communicating and engaging with their local populations, following our Ipsos MORI research last year.

Engaging with members

To ensure our members are fully engaged in our work programme, we aim to deliver a programme of events to support the key objectives set out in our priorities.

We will continue to host and support a number of groups including the provider services forum steering group, confidential forums for provider chairs, the directors of finance group and the ambulance commissioners group. We will also organise a programme of meetings for our rural PCT members.

In 2010/11 we are keen to deliver events that are free and of real benefit to network members. Therefore, instead of our national commercial conferences, we plan to deliver three large events throughout the year that will be free to our members.

We will also be scheduling a number of dinners with stakeholders, policy seminars and ad hoc events with the Department of Health and other organisations on topical issues that will be of interest to our members.

We also plan to publish a number of briefings and reports to keep members up to date with the latest policy developments both for commissioning and provision as well as publications that help to tackle some of the difficult issues facing PCTs.

In this new membership year, we will continue our commitment to involving members in developing and shaping our work programmes and providing a range of involvement opportunities.

PCTN and the wider NHS Confederation work programme

In addition to the PCTN-specific objectives, we will contribute to work across all the networks and interest groups in the NHS Confederation to agree the priorities for the wider confederation work programme.

We will continue to meet with directors of other networks at the NHS Confederation on cross-cutting issues. Improvements in the commissioning of mental health services and ambulance and emergency care services are areas of work that we will continue to support our mental health and ambulance service networks.

The NHS Confederation is unique in its ability to bring together all parts of the modern NHS. We will take advantage of being under the umbrella of the

Confederation to continue to work closely with our family of networks to share learning and improve interaction on issues that affect the whole of the health and social care system.

Areas of joint work include:

- regulation
- working with the new Government
- health inequalities and health improvement
- local government and social care
- quality and safety
- competition and choice
- employment issues
- knowledge management and sharing.

Our people

The corporate governance structure of the NHS Confederation recognises the networks as the route by which members drive the purpose and strategy of the organisation. Each of the networks is in turn committed to working within a single corporate entity that governs in the interests of the NHS Confederation as a whole and ensures the effective function and success of the organisation. Information about the overall governance structure of the NHS Confederation is outlined in the organisation-wide annual review.

Each of the networks is self-governing with its own board elected by its members. These boards set the business plan and approve the budget of the network. The PCTN board is comprised of ten chief executives and ten chairs of primary care trusts, plus two co-opted members.

Board members 2009/10

Chair: Lise Llewellyn

Chief executive, NHS Berkshire East (until January 2010)

Chair: John McIvor

Chief executive, NHS Lincolnshire (from February 2010)

Vice-chair: Paul Sabapathy

Chair, NHS Birmingham East and North

East Midlands Strategic Health Authority (SHA)

Tom Fremantle, chair, NHS Nottinghamshire County
John McIvor, chief executive, NHS Lincolnshire

East of England SHA

Maureen Donnelly, chair, NHS Cambridgeshire
Angela Bailey, chief executive, NHS Peterborough (resigned February 2009)
Andrew Morgan, chief executive, NHS Bedfordshire (from March 2010)

London SHA

Toni Letts, chair, NHS Croydon
David Smith, chief executive, NHS Kingston

North East SHA

Stephen Clark, chair, NHS South Tyneside
Yasmin Chaudhry, Joint chief executive, NHS Durham and NHS Darlington

North West SHA

Alan Stephenson, chair, NHS Ashton, Leigh and Wigan
Leigh Griffin, chief executive, NHS Sefton (until April 2010)
Kathy Doran, chief executive, NHS Wirral (from May 2010)

South Central SHA

Prof Jonathan Montgomery, chair, NHS Hampshire
Lise Llewellyn, chief executive, NHS Berkshire East (resigned January 2009)
Ed Macalister-Smith, chief executive, NHS Buckinghamshire (from February 2010)

South East Coast SHA

John Wilderspin, chief executive, NHS West Sussex (until May 2010)
Eddie Anderson, chair, NHS Medway (resigned October 2009)
Currently awaiting election outcome for Eddie's replacement on the board
Marion Dinwoodie, chief executive, NHS Medway (from May 2010)

South West SHA

Jane Barrie, chair, NHS Somerset
Anne James, chief executive, NHS Cornwall and Isles of Scilly

Yorkshire & Humberside SHA

Karen Knapton, chair, NHS East Riding of Yorkshire
Andy Buck, chief executive, NHS Rotherham

West Midlands SHA

Paul Sabapathy, chair, NHS Birmingham East and North
Sandy Bradbrook, chief executive, Heart of Birmingham Teaching PCT (resigned May 2009)
Graham Urwin, chief executive, NHS Stoke-on-Trent (from May 2009)

Co-opted board members

Gill Scoular

NHS Northamptonshire, chair of the PCT finance directors group

Matthew Winn

NHS Cambridgeshire, chair of the PCT provider forum (until May 2010)
Beverley Hill, director of operations, Sandwell PCT (from May 2010)

Finance

A summary of the PCTN outturn for 2009/10 is detailed in the table below. These figures are currently being audited and are therefore may be subject to unforeseen adjustments.

The network is reporting a surplus of £85,000 for 2009/10 (against a budgeted surplus of £33,000), explained by:

- a planned surplus to build up reserves

- higher than budgeted number of PCTs in membership.

As a consequence of the surplus for 2009/10, the network board is pleased to announce that network membership fees for 2010/11 has been frozen for the third year running at £3,300 per year.

The main NHS Confederation fee has also been frozen for 2010/11.

Summary of income and expenditure 2009/10

| | Forecast outturn £k | Budget £k | Variance £k |
|--------------------------------|------------------------|--------------|----------------|
| Total income | 526 | 538 | 12 |
| Expenditure – pay | 253 | 245 | 8 |
| Expenditure – non-pay | 188 | 260 | 72 |
| Expenditure – total | 441 | 505 | 64 |
| Total surplus/(deficit) | 85 | 33 | 52 |

NHS CONFEDERATION



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