

Second Domain – Cost & Clinical Effectiveness

Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes.

Core Standard	Prompts	Baseline Position	Compliant Level	Assurance
<p>C 5 Healthcare organisations ensure that:</p> <p>a) They conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care</p>	<p>The healthcare organisation conforms to the procedures for the adoption of NICE technology appraisals in accordance with Implementation of NICE guidance (Department of Health 2004).</p> <p>The healthcare organisation takes into account, when planning and delivering care, nationally agreed best practice as defined in national service frameworks (NSF), NICE clinical guidelines, national plans and nationally agreed guidance.</p>	<p>The organisation commissions, within available resources, services in line with NICE technological appraisals through the lead PCT (B & H).</p>	Compliant	<p>NSF Groups</p> <p>QOF Data</p>
<p>C 5 Healthcare organisations ensure that:</p> <p>b) Clinical care and treatment are carried out under supervision and leadership</p>	<p>All staff involved in delivering clinical care and treatment receive appropriate supervision, taking into account national guidance from the relevant professional bodies.</p> <p>Clinical leadership is supported and developed within all disciplines.</p>	<p>All trained clinical staff are involved in the supervision process and each profession has list of supervisors who have undergone appropriate training. Supervision is highly recommended and time is made available for staff to participate.</p> <p>Each profession has own guidelines and standards. Generic guidelines are incorporated in the Supervision Framework. Each professional that trains students has guidelines from educational/ professional body that is adhered to whilst in this organisation</p> <p>AHP and Nursing staff have access to L.E.O. course and other relevant leadership courses linking to their PDP. Nursing and AHP Leads developing PCT position on 10 Key Roles. Clinicians involved in all key service developments e.g. NSF's etc</p> <p>100% of staff have access to appraisal and PDP and mentoring is linked to individuals PRD and role.</p>	Compliant	<p>NHS Staff survey.</p> <p>AHP 10 Key Roles Group</p> <p>PRD process</p> <p>Guidelines for PRD's and KSF</p> <p>Supervision Framework</p> <p>IWL Practice Plus</p> <p>IWL Steering Group</p>

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C 5 Healthcare organisations ensure that: c) Clinicians continuously update skills and techniques relevant to their clinical work.	Clinicians from all disciplines have access to and participate in activities to update the skills and techniques relevant to their clinical work.	Staff have development plans as a result of PRD's and have access to the training brochure. The PCT continues to support Leading and Empowering Organisations (LEO) training and has worked with the health community and National Health Service University (NHSU) to improve access to the Managing Health and Social Care course. The PCT has achieved good progress against the national strategy for learning and development and has addressed all the recommendations from the Commission for Health Improvement Review.	Compliant	CNST Level 1B GP Appraisals NHS Staff Survey Supervision Framework Guidelines to KSF and PRDs
C 5 Healthcare organisations ensure that: d) Clinicians participate in regular clinical audit and reviews of clinical services	Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits. Clinicians participate in reviewing the effectiveness of clinical services through evaluation, audit or research.	A Clinical Effectiveness Strategy was approved along with a Clinical Audit Strategy at the Clinical Governance Committee in March 2004. A Clinical Audit annual report is produced and presented to the Clinical Governance Committee. The Clinical Audit service is hosted by Broxtowe and Hucknall and they have an extensive database of all audits. The Clinical Effectiveness Group supported by the Operational Managers decide on the audit priorities. The Clinical effectiveness Group is made up of clinicians from all professions within the PCT.	Compliant	Clinical Effectiveness Strategy. Clinical Audit Strategy Clinical Effectiveness Group Clinical Governance Committee
C 6 Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	The healthcare organisation works with relevant partner agencies to ensure that patients individual needs are properly met and managed across organizational boundaries in accordance with Guidance on the Health Act Section 31 partnership arrangements (Department of Health 1999).	Range of forums, Health Partnership Board, Local Implementation Team's Emergency Care Network, Planned Care Network. Older People Mental Health Strategy, Intermediate Care, NSF Forums etc Key area of work at present is review of older persons pathway including admission and discharge planning. Out of Hours Lead PCT is Gedling but Rushcliffe are involved in the negotiation of Out of Hours Service Level Agreement.	Compliant	Emergency Care Network Health Partnership Board NSF groups NHS Patient Survey