Building and maintaining relationships with your Primary Care Trust (PCT)

Choosing Health, the Government white paper published in 2004, highlighted the link between ill health and social exclusion. Advice is increasingly being recognised as an important way to treat patients, alongside medicine, because of its ability to alleviate stress and financial hardship, and promote community cohesion. In doing so it helps to tackle health inequalities, improve patients' health and well being, and generate savings for health bodies. With advice and health services being so complementary, a good working relationship with your PCT – which holds the purse strings for all health care expenditure – will help you meet the needs of the local population in the best way possible.

Who

The National Health Service (NHS) is divided into Primary Care and Secondary Care Trusts.

Primary Care	Secondary Care
NHS Direct	Ambulance trusts
NHS Walk-In Centres	NHS trusts
GP practices	Mental health trusts
Dentists	Care Trusts
Opticians	
Pharmasists	
Emergency and urgent care	

For more information about the split see: www.nhscentreforinvolvement.nhs.uk/docs/Guide%2018%20-%20Health%20and%20social%20care%20structures.pdf

Within England there are currently 153 PCTs, which have an average population of 330,000. According to the NHS Handbook, the main functions of PCTs are:

- Improving the health of their populations, reducing health inequalities with the local authority, protecting health, emergency planning;
- Commissioning services (including hospital care, mental health, GP practices, screening programmes, patient transport, NHS dentists, pharmacists and opticians), assessing need, reviewing provision and deciding priorities, designing services, shaping supply through placing contracts, managing demand and performance managing providers;
- Developing staff skills, investing capital in buildings, equipment and IT.

Why

If your PCT understands what services you provide, as well as the impact of those services on the health and well being of the local population, they are likely to engage with you to:

- help shape services to meet the needs of 'harder to reach' groups;
- co-locate complementary services so people can access the advice they need in a convenient location they feel comfortable in;
- cross refer; and
- potentially commission new services from you (PCTs are responsible for a massive 85 per cent of the NHS budget).

Your PCT is also likely to be influential in the Local Strategic Partnership (LSP). LSPs bring together public, private and voluntary sector organisations to look at the issues a community is facing, how partners can work together to address them, and where public resources are best directed (for more information about LSPs see 'Building and maintaining relationships with your Local Authority'). Understandably, PCTs will be particularly keen to look closely at services that deliver clear health benefits for the community. Having an understanding of your work and its outcomes in this respect can make them a powerful advocate.

Opportunities and challenges

Having a relationship with your PCT opens up many opportunities, but equally it does present challenges.

Opportunities

1. Walk-in Centres or 'Polyclinics' are new healthcare centres that are being rolled out throughout the country, where several health services are based together. Locating advice services in the same place – either permanently or on an outreach basis – means that health professionals can deal with immediate health issues but also easily refer to an adviser about other issues which may be having an underlying impact of the patient's health, such as the worry of debt.
2. Co-locating advice services alongside health services creates a higher awareness of those advice services among some of the people who are most in need. For example, those who are disabled, elderly, have mental health problems or are terminally ill. It also helps to reach patients' carers, who may not normally consider seeking advice.
3. PCTs control around 85 per cent of the entire NHS budget. This is because they are working at a local level and are therefore in a position to understand and respond to local needs. If you can show the health benefits of your work and can demonstrative the cost savings these can represent for the PCT, then they may be willing to commission new services from your agency.

Challenges

1. The effects of the recession are still being felt. It is therefore widely expected that public expenditure, including the NHS budget, will be cut. This will inevitably have an impact on services that PCTs currently fund, and those they may consider funding in the future. They will be aiming to commission more productively and thinking harder about what they are spending and where.
2. It is likely that PCTs will begin to commission services jointly with Local Authorities to eliminate duplication. This will ultimately mean that there is less money to go around. The commissioning of services (as compared to grants)

also places advice agencies in active competition with private companies as well as other voluntary and community sector organisations, making an their relationship with the PCT more important than ever.

How

This is the most important section of this guide. It offers practical suggestions as to how you can build and maintain a relationship with your PCT.

The first thing to do is identify all the key players within your PCT. The easiest ones to identify are those on the frontline, for example practitioners at GP surgeries, general hospitals, community mental health teams, dental services, outreach nursing clinics and occupational therapists. However, this list is far from exhaustive. Here are a few questions to think about, which could help you identify other contacts (and their motivations) who might feel to you to be slightly more removed, but are nonetheless just as key, if not more so.

- How is your PCT set up?
- Who sits in the strategy and innovation directorate within the PCT?
- Who leads on the commissioning of different services?
- How are policies developed?
- How can these policies be influenced?
- What does the PCT's strategic plan reveal about how they intend to develop services in the next five years?
- What performance indicators are the PCT working towards?

All of your key contacts need to be informed and influenced through planned and sustained communications. Once you've decided who you're going to build and maintain relationships with, you need to think about the ways you're going to reach them. A mixture of personal networking; managed communications; media presence; and indirect influencing through other bodies is usually best.

Don't assume your key contacts know all about you – their knowledge could well be limited. Instead, ensure you send regular information, which clearly informs them about what you do and why you are important to them (as well as the wider community).

Consider adding PCT contacts to your distribution list for publications such as:

- Your annual report (as long as it is interesting and well presented);
- Quarterly newsletters;
- E-alerts that might include your latest statistics/ issues arising locally;
- Subject-specific evidence reports you may have published; and
- Any media coverage you have received.

Always ensure that the publications you send are targeted correctly for that contact, i.e. a mental health project evaluation might only be sent to mental health service commissioners.

You could also invite your key contacts to:

- Visit your agency to see your work;
- Your AGM (as long as it is interesting and informative);

- Advice Week events that you have organised;
- Be an observer on your trustee board.

And you could:

- Provide self-help literature for display in waiting rooms;
- Speak about your services at patient groups or support groups;
- Take part in patient or healthcare forums, which PCTs use to help shape their services (while you can only take part in these in your capacity as a local individual, not as an agency representative, they are nonetheless a useful forum for gathering information and influencing the local agenda).

Thinking about face-to-face contact more broadly, ensure that you accept any opportunities to attend meetings or functions where your key contacts will be present – this will provide you with a great chance to network. (For more information of how to network, please see the 'Communications guidance notes' in chapter one of this pack.) When you meet with your key contacts, remember to push your key messages (see 'Key messages' below).

Key messages for your PCT

We've come up with a range of key messages that you could use with your Local Authority contacts, providing they are appropriate for your advice agency. You will need to modify them with local detail:

- There is a clear correlation between ill health and social exclusion. For example, as many as one in four people who have a mental health problem also are in debt, and one in two adults with debts has a mental health problem. (See: www.rcpsych.ac.uk/pdf/final%20demand.pdf)
- Our advice services represent cost savings to the PCT through the reduction of stress and isolation, and the improvement of clients' financial situations.
- We can help you meet your Local Area Agreement targets by… (look at www.localpriorities.communities.gov.uk to find out the local targets)
- We can help you meet your performance indicators by… (look at your PCT's Health Improvement plan to find out about local targets)
- We can contribute to helping you achieve the following Government/ NHS initiatives:
    - Information prescriptions;
    - Health trainers;
    - End of Line Care Strategies – providing practical support to enable people affected by any terminal illness;
    - Helping people get back into work following illness;
    - Helping people with mental health or physical problems to get into or to stay in work;
    - Helping carers.
- Working with us means that your health professionals can focus purely on medical matters while we support your patients through their social issues.
- We are viewed as independent and so able to work with some of the 'harder to reach groups' in the local community.
- We have a wealth of data about the problems being faced in our area.
- We have a strong focus on the needs of service users.

- We have the knowledge and expertise to meet complex personal needs and tackle difficult social issues.
- We develop and maintain a strategic plan for our community.
- We contribute to improving community cohesion and social exclusion in a number of ways, including outreach services and partnership work.
- We have an ability to be flexible and offer joined-up service delivery.
- We are working in partnership with other public, private and third sector bodies to reduce duplication and improve the experience for our clients.