

Competency 4 – Knowledge Management Summary

PCTs lead continuous and meaningful engagement of all clinicians to inform strategy and drive quality, service design and resource utilisation.

Clinicians are best placed to advise and lead on issues relating to clinical quality and effectiveness. They are the local care pathway experts who work closely with local people understanding clinical needs. PCTs should ensure that through the involvement of clinicians in strategic planning and service design, services commissioned build on the current evidence base, maximise local care pathways and utilise resources effectively. Professional Executive Committees (PECs) have a crucial role to play in building and strengthening clinical leadership in the strategic commissioning process. Practice based commissioning (PBC) is the key methodology for this and should be maximised to drive innovative and transformational change.

Competency Overview

Knowledge Management is fundamental to achieving a high standard in dissemination of information to support clinical decision making.

At a minimum, PCTs must share quality of care information and engage in regular dialogue with clinicians on quality improvement. The status updates they then produce and disseminate must be of a quality, format and frequency which the PBCs perceive as appropriate.

To reach Level 4, PCTs will need to be able to produce quality reports that include recent clinical evidence, benchmarks, and changes in clinical practice. They will also need to be able to calculate the PBC return on investment.

The tables below and overleaf summarise the KM-related inputs and outputs that relate to this Competency.

Competency 4 – Knowledge Management Overview		
Category	Components	Information Requirement
Input	a) Project management	Conduct project management with appropriate IT tools e.g. MS Project.
	b) Innovation	Use online forums accessible to PEC chairs, consortia reps, acute trusts, local social care, and allied health practitioners to collect information on benchmarking, problem solving and idea development on PCT planning and service development.

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Outputs	c) Use of clinical engagement structures	Maintain PBC database with up-to-date project status information including contributor information e.g. from forums.
	d) Dissemination of information to support clinical decision making	PBC database capable of calculating ROI (number of defined procedures per £) for each project by monitoring relevant patient activity before during and after PBC project. Monthly status and quality reports for PBCs. PBC survey results from "Rating of information".
	e) Reputation as a leader of clinical engagement	PBC survey result from "The PCT proactively engages all clinicians to inform and drive strategy, service design and resource utilisation".