

# race for health



a transformational change programme

## Berkshire East PCT Peer Review

30 April – 1 May 2007

Outcome Paper

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# 1. INTRODUCTION

## The review

- 1.1. Berkshire East Primary Care Trust (PCT) hosted a Race for Health (RfH) Peer Review on 30th April and 1st May 2007. Berkshire East PCT was formed on 1st October 2006 as a result of the merging of Bracknell Forest, Slough, and Windsor, Ascot and Maidenhead PCTs. The review was therefore seen as a good opportunity for the newly formed PCT to consider what progress had been made toward delivering race equality in the three previous PCTs and how this work could best be taken forward by the new unified PCT.

## Key questions

- 1.2. The peer review aimed to examine what progress the PCT is making in tackling race inequalities, particularly in the following key areas:

- How effectively is the PCT developing a single **Race Equality Scheme** from those originally held by the three PCTs?
- In what ways is the PCT **engaging BME communities** and how meaningful has this been?
- What approaches has the PCT taken to **commissioning services** and how does it reflect the needs of all the communities it serves?
- How is the PCT **developing effective partnerships**, particularly with the local authorities and the voluntary and community sector?

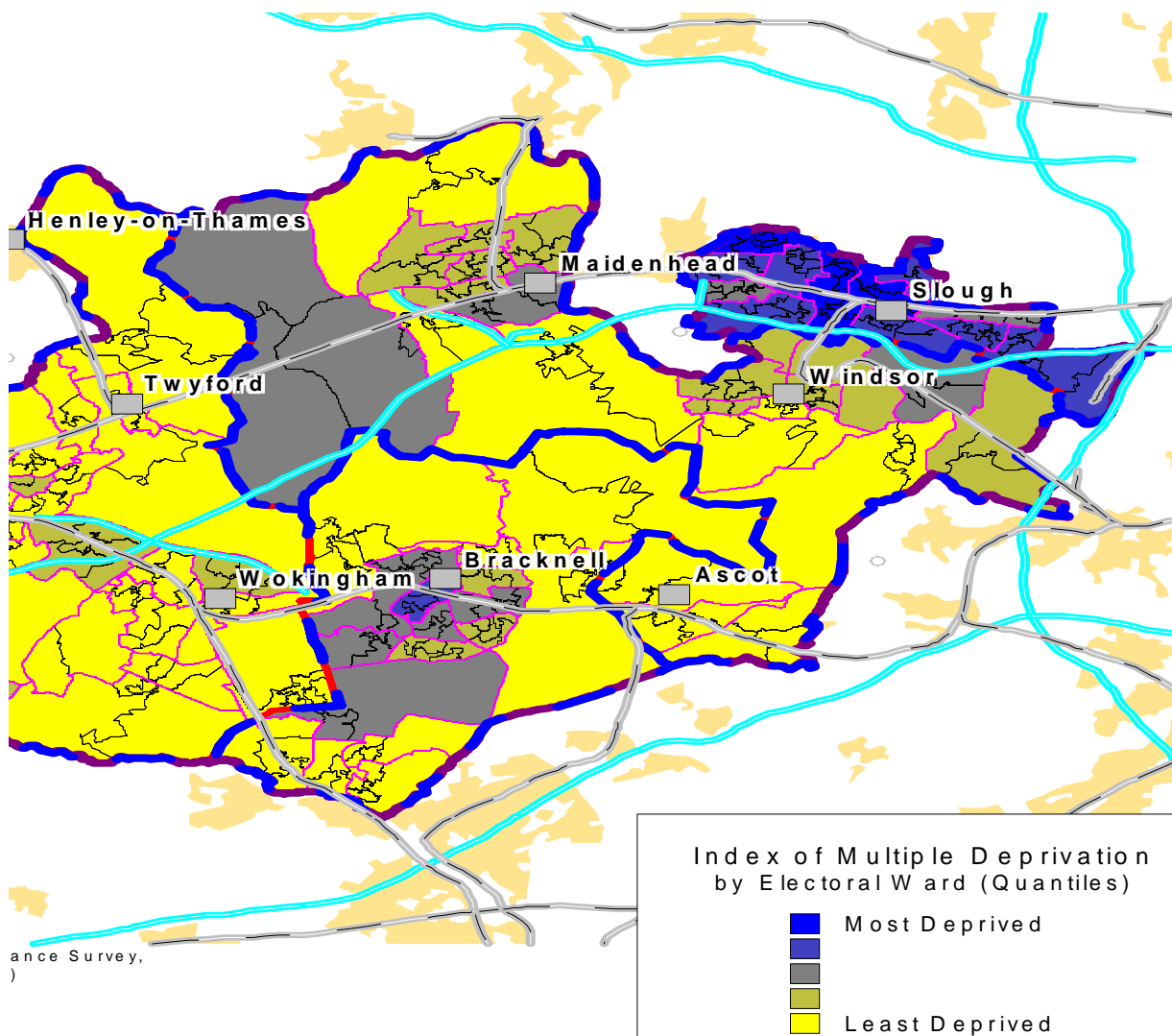
## The outcome paper

- 1.3. The purpose of this paper is to provide some background information on East Berkshire and the work being undertaken by the PCT across these key areas, and to present the main findings and recommendations highlighted by the peer review team on the day.

## 2. BACKGROUND AND CONTEXT

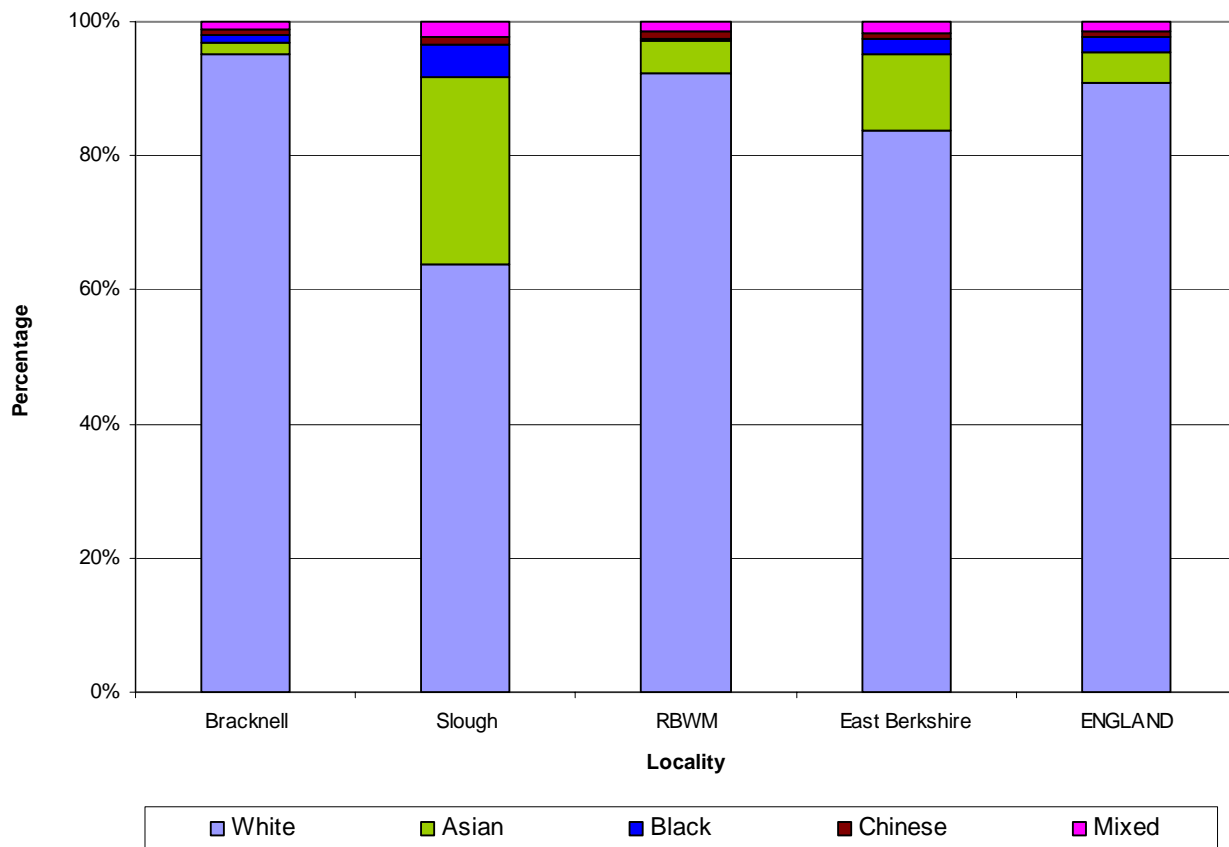
### East Berkshire

- 2.1. Berkshire East PCT covers a population of just under 400,000 and has a budget of £420m. The PCT works with the three unitary authorities of Bracknell Forest, Slough, and the Royal Borough of Windsor and Maidenhead (RBWM). The unitary authorities prior to the impending local elections are of different political persuasions, with Bracknell Forest being Conservative, the Royal Borough of Windsor and Maidenhead being Liberal Democrat, and Slough having no overall majority.
- 2.2. The demographics of the three areas covered by the PCT vary quite dramatically. The map below shows that Slough is by far the most deprived borough in East Berkshire, along with some of the central parts of Bracknell Forest.



- 2.3. Slough also has one of the fastest growing populations in the country, and has a population that is young and culturally diverse, with one of the highest BME populations outside London. The chart below (showing data from the 2001 Census) highlights the fact that around 36% of Slough's residents are non-White.

Ethnic variation by locality (2001 Census)



- 2.4. This is important because it has a significant impact on health, both in terms of culture (i.e. the way people behave) and their genetic make-up (inherited from their family). For example, heart disease is a big killer in Slough, reflected in the fact that some South Asian populations who are concentrated in the borough have a risk of coronary heart disease (CHD) that is 40% higher than that of the UK and North European population. South Asians also have higher rates of diabetes in the population and higher rates of smoking. Rates of obesity have a marked correlation with areas that are less affluent, particularly in Slough. Overall, this means that while life expectancy in Bracknell Forest and the Royal Borough of Windsor, Ascot and Maidenhead is good, in Slough it is significantly lower despite recent improvements.
- 2.5. In addition to this, whereas around 63% of the population in Slough describes themselves as White, the data collected for school children shows only 50%. This indicates that the borough is likely to see further increases in the BME adult population, particularly among the Pakistani community.
- 2.6. The PCT is fully aware that it needs to tackle these issues head on and has been working to change behaviours within the high risk communities, such as reducing tobacco consumption and smoking, and promoting healthy eating and a greater uptake of physical activity. More details on their work can be found below.

## The PCT

- 2.7. The PCT has 54 GP practices, but the range and type of practice varies considerably across the patch. In Slough, there is a high proportion of single branches or small practices housed in domestic converted premises, whereas the rest of the area

predominantly enjoys a good standard of purpose built premises (with odd exceptions). The PCT has three community hospitals – Upton Hospital in Slough, St Mark’s Hospital in Maidenhead and King Edward VII Hospital in Windsor. Upton and St Mark’s hospitals are old buildings – St Mark’s was a workhouse in 1896!

2.8. The population predominantly looks to Heatherwood and Wexham Park Acute Trust for secondary care. This Trust works from two sites – Wexham Park, which is north of Slough, and Heatherwood, which is in Ascot. The population also use services of Frimley Park FT based in Frimley, Surrey; St Peter’s Hospital in Chertsey; and the Royal Berkshire FT Hospital in Reading. The PCT also commissions services from a range of specialist and tertiary centres in Oxford or London.

2.9. The PCT has good access to NHS dentistry and pharmacy. The PCT commissions its GP and Dentistry ‘Out of Hours’ cover from a local provider – East Berkshire Primary Care services – which was based on a previous GP cooperative.



**Upton Hospital, Slough**



**St Mark's, Maidenhead**



**King Edward VII,  
Windsor**

### **3. TACKLING RACE INEQUALITIES IN EAST BERKSHIRE**

#### **The Race Equality Scheme**

- 3.1. When the three PCTs in East Berkshire merged to become Berkshire East PCT in October 2006, each of them had their own Race Equality Schemes. The PCT has therefore been working on a new draft scheme that tries to build upon what has already been done and has appointed a Head of Workforce, Equality and Diversity, to lead on this work. The role will take the lead on all aspects of equality, from the perspective of an employer and as a commissioning body and provider of services.
- 3.2. In terms of employment, the PCT's focus has been on rolling out equality and diversity awareness training. Since April 2006, 209 staff have undergone this training, which is now mandatory for all staff and is a key item of the PCT induction programme. It is a key process by which the PCT is trying to mainstream equalities in the organisation. The PCT is also aware that a key priority is to try to develop a training programme for managers in carrying out Equality Impact Assessment, so that the process can be more integrated into the PCT's business and planning activities. Workforce data has always been collected but the PCT admits that it has not been analysed and utilised effectively. Some work has been done on tracking individuals through the recruitment process and on the concentration of different groups within the pay structure.
- 3.3. As a commissioner, the PCT is looking at how it can work with providers to specify its requirements around the Race Equality Scheme through Service Level Agreements. As a provider of services, the PCT is fully aware that data collection and the ability to analyse it is crucial to informing delivery and sees Equality Impact Assessments as a useful mechanism through which to review its services.

#### **Health Activists**

- 3.4. Health Activists are a mechanism that have been employed by two of the former PCTs (Slough, and Windsor, Ascot and Maidenhead) to increase access to health services among BME communities and other disadvantaged groups. Funding was initially secured through the CHD Health Improvement (HIMP) Reward Scheme, to train and develop local community members as Health Activists to run awareness raising sessions of the risk and protective lifestyle factors within local BME communities. The project is now run through the Healthy Living Centre in Slough (funded through the Big Lottery Fund, which ends in 2008), in partnership with Berkshire East PCT, Slough Borough Council and the voluntary and community sector.
- 3.5. An accredited course on heart disease prevention was developed in partnership with Thames Valley University. Two training courses are offered per year and approximately 16 health activists are trained in each cohort. The courses are not highly academic but are tailored for local people who may not have a high level of education. The course also includes 60 hours of voluntary work. Over 120 local people have been trained from a range of different local communities, and 18-20 are currently active in Slough and seven are active in Windsor and Maidenhead. Health Activists are paid on a sessional basis, as the PCT is unable to offer fixed employment at the end of the course. However, for some it is the first step to becoming a Health Trainer (Level 3, OCN), and others go on to do courses on human biology, community needs assessment, and substance misuse, so it does in many ways provide skills escalation and further employment opportunities.

- 3.6. At present, Health Activists work alongside different professionals (with appropriate supervision) in a range of settings and work streams, getting health messages across to the general public. These include mental health promotion, children and young people's health, learning disabilities, older people, diabetes and substance misuse. More details on some of these areas (which members of the peer review team were able to see in practice and hear about during the course of the review) can be found below.

### **Cervical screening**

- 3.7. The national minimum standard for cervical screening is 80% or above for all eligible people (those aged 25-64). In 2001, Slough PCT acknowledged that they had a problem in achieving this standard; the rate of take-up there was only 78% and dropped to 74% by 2004. In 2003, Slough PCT commissioned research to identify the reasons behind the low take-up and found that surgeries with low coverage had higher proportions of BME patients. These people were not aware what cancer screening was and there were a lot of misconceptions surrounding it.
- 3.8. The PCT decided that the best way of tackling this was through the Health Activists, and a Health Activist was introduced into two GP surgeries that had low coverage and a predominantly South Asian population for a period of 3-5 months. The Health Activists contacted patients who did not attend appointments directly by phone and offered to provide them with written or verbal information. The advantage of this was that they could speak to patients in their own language and were aware of some of the cultural sensitivities surrounding the screening, making it a more personal service and giving patients the opportunity to raise concerns. The Health Activists were then able to offer to rearrange the appointment with the patient.
- 3.9. The introduction of the Health Activists was highly successful – coverage increased significantly in both surgeries and decreased when the Health Activists left. The project also revealed a real problem with data systems and processes – 68% of those who had not attended appointments were due to system related issues i.e. the surgeries had a number of 'ghost' patients on their records. The project therefore recommended that more is done to update records and clean data.

### **Older people**

- 3.10. The provision of seated exercise classes through the Health Activists has been one way that the PCT has tried to improve the health of older people. Seated exercise is primarily aimed at older people and is a gentle, easy way for them to maintain good health. Slough Borough Council's Sport and Health Action Team works with younger people and they have found that that the seated exercise classes are a fun way of introducing physical activity to sedentary parents, particularly South Asian women.
- 3.11. A Health Activist has been providing the classes for ladies only once a week at the Godolphin Junior School since September 2006. There is now a huge demand for the classes throughout Slough and to meet this demand, the Sport and Health Action Team has part funded a course to enable people to become Seated Exercise Instructors.

### **Tackling diabetes**

- 3.12. As outlined above, South Asian populations have a much higher risk of diabetes and Dr Foster's research suggested that 7% of Slough's residents could have diabetes, with only half of them knowing about it. As such, Slough PCT set up the Action Diabetes project,

with an aim of identifying undiagnosed diabetes sufferers. Lead by the diabetes specialist nurse, a tailor-made awareness campaign was developed, targeting specific residential areas. Local diabetes patients, acting as volunteer health counsellors, visited the individuals in high risk groups to help in the identification of undiagnosed diabetes. A mobile testing bus went to workplaces, and shopping and leisure centres, to offer consultations to individuals to assess their diabetes status. The campaign also included a free health magazine, health information in different languages, celebrity support, information about local services and local media coverage.

- 3.13. Around 600 people were tested and 11 were diagnosed with diabetes. One person made the following comment:

*'I can't believe how my life has changed since I was screened and I have been on medications. I didn't realise how bad my condition had got and now I see that by facing it my whole life has changed. I feel and look so much better.'*

- 3.14. In addition to this, one of the biggest problems in tackling diabetes has been a lack of exercise among the South Asian population, particularly among women. As such, a Health Activist has been working with a group of South Asian women to provide health and exercise classes. Women receive advice and support to become more aware of obesity and health issues.

## **Mental health**

- 3.15. In 2005, Slough PCT started work to address and understand more effectively the mental health needs of the local BME population. With funding from the National Institute for Mental Health in England (NIMHE), the pilot mental health promotion project held a focus group with the Pakistani Muslim community to gain a better understanding of their perspectives and needs regarding mental health issues. The decision to focus on the Pakistani Muslim population was made largely on practical grounds, since they represented one of the largest minority communities in Slough, and the group was mainly made up of men aged 35 and over.
- 3.16. The team running the focus group had to consider cultural and practical issues when setting it up. For example, the focus group was held over a meal due to the traditional importance of sharing a meal as a sign of friendship and respect, and staff who attended the session spoke both English and Urdu and made brief points that could be easily translated if necessary. In addition to this, the team found that it was useful to use the colour green in promotional material, being the national colour of Pakistan.
- 3.17. The project found that there were high levels of stigma among BME communities regarding mental health problems. Examples of this included keeping those suffering from mental health problems out of sight and behind closed doors, and a reluctance to talk about the issues. This means that people from BME groups who suffer from mental health problems are often subjected to two levels of stigma which can compound one another. More detailed results of the project have been discussed nationally following their publication by NIMHE, and requests have been made to the PCT for consultative advice on addressing the mental health needs of BME groups.
- 3.18. Following the project, a one hour training package was developed (and will be published by NIMHE) to increase awareness of symptoms, services, and possible interventions, and to provide advice on how to cope with stress. The training materials are currently being translated and will soon be available for delivery to all sectors.

## Smoking cessation

- 3.19. The Local Public Sector Agreement (LPSA) in Slough included a health target around smoking, since research has shown that circulatory diseases and coronary heart disease play the biggest part in lives lost among people under 75 in Slough and the prevention of heart disease through lifestyle changes would contribute to a significant reduction.
- 3.20. As a partner organisation on the LPSA, the PCT recognised that a tailor made cessation service was needed to meet the specific needs of Slough's diverse and deprived population. The target was agreed at 280 quitters at 4 weeks follow-up by March 2008. To meet this target, the Cardio Wellness Charity Project provides regular clinics in local community venues in deprived wards and wards with high BME populations at convenient times for local communities. Venues include places of worship, where leaders have been trained to offer advice and support to raise awareness. The team is made up of health care professionals who provide advice, support, counseling and education on diabetes, obesity, healthy eating, smoking and tobacco chewing. Support is offered in different languages, including Polish and many South Asian languages. To date, 171 people have stopped smoking with this support.

## New entrants/arrivals

- 3.21. A GP surgery in Slough, run by Dr Kumar, whose patients are mostly first generation Pakistani Muslim immigrants, carried out an audit which found that only 17% of children had received standard immunisations; there were low rates of cervical screening; and 50% of women were obese and had a high Body Mass Index (BMI) (of over 30). Moreover, a large number of the registered population had unhealthy diets, which meant that of the Practice's 5,000 patients, seven to eight of them were dying of coronary heart disease every year.
- 3.22. As such, staff at the GP surgery made a concerted effort to tackle these issues – 95% of women registered with the Practice have now had a cervical smear after staff spoke to patients to explain exactly why the screening was necessary, and the loft of the Practice was converted into a female only gym after it was recognised that some South Asian women might have difficulty attending a mixed gym, whereas attending a GP surgery would be viewed more positively (however the gym has not been sustained due to a lack of funding). In addition to this, the Practice has made use of Health Visitors to work with women to raise awareness of healthy eating and hopefully change the diet of the whole family, and has also built an operating theatre at the back of the surgery to carry out minor operations. It was felt that this would make services more accessible and actually save the PCT money.
- 3.23. In addition to this work, the PCT has been running a new arrivals service in conjunction with the GP Practice. A few years ago, a problem was identified by Slough PCT when around 3,000 newly arrived Ukrainians and Russians were having significant difficulty registering with local GP practices. Dr Kumar's surgery registered 2,800 of these new arrivals, and was supported by the use of overseas doctors who were bi-lingual but could not practice due to medical restrictions. The doctors were used as medical assistants to carry out routine health checks. The Practice also has two part time staff dedicated to supporting new arrivals. Dr Kumar also receives referrals from Slough's Asylum Team.
- 3.24. The PCT's new arrivals service also works with vulnerable people who have difficulties with their immigration status, who have been in the country for anything from five months

to five years. As new people arrive all the time, the best way of spreading awareness of the service has been through word of mouth. The service enables the PCT to have better surveillance of the population and provides a route through which the new arrivals can get the health care they need.

## 4. KEY FINDINGS

### The PCT's overall approach

- 4.1. The peer review team thought that Berkshire East PCT had managed the transition from three PCTs to one unified PCT very well. In particular, the team felt the new PCT has **good leadership** and governance through an energised, committed and focused senior team. The peer review team also felt it was pleasing to see that the PCT's aspirations around equalities appear to be near the top of the agenda and admired the passion and conviction of the Chair and Chief Executive.
- 4.2. Work around the **Race Equality Scheme** was good – the team thought it was clear and accessible, and that the inbuilt action plan would be a useful way for the PCT to track progress. The team felt, however, that more could be done to improve it even further. In particular, members of the team felt that while it is useful to talk about national drivers and the need to respond to legislation, the scheme should **focus more on the local context** and the local situation. This will help to make the document real, showing why tackling inequalities matters in East Berkshire and why it is the business of the whole organisation, not just equality staff. More could also be done to **make it more current and up-to-date**, with more references to *Choosing Health* and other local consultations.
- 4.3. **Data collection and analysis was very good in terms of population profiles and trends** – the peer review team was impressed with the level of data being used by the PCT and the ability to analyse it effectively. It was felt that, as a new organisation, these skills could be harnessed to **analyse employment patterns more robustly**, looking at issues such as rates of progression and the recruitment and selection of staff.
- 4.4. Related to this point, the team heard that **a BME staff network** had previously existed in Slough PCT and that some work was underway to consider how best to take this forward in the new PCT. The team felt that a network or some other mechanism through which BME staff could air concerns and issues would be very important for the new organisation.

### Moving into the mainstream

- 4.5. The peer review team would like to commend the PCT for developing **good innovative practice to deliver outcomes and reach traditionally 'hard to reach' groups**. Some of the projects that members of the peer review team were fortunate enough to visit were working very well and the team would like to urge the PCT to consider moving these projects into the mainstream. The inroads to local communities that these projects have created are extremely valuable and appear to represent excellent value for money, and **this value needs to be reassessed and brought in line with mainstream commissioning and expenditure**. The team felt that real lessons could be learned from small organisations delivering quite complex services, and the PCT could be at the forefront of this agenda if it picks them up and embraces them.
- 4.6. Moreover, more thinking needs to be done around **the value of the Health Activists** in particular and bringing them into the mainstream. The peer review team felt that the PCT was not reaping all the benefits of training the Health Activists if they are not offered employment at the end of their course, and the PCT should consider how it can do more to **create robust and progressive career pathways** for them and other BME workers within the organisation.

## Rolling out initiatives and sharing good practice

- 4.7. As outlined above, some very good links have been made with local communities and the team felt that further development of these links could bring even stronger partnerships. In particular, the team thought that **broadening initiatives out to other communities** would be particularly beneficial – the PCT showed that it had sophisticated ways of monitoring its changing population and the initiatives should reflect that. For example, as well as working closely with the South Asian communities, the PCT should think about how it will engage new and growing communities, particularly Polish and more recently Romanian, as well as Black and mixed communities. In particular, the team felt that the BME mental health needs project could have benefited from examining the needs of different communities, and the views of different generations within those communities, rather than simply the Pakistani community (who were mainly men of a certain age group) to avoid the danger of stereotyping from one group to another.
- 4.8. In relation to this, the team thought that the PCT might want to consider **the gender balance of initiatives**. Many of the healthy living initiatives were targeted at women and while this certainly can bring benefits to the health of the whole family, the PCT may want to consider whether it is targeting men's health appropriately and to the same degree. The PCT could think about tailoring some of the female-targeted initiatives for men.
- 4.9. The team also felt that more could be done to **share learning and join up existing work streams and projects**. With so many pockets of good practice and so much learning to share, the team thought that better communication and connectivity between these projects would strengthen the PCT's overall approach. In particular, the team felt that the Health Activists project could usefully be linked up with the Expert Patients Programme and that sharing learning between these two projects could be very powerful in strengthening user involvement in the delivery and commissioning of services. In addition to this, the example of cervical screening would suggest that database cleansing could help to ensure that overall performance improvement – especially on screening – is more accurate, so the PCT may want to think about how the process that was started prior to the creation of the new PCT could be rolled out across GP surgeries in East Berkshire.
- 4.10. Part of sharing good practice and learning is about **evidencing impact** and what works and what doesn't work. Some of the projects had started to think about how they might do this, but the team felt that the PCT should consider how best to do this in future. This is important to understand what makes these projects successful and why, and what learning can be applied elsewhere. Moreover, with some of the funding streams coming to an end in 2008, the PCT will need to make a strong case internally and/or externally for future funding.

## 5. RECOMMENDATIONS

5.1. The peer review team would like to make the following recommendations to Berkshire East PCT, based on the key findings from the review:

- Work on drawing together the three Race Equality Schemes has been good and the draft scheme is clear and accessible – the team felt that it could be improved significantly by **making the Race Equality Scheme more local and more current**, by drawing on the local context and bringing in further up-to-date references;
- As a new organisation, the team felt the PCT had been provided with a good opportunity to **analyse employment patterns more robustly**, paying particular attention to issues such as rates of progressions and recruitment selection to ensure there are robust and progressive career pathways and a representative workforce;
- In order to allow BME staff to voice concerns or issues they may have, the team would like to see the PCT **build on the BME staff network** that previously existed in Slough PCT and consider the best ways to take this forward in the new organisation;
- The team was very impressed with the range of initiatives being carried out by the PCT and would like to see the PCT consider the value of these initiatives in reaching out to some of the most ‘hard to reach’ groups in the community and **bring the projects into its mainstream commissioning and expenditure**. The PCT could also consider bringing the projects to the attention of the Local Strategic Partnership so that partners can consider how they meet objectives and targets locally, particularly in the Local Area Agreement;
- The PCT should **consider broadening the initiatives out to different communities and across genders** – new and growing communities such as the Polish and Romanian communities may also benefit from targeted initiatives, and there may be a danger of relying too heavily on women taking healthy living messages back to the home/family, rather than addressing men’s health directly too;
- With so many pockets of good practice and obvious lessons to be learned across the projects, the team felt that as the three PCTs become one, more should be done to **link up these initiatives and share learning** across the piece. Better communication and connectivity between projects could strengthen the PCT’s overall approach considerably;
- Part of sharing learning and good practice could come from **evidencing the impact of the initiatives** and drawing out what has worked and what hasn’t worked more effectively – some projects had started to think about this, but the PCT could take a stronger approach to the evaluation of such initiatives.

## **Appendix 1: Peer Review Team**

**Sola Afuape**

*Equalities and Human Rights Group, Department of Health*

**Ronny Flynn**

*Director of Health and Housing, Race Equality Foundation*

**Professor Helen Hally**

*National Director, Race for Health Programme*

**David Harris**

*Race Equality Scheme Manager, Bristol PCT*

**Lucas Lundgren**

*Scrutiny Project Manager (Health and Adult Care), Southwark Council Scrutiny Team*

**Joanne Marvell**

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**Barry Mussenden**

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**Suresh Shah**

*Practice Manager, Ealing PCT*

**Arvind Sharma**

*Director, Ealing Race Equality Council*

**Margaret Thomson**

*Head of Public Health Business Planning, Liverpool PCT*

## **Shared Intelligence - Race for Health Learning Programme Advisors**

**Sue Charteris**

*Director, Shared Intelligence*

**Ganesh Sathyamoorthy**

*Principal Consultant*

**Laura Jenkins**

*Consultant*

**Genorie Thomas**

*Network Assistant*

## **Appendix 2: Berkshire East PCT Participants**

**Dr Sadhana Bose**

*Public Health Consultant*

**Russell Carter**

*LPSA Information Coordinator*

**Samina Ali**

**Diane Clemison**

*Public Health Nurse*

**Anne Debowey**

*Coordinator, Diabetes Education Clinics*

**Donna Derby**

*Director of Locality Development*

**Josephine Hanney**

**Sally Kemp**

*Chair, Berkshire East PCT*

**Andrew Kimber**

*Mental Health Promotion Officer*

**Rutuja Kulkarni**

*Head of Health Promotion for Slough*

**Dr M L H Kumar**

*General Practitioner*

**Sue Lee**

*Diversity Lead, Berkshire East PCT*

**Lise Llewellyn**

*Chief Executive, Berkshire East PCT*

**Fenella Munt**

*Health Activists' Programme Manager*

**Nasreen Bhatti**

*Non Executive Director, Berkshire East PCT*

**Leena Sankla**

*Cardio Wellness*

**Surekha Sawant**

*Health Activist*

**Don Sinclair**

*Director of Public Health, Berkshire East PCT*

## Appendix 3: The Peer Review Process

Peer Review visits are an opportunity for the host PCT to demonstrate their progress on one area of the programme that they are seeking to develop and to gain constructive challenge and advice from visiting PCTs.

Peer review is widely used as a performance improvement tool within government departments, local government, academia and the business world. It employs a cooperative, participatory and high-level approach that tends to be viewed more favourably by the host organisation than a formal inspection. Peer reviewers are 'critical friends', not inspectors. The review is owned by the organisation and the focus is constructive.

Peer review is conducted intensively over a short period of time, but peers are nonetheless able to offer a useful and independent assessment. The team is ideally made up of knowledgeable people working both at a senior and operational level within the sector, including those who understand the community perspective. This enables them to 'hit the ground running'; as they already understand the complexities of the operating environment and the strategic challenges facing PCTs