This workbook contains:

**Summary of Competencies** to support Nursing, Midwifery and Health Visiting (N,M,HV) from across the Competency Framework. N,M,HV means nurses, midwives and health visitors working in primary care, regardless of employer.

**Scorecard** of detailed *descriptors* and *demonstrators* under each Task.
- *Descriptors* break down the Task into manageable pieces
- *Demonstrators* are the measures and indicators that enable you to test how well the PCT is doing.

We suggest this method of scoring your PCT’s current competence:

- **red** urgent attention needed
- **amber** some work needed
- **green** doing well

**Tally Sheets**
Use these to draw up lists of your red, amber and green scores.

**Summary Sheet**
Use this to summarise your scores under each Task.

---

**Help us to help you**
- Get updates of the Framework
- Share experience with other PCTs
- Find out about relevant organisational development resources

All available through the National Primary and Care Trust Development Programme website:

[www.natpact.nhs.uk](http://www.natpact.nhs.uk)

**Give us feedback**
This is a pilot workbook. We welcome your comments on how useful
- this format is to you.
- an electronic version would be.

Suggestions for alternatives, improvements, refinements or additional features are all welcome.

Please send them to:
Helen.l.campbell@doh.gsi.gov.uk Or Helen Campbell, NatPaCT, Room 5E60, Quarry House, Quarry Hill, Leeds LS2 7UE Tel: 0113 254 5937 Fax: 0113 254 5931

Publication date: 8th July 2002 Review date: 1 February 2003
### Summary of Nursing, Midwifery and Health Visiting Competencies and Tasks in the PCT Competency Framework

<table>
<thead>
<tr>
<th>Competency 1 - Organisational Maturity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 1.21</strong> The PCT ensures that its responsibilities for Nurses, Midwives &amp; Health Visitors (N,M,HVs) are reflected within the corporate functions of the organisation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency 2 - Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 2.16</strong> The PCT has in place a change programme that will enable Nurses, Midwives and Health Visitors to deliver the NHS Plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency 3 - Service Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 3.19</strong> The PCT provides Nursing, Midwifery and Health Visiting services that offer people fast and convenient access to care that is delivered to a consistently high standard, when people require them, tailored to the needs of individuals and those of the local community</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency 4 - Securing Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 4.18</strong> The PCT secures high quality services that maximise the Nursing, Midwifery &amp; Health Visiting contribution to improving health and health care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency 5 - Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 5.14</strong> The PCT enables and empowers the Nursing, Midwifery &amp; Health Visiting workforce to work across organisational and professional boundaries to plan and deliver effective care and public health programmes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency 6 - Health Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 6.12</strong> The PCT involves, utilises and develops Nurses, Midwives and Health Visitors across the health community so that they can deliver health improvements and reduce inequalities in health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency 7 - Community Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 7.7</strong> The PCT ensures that Nurses, Midwives and Health Visitors facilitate and promote community and patient involvement and self-care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency 8 - Clinical Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 8.16</strong> The PCT provides the Nursing, Midwifery and Health Visiting workforce (both PCT and GP employed) with a clinical and professional working environment that supports the continuous development of high standards of clinical and professional practice and ensures public safety</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency 9 - Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task 9.9</strong> The PCT is able to secure and maintain a nursing, midwifery and health visiting workforce with the skills and knowledge to meet local and national health priorities and needs</td>
</tr>
</tbody>
</table>

red - urgent attention needed  amber - some work needed  green - doing well. Share experience with other PCTs through NatPaCT - The National Primary and Care Trust Development Programme.
This Version 8th July 2002 – Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk
1. Organisational Maturity

1.21 The PCT ensures that its responsibilities for Nurses, Midwives & Health Visitors are reflected within the corporate functions of the organisation

1.21.1. N,M,HVs have produced risk management strategies, e.g. in relation to activities with statutory risk reduction requirements (such as moving and handling, infection control) and where new roles need to be risk assessed

1.21.2. N,M,HVs have the skills and knowledge to manage devolved budgets and to lead multi-skilled teams

1.21.3. N,M,HVs are provided with protocols and policies whilst being supported to exercise professional judgement and independence when appropriate, e.g. Personal Medical Services (PMS) pilots

1.21.4. N,M,HVs have the equipment and tools needed to deliver effective care to their patients

1.21.5. The PCT monitors and puts in place measures to ensure that good human resources (HR) practice is in place across the PCT

1.21.6. All N,M,HVs have adequate access to IT to enable them to access information, communicate, record patient and community needs, care planning and outcomes

- The Risk Management Strategy should include:
  - Safe employment practice
  - Health and safety
  - Child protection
  - Moving and handling
  - Managed innovation
  - Clinical supervision

- All N,M,HVs understand and implement child protection policies and procedure and are aware of the named child protection nurse
Score Card

Nursing, Midwifery and Health Visiting

- A system is in place for the development, dissemination and implementation of clinical policies
- Front-line N,M,HVs can identify and access a lead nurse within the PCT
- Front-line N,M,HVs are developing their roles (within the Nursing and Midwifery Council’s *Scope of Professional Practice*), understand their professional and clinical responsibilities and are provided with a safe and supportive practice environment
- Employment practices of the PCT and GP’s reflect employment law and policies such as *Agenda for Change*, and *Improving Working Lives*

**red** - urgent attention needed  **amber** - some work needed  **green** - doing well. *Share experience with other PCTs* through NatPaCT - The National Primary and Care Trust Development Programme.

This Version 8th July 2002 – Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk
### 2. Primary Care

**2.16** The PCT has in place a change programme that will enable Nurses, Midwives and Health Visitors to deliver the NHS Plan

- **2.16.1.** Front line N,M,HVs are involved in developing the change programme which takes as its starting point the needs of individuals and populations

- **2.16.2.** A whole system approach to service development is in place recognising that changes in nursing will require change across the organisation, other services and professional groups

- **2.16.3.** N,M,HVs have time and support to examine current practice, consult users, review evidence, try out new ways of working and have the freedoms to be innovative

- **2.16.4.** The PCT works with GPs to ensure that practice employed nurses can contribute to service development and are provided with professional and clinical support to develop their services

- **2.16.5.** The lead nurse works closely with senior nurses in the NHS Trusts, NHS Direct, other providers and the new Health Authority (SHA) to ensure whole system development and integration with hospital and other services

- **2.16.6.** The PCT lead nurse has systems to involve front line N,M,HVs in planning and delivering service improvements

  - Nurses are working in new ways that deliver PCT priorities and the [NHS Plan](#). For example: nurses are providing intermediate care, advancing practice to encompass roles traditionally provided by medicine, improving care for excluded groups, nurse-led Personal Medical Services (PMS) pilots, specialist nurses in primary care centres
  
  - Cross practice and community joint working is encouraged by the PCT

---

**Score Card**

<table>
<thead>
<tr>
<th>red</th>
<th>amber</th>
<th>green</th>
</tr>
</thead>
</table>

**Nursing, Midwifery and Health Visiting**

- red - urgent attention needed
- amber - some work needed
- green - doing well

Share experience with other PCTs through NatPaCT - The National Primary and Care Trust Development Programme. This Version 8th July 2002 – Updates of Framework, Discussion Forums & Resources at [www.natpact.nhs.uk](http://www.natpact.nhs.uk)
| red | amber | green |

### Score Card

**Nursing, Midwifery and Health Visiting**

- Patients and communities are provided with flexible teams with fewer hand-overs both within the practice team and across a neighbourhood (“fewer hand-overs” refers to individual staff having the confidence, skills and knowledge to be able to assess needs, plan care and provide treatments/interventions involving a wider range of skills and so avoid 3 or 4 practitioners knocking on the door in the same day).

- Local innovation is taking place, N,M,HVs are developing new roles and a mix of skills ensures that patients’ and communities’ needs are met flexibly and safely.

- N,M,HVs feel ownership of the changes and are involved in improving services for their local community with decision-making devolved to front line staff, e.g. community budgets, skill mix changes.

- N,M,HVs in the PCT are taking advantage of opportunities such as Personal Medical Services, nurse prescribing, public health, the Chief Nursing Officer’s 10 Key Roles, and nurse consultants.

- The public is presented with fewer titles and can understand the role and responsibilities of the N,M,HV providing their care.
3. Service Provision

3.19 The PCT provides Nursing, Midwifery and Health Visiting services offering people fast and convenient access to care that is delivered to a consistently high standard, when people require them, tailored to the needs of individuals and those of the local community

3.19.1. The PCT supports general practice teams to make the most of their nursing resource

3.19.2. N,M,HVs in general practice and community settings have access to appropriate IT systems and support to enable them to communicate, share information, record patients’ needs and health outcomes and access knowledge bases

3.19.3. The lead nurse is visible and accessible to all N,M,HVs in the PCT for professional and clinical support

3.19.4. The PCT ensures that nurses are able to deliver their core primary care functions of first contact, continuing care and chronic disease management and preventive programmes across care groups according to need

3.19.5. Leadership and management is in place throughout the organisation that is facilitative, enabling, devolves authority to front line staff and supports change

- Nurses are helping to deliver access targets by providing safe first contact services
- A range of registered, specialist and advanced level N,M,HVs are providing and leading programmes of care and public health programmes to meet PCT priorities, e.g. reducing admissions, enabling earlier discharge, providing ambulatory care, such as dermatology services, diabetes, providing first contact services

red - urgent attention needed amber - some work needed green - doing well. Share experience with other PCTs through NatPaCT - The National Primary and Care Trust Development Programme. This Version 8th July 2002 – Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk
<table>
<thead>
<tr>
<th>red</th>
<th>amber</th>
<th>green</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Score Card**

**Nursing, Midwifery and Health Visiting**

- Nurses are trained to prescribe where this would offer fast and convenient access to medicines for their patients
- N,M,HV services are integrated with social care and secondary care services focusing on the patient pathway and the local community
- N,M,HVs are contributing to the delivery of National Service Frameworks (NSFs), meeting inequalities targets and improving the patient's experience of the NHS.
4. Securing Service Delivery

4.18 The PCT secures high quality services that maximise the Nursing, Midwifery & Health Visiting contribution to improving health and health care

4.18.1. N,M,HVs are involved in Health Improvement and Modernisation Plans (HIMP), Service and Financial Frameworks (SAFF) and other planning processes

4.18.2. The PCT works with providers to redesign services so that the contribution of N,M,HVs is maximised, traditional demarcations are broken down and the opportunities provided by Making a Difference are fully used

- The lead and PEC nurses can demonstrate a knowledge of commissioning and understand the nursing implications of decisions
- The PCT commissions N,M,HVs-led services where appropriate, such as dermatology, continence, diabetes, first contact assessment
- Service specifications for N,M,HVs services ensure that nurses deliver effective and high quality care which can be measured and reflect the patient journey and experience
- A care pathway approach to commissioning is taken and N,M,HVs are involved across organisations reflecting the patient journey and experience
- The lead nurse ensures the wider contribution of N,M,HVs to the SAFF and HIMP processes
5. Partnership

☐ ☐ ☐ 5.14 The PCT enables and empowers the N,M,HV workforce to work across organisational and professional boundaries to plan and deliver effective care and public health programmes

☐ ☐ ☐ 5.14.1. Practical measures are in place that remove the barriers to partnership working for nurses such as single assessment, shared information systems and pooled budgets

☐ ☐ ☐ 5.14.2. All N,M,HVs who work in the PCT have the opportunity to acquire skills and knowledge to work in partnership

- N,M,HVs are participating in multi-agency and multi-disciplinary teams and initiatives to deliver National Service Frameworks (particularly Older People and Mental Health), family support and initiatives such as Sure Start, National Healthy Schools, Child Protection and Free Nursing Care
- N,M,HV posts are in place that straddle organisational boundaries
- N,M,HVs are participating in multi-professional and multi-agency education and training
- The lead and Professional Executive Committee (PEC) nurses participate in the Local Strategic Partnerships and other inter-agency planning teams
- N,M,HVs work at neighbourhood level with multi-agency partners to identify needs and plan services
- GP employed and PCT employed nurses undertake joint continuing professional development (CPD) and work together, planning, co-ordinating patient care, public health and service provision

red - urgent attention needed  amber - some work needed  green - doing well. Share experience with other PCTs through NatPaCT - The National Primary and Care Trust Development Programme.
This Version 8th July 2002 – Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk
## 6. Health Improvement

### 6.12  The PCT involves, utilises and develops Nurses, Midwives and Health Visitors across the health community so that they can deliver health improvements and reduce inequalities in health

#### 6.12.1.  The PCT has a multi-disciplinary approach to public health with public health teams and networks that include Nurses, Midwives and Health Visitors in public health leadership roles

#### 6.12.2.  Nurses, Midwives and Health Visitors identify their public health learning needs using personal development plans (PDPs) and self assessment skills audit tools

#### 6.12.3.  The PCT workforce development plan includes the commissioning of public health education and training for Nurses, Midwives and Health Visitors and career pathways in public health

#### 6.12.4.  The PCT has clear public health objectives, targets and outcome measures. The PCT supports evaluation strategies and frontline staff are given reports about progress

#### 6.12.5. N,M,HVs have access to specialist public health support and IT to enable them to contribute to health needs assessment

#### 6.12.6.  The PCT has systematic, evidence based methods of assessing need and mapping staff allocation

- Nurses, Midwives and Health Visitors have a range of knowledge and skills that reflect local health needs and priorities
- Nursing, Midwifery and Health Visitor services are focused on delivering the PCT health improvement priorities. They are leading and delivering effective preventive programmes to individuals and communities, e.g. preventing falls in older people, immunisation, cardiac rehabilitation, smoking cessation, preventing teenage pregnancy

---

**Score Card**

<table>
<thead>
<tr>
<th>red</th>
<th>amber</th>
<th>green</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing, Midwifery and Health Visiting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**6. Health Improvement**

- [ ] 6.12  The PCT involves, utilises and develops Nurses, Midwives and Health Visitors across the health community so that they can deliver health improvements and reduce inequalities in health

- [ ] 6.12.1.  The PCT has a multi-disciplinary approach to public health with public health teams and networks that include Nurses, Midwives and Health Visitors in public health leadership roles

- [ ] 6.12.2.  Nurses, Midwives and Health Visitors identify their public health learning needs using personal development plans (PDPs) and self assessment skills audit tools

- [ ] 6.12.3.  The PCT workforce development plan includes the commissioning of public health education and training for Nurses, Midwives and Health Visitors and career pathways in public health

- [ ] 6.12.4.  The PCT has clear public health objectives, targets and outcome measures. The PCT supports evaluation strategies and frontline staff are given reports about progress

- [ ] 6.12.5. N,M,HVs have access to specialist public health support and IT to enable them to contribute to health needs assessment

- [ ] 6.12.6.  The PCT has systematic, evidence based methods of assessing need and mapping staff allocation

- [ ] Nurses, Midwives and Health Visitors have a range of knowledge and skills that reflect local health needs and priorities

- [ ] Nursing, Midwifery and Health Visitor services are focused on delivering the PCT health improvement priorities. They are leading and delivering effective preventive programmes to individuals and communities, e.g. preventing falls in older people, immunisation, cardiac rehabilitation, smoking cessation, preventing teenage pregnancy

---

*red* - urgent attention needed  *amber* - some work needed  *green* - doing well.  *Share experience with other PCTs* through NatPaCT - The National Primary and Care Trust Development Programme.  
*This Version 8th July 2002 – Updates of Framework, Discussion Forums & Resources at [www.natpact.nhs.uk](http://www.natpact.nhs.uk)*
Score Card

Nursing, Midwifery and Health Visiting

- The above services are supported by a public health team, led by the Director of Public Health (DPH) which includes Nurses, Midwives and Health Visitors
- The PCT is redistributing or levelling up the nursing workforce according to health need and to target health needs and inequalities
7. Community Engagement

7.7 The PCT ensures that Nurses, Midwives and Health Visitors facilitate and promote community and patient involvement and self-care

7.7.1. The PCT promotes effective methods of community engagement that are accessible to all segments of the community

7.7.2. N,M,HVs receive training and advice on public and patient participation

- N,M,HVs are involved in, or leading, programmes to develop expert patients, promote self-care and patient education and can demonstrate patient involvement in care using for example, Family Health Plans and patient held records
- N,M,HVs are supported and tools are available to enable patients, schools and communities across all social, ethnic and age groups to participate in their own care
- Patients and communities are involved in evaluating and shaping nursing services and report that they are given information, choice and feel involved in their own care
- N,M,HVs are actively involved in the PCT community engagement processes and structures, e.g. in identifying and responding to health needs
- N,M,HV’s knowledge of community and patient needs and their local networks are utilised by the PCT
- The lead nurse is visible to the public and has the authority to address public concerns about nursing services
- During clinical supervision practitioners are encouraged to reflect on the role of the patient in self-care and how this could be improved

red - urgent attention needed  amber - some work needed  green - doing well. Share experience with other PCTs through NatPaCT - The National Primary and Care Trust Development Programme. This Version 8th July 2002 – Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk
8. Clinical Quality

8.16 The PCT provides the Nursing, Midwifery and Health Visiting workforce (both PCT and GP employed) with a clinical and professional working environment that supports the continuous development of high standards of clinical and professional practice and ensures public safety.

This competency task will also need to take account of the new GMS Contract.

8.16.1 All N,M,HVs, regardless of employer are able to review their clinical practice, participate in continuing professional development (CPD), clinical governance activities and professional networks.

8.16.2 Service level agreements and contracts with providers include quality specifications and measures such as *Essence of Care*

8.16.3 Front line nurses are involved in PCT and local clinical governance activities

- The public is assured that systems are in place to protect the public and ensure N,M,HVs deliver high standards of care. Patient satisfaction with N,M,HV services is known from GP and PCT surveys
- All N,M,HVs receive clinical supervision and mentorship, and clear accountability arrangements are in place
- Systems are in place for whistleblowing, complaints, child protection, measuring quality of nursing care and using evidence based practice
- Critical and adverse incidents involving N,M,HVs are tracked and common themes identified and acted on.
- A PCT statement that indicates how the organisation will learn from staff feedback
score card

nursing, midwifery and health visiting

- a senior lead nurse is in place to provide clinical and professional nursing leadership across the PCT. Team working with midwives will need to recognise the Local Supervisory Authority (LSA) function and midwifery supervision.
- the PCT uses tools and systems to measure and review standards of care, and poor performance is identified and addressed
- n,m,hvs are accessing and using evidence when planning and delivering care
- n,m,hvs are aware of and working within the nursing & midwifery council (nmc) code of professional conduct and the midwives rules and code of practice, and are provided with a practice environment that supports the continuous development of high standards of clinical and professional practice
- n,m,hv messages from the commission for healthcare audit and inspection (chai) and national institute for clinical excellence (nice) reviews are distilled and acted on
9. Workforce

9.9 The PCT is able to secure and maintain a nursing, midwifery and health visiting workforce with the skills and knowledge to meet local and national health priorities and needs

See Health Improvement for further information

9.9.1 The lead nurse has skills and knowledge in workforce planning and is actively involved in the PCT’s workforce planning process, e.g. to measure turnover and recruitment to areas of need.

9.9.2 A workforce development plan is in place which takes account of the structure set out in the Primary Care Workforce Planning Framework

9.9.3 The PCT works with the Workforce Development Confederation (WDC) and in partnership with Teaching PCTs (tPCTs) to ensure training commissions for N,M,HV are in place to meet future service needs

9.9.4 All nurses (GP and PCT employed) have personal development plans and are participating in continuing professional development

9.9.5 The PCT workforce has sufficient nurse mentors and practice educators in place and undertakes regular skills audits

- A workforce development plan is in place that secures a N,M,HV workforce with the skills and knowledge to meet the needs of the PCT population in the future and is linked to wider PC workforce development plan
- The PCT has information on the current nursing workforce and uses systematic methods to assess future supply and demand
- The PCT has a strategy to plan the nursing workforce across the Workforce Development Confederation and all sectors of the health community and that is linked to service redesign

red - urgent attention needed  amber - some work needed  green - doing well.  Share experience with other PCTs through NatPaCT - The National Primary and Care Trust Development Programme.  
This Version 8th July 2002 – Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk
<table>
<thead>
<tr>
<th>Score Card</th>
<th>Nursing, Midwifery and Health Visiting</th>
</tr>
</thead>
</table>

- The PCT is delivering on specific N,M,HV policies (NHS Plan and Making a Difference) e.g. recruitment and retention
  - Chief Nursing Officer’s 10 Key Roles
  - Nurse Consultants
  - Nurse leadership
  - Modern Matrons
  - Improving Working Lives
  - Agenda for Change
- A programme is in place to increase skill mix and encourage N,M,HVs to acquire new and advanced clinical skills and that ensures patient safety
- Programmes are in place for recruiting, retaining and encouraging returners linked to local regeneration by creating access to nursing careers for local people reflecting local diversity and ethnicity, e.g. cadet schemes, peer educators, and expert patients
- Nurses in training benefit from high quality practice based learning (pre and post registration) across a range of settings

---

**red** - urgent attention needed  **amber** - some work needed  **green** - doing well. *Share experience with other PCTs* through NatPaCT - The National Primary and Care Trust Development Programme.

This Version 8th July 2002 – Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk
NURSING, MIDWIFERY AND HEALTH VISITING

You can learn from the experience of other PCTs by using the Discussion Forums, Good Practice Library and database of organisational development initiatives at www.natpact.nhs.uk

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

red - urgent attention needed  amber - some work needed  green - doing well.  Share experience with other PCTs through NatPaCT - The National Primary and Care Trust Development Programme.  
This Version 8th July 2002 – Updates of Framework, Discussion Forums & Resources at www.natpact.nhs.uk
# Tally

**NURSING, MIDWIFERY AND HEALTH VISITING**

You can learn from the experience of other PCTs by using the Discussion Forums, Good Practice Library and database of organisational development initiatives at [www.natpact.nhs.uk](http://www.natpact.nhs.uk)

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- **red** - urgent attention needed
- **amber** - some work needed
- **green** - doing well

*Share experience with other PCTs through NatPaCT - The National Primary and Care Trust Development Programme.*

This Version 8th July 2002 – Updates of Framework, Discussion Forums & Resources at [www.natpact.nhs.uk](http://www.natpact.nhs.uk)
<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>