

Primary Care Partnerships

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Increased National Insurance contributions will fund extra NHS staff recruitment

Chancellor Gordon Brown's Budget pledge to recruit 80,000 more nurses and 25,000 more doctors by 2008 has been widely welcomed. However, it is only part of the solution to solving NHS problems, say experts.



Gordon Brown

David Hunter, Professor of Health Policy & Management, University of Durham said: 'The army of doctors and nurses promised by the Chancellor must be good news but is it? What will they do and, more importantly, how will they do it?'

'More does not necessarily mean better if the real objective is to work in new and different ways. Do we have good evidence to demonstrate that more doctors and nurses will improve health? Maybe having fewer doctors and nurses would force all of us to think more creatively about an upstream health system instead of a downstream health care delivery vehicle.'

King's Fund Chief Executive, Rabbi Julia Neuberger said the measures will go a long way to ease the crisis in health service staffing.

But she added: 'Tackling recruitment and retention is a complex problem and money is only part of the solution. It is not only nurses and doctors who provide health care in the NHS. It is vital that we also have more professions allied to health care - occupational therapists, physiotherapists and radiographers - for example.'

It was also important to recognise the Chancellor's efforts to tackle poverty and social exclusion - key contributors to poor health.

The BMA welcomed the immediate abolition of hospital accommodation charges for the elderly, the government's commitment to an NHS free at the point of need, and continued investment in the health service.'

'However, we must see the results of investment on the frontline of health services. This means more doctors, more nurses and shorter waiting times for patients' said BMA Chair, Dr Ian Bogle.

Dr Michael Dixon, OBE, Chair, NHS Alliance, said: 'We need the extra nurses and doctors but ideally we should have sufficient training places to supply the NHS's needs and have a recruitment and retention policy that converts home trained nurses in to doctors and nurses that will want to work for the NHS throughout their career. A good start might be to offer free course fees for medical students and other professionals having to pay their own course fees provided that they work in the NHS for a given period of time (say 15 years) with pay back penalties if they do not.'

'It would help to get professional buy-in to the NHS at an early stage. In the short run however we will only be able to face the current manpower shortage by being inventive with skill mix and understanding properly the needs and aspirations of those already in the service.'

Gordon Brown said the Budget measures aimed to build a Britain of economic strength and social justice.

Key health-related measures included: an extension to 52 weeks of the period over which all pensioners in hospital receive their full state pension; improving housing supply and job opportunities and publication of a Skills Strategy next month (June).

Editorial

The Budget has brought some good news on the health care front with the promise of many more medical and nursing staff by 2008. Hopefully, NHS staff across the board will also benefit from other measures announced by the Chancellor including improvements in housing, educational training and skills opportunities.

If you struggled with the challenge of putting together your Local Delivery Plan, then read Chief Executive Steve Phoenix's account on page three of how Aduir, Arun and Worthing PCT won a 'favourable reception' from their Strategic Health Authority.

On page two, Children's Tzar Prof Al Aynsley Green, and Fiona Smith, RCN Children's Adviser comment on the newly published first stage of the National Service Framework for Children.

Jenny Sims, Editor

Diabetes & CHD NSF Workshops

MMS is organising a series of six national workshops in June/July on "Delivering the Diabetes & CHD NSFs and People-Centred Quality Care Under GMS or PMS" for PCT Boards, GPs, Nurses, Diabetes and CHD Leads and Directors of StHAs. Key aims of the workshops are to show how NSFs for Diabetes & CHD can be delivered and demonstrate how GP practices can maximise their quality of care and payments by putting their patients at the centre. **For further information and to register please visit www.medman.co.uk**

NHSIA web award

The NHS Information Authority's www.nhs.uk site beat off stiff competition to pick up the bronze award in the best website category at the Business Communication Awards, run by the International Visual Communication Association (IVCA). The website provides information about the local NHS services such as contact details for local GPs and dentists, plus information about the NHS – what it does, how it works, and how to use it.

National Joint Registry

The National Joint Registry set up on 1 April will collect information on total hip and knee replacements carried out in the NHS and private sector in England and Wales. It will lead to earlier review of patients with joint replacements, regular monitoring of performance on new joints, faster identification of poorly performing joints, and also provide surgeons and trusts with data on their individual performances.

NHS Alliance – 6th Annual Conference & Exhibition

'Engage and deliver - delivering the vision by engaging the professionals and the public' will be held on 9 & 10 October 2003 at Bournemouth International Centre.

Tel: 0121 248 3399 or email: yhunter@health-links.fsnet.co.uk for conference details & booking form or Tel: 0121 559 3445 or email: Theresa@twestwood.freemove.co.uk for exhibition sponsorship opportunities.

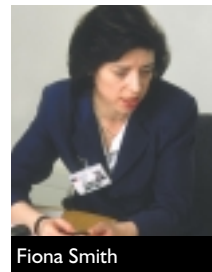
NHS safer workplace

Good progress has been made to improve protection of NHS staff from violence, according to a National Audit Office report, *A Safer Place to Work: Protecting NHS Hospital and Ambulance Staff from Violence and Aggression*. However, NAO Head, Sir John Bourn, said more needs to be done particularly on risk assessment, staff training, follow-up after an incident has been reported, and the establishment of effective partnerships between the NHS and other public agencies such as the police. **Available from The Stationery Office on 0845 702 3474.**

The Children's National Service Framework

Hospital care to be more child-friendly

The new national standards will deliver more child-friendly services in hospitals including dedicated children's units in A&E Departments.



Fiona Smith

The new standards cover the design and delivery of hospital services for children, the safety and quality of care and will help to ensure children are cared for in hospital settings which adequately reflect the needs of their own age-group.

Fiona Smith, RCN Children's Adviser, said: 'The Children's NSF provides a policy focus so that in future services will be explicitly required to meet their differing needs, as well as to ensure that staff treating them have the right training, knowledge and skills to provide a high quality service focused on the child and young person.'

She said nurses should take every opportunity to influence developments and ensure that they become actively involved in local discussions and decision-making forums.

The new standards mean NHS hospitals should consider introducing:

- Separate facilities for young children from those provided for adolescents
- Designated play areas for young children and privacy for adolescents
- Education support, so children do not fall behind in their schooling
- Dedicated children's units in A&E Departments; in a typical year a half of babies under 12 months and one quarter of older children attend A&E
- Kid's menus that encourage children to enjoy their meals
- Regular security reviews to ensure access to children's wards is limited
- Specialist training for staff dealing with children
- Play specialists who help children cope with the distress of being in hospital
- Surveys of children and their parents to help inform inspections undertaken by the new Commission for Healthcare Audit and Inspection

Following recommendations made in the Kennedy Inquiry, hospitals will now be expected to appoint a 'children's champion' at board level to ensure that the standards are met. In addition, in line with recommendations by the Laming Inquiry, no child should be discharged from hospital without a care plan.

The £70 million will provide over the next three years up to 75 new cots and other specialist equipment designed for babies weighing less than 1500 grams. In addition, the report of an expert inquiry into caring for newborn and premature babies, published for consultation, estimates that 200-300 lives could be saved each year by restructuring services to concentrate the most modern equipment and the most highly skilled staff in a network of specialist centres.

The hospital standards are the first part of *Getting the Right Start: the National Service Framework for Children, Young People and Maternity Services*. The remaining parts of the Children's NSF will be published in the next year.

Health Secretary, Alan Milburn said: "These new national standards will help ensure that the care the NHS delivers for children is genuinely safe and child-centred. The Hospital Standard describes what a good hospital should look like. It should strike a chord with any parent who has ever had to take their child to hospital. It will help to guarantee to parents and children alike improvements in services.

"The standards cannot be delivered overnight. They require changes to the way hospitals operate and the way staff work. They can only be delivered in a sustained period of expansion with growing investment, more staff, new buildings and modern equipment. With the scale of the investment and reforms now going into the NHS, we can deliver the improvement in children's hospital standards we all want to see."

Professor Al Aynsley-Green, National Clinical Director for Children said: 'Children are our nation's most precious resource and are absolutely vital for our future success as a country - that is why the NSF aims to improve the lives and health of children and young people through the delivery of appropriate, integrated, effective and needs-led services.

The hospital standard is a key first step towards this vision. However, neither this standard nor indeed the NSF as a whole will be the end. They are a means to an end, over a period of time, of ensuring local action to a position where children universally get appropriate needs-led services.'

PCT performance ratings

The NHS Alliance has been successful in its campaign to ensure that PCTs are not penalised by performance indicators where the PCT has limited ability to influence results.

Announcing performance indicators for PCTs and mental health trusts to assess their 2002/03 NHS star ratings, Health Minister, John Hutton said: 'PCTs are relatively new organisations, still in the early stage of development. As they develop, new levels of information will become available, resulting in new and better indicators becoming possible. Work is continuing with Trusts and professional bodies to ensure future indicators are available to reflect organisational developments.'

Details of the indicator lists for inclusion in Performance Ratings are available at:

www.doh.gov.uk/performance/2000

Facing up to the LDP challenge

Steve Phoenix, Chief Executive, Adur, Arun and Worthing PCT describes how they put their successful LDP together.

We were pleased, if not a little relieved to find that the Local Delivery Plan for Adur, Arun and Worthing received a favourable reception from our Strategic Health Authority. Faced with a new and much more comprehensive process than in the past, we needed to respond rapidly and efficiently to the challenge of the LDP.

The LDP Steering Group comprised all the PCT directors, plus a number of senior managers; each of the directors was given lead responsibility for a number of priority areas as detailed in the guidance. In addition, a number of underpinning programmes were identified, covering risk management, clinical governance, estate and facilities, finance, shared services, commissioning, specialist services, partnerships with councils, and communications. All of these potentially impacted on the work being undertaken linked to the priority areas.

There were many deadlines and there were times when we struggled to be clear how this process would be driven forward but for the organisation the outcome was successful. Successful not only in producing a robust LDP but in laying the foundations of a more comprehensive business planning process for the Adur, Arun and Worthing health and social care community.

We held a review meeting in mid March and asked our directors and senior managers three questions:

1. How involved are you in the LDP process?
2. What's going well for you in the LDP?
3. What could we do better?

1. Involvement in the LDP Process:

Those who had been involved in the process, particularly for the first time, all felt a much greater sense of engagement and understanding of the business planning process and purpose. People who had experience of the SAFF process in previous years felt that the LDP process gave a better opportunity for them to contribute to the larger scale plans for the PCT. Certainly this was evidenced by the amount of

effort and commitment shown by all those staff to help prepare the plans and achieve the deadlines. A range of 10% to 75/80% of individuals overall working hours had been spent on LDP through January and February. Some inevitably felt that the PCT had been left to our own devices, apart from the continual drip of requests for information against very tight deadlines.

2. What went well?

The PCT had met all the deadlines so far and many of these had been very tight; the product of all this effort was a good document, one that met the StHA expectations; wider understanding of the role of the organisation and other members of the PCT; it galvanised our knowledge of our business; it focused our minds on ways to tackle issues in a context where it was safe to say unpopular things; we recognised the LDP as central to business planning processes.

3. What could we do better?

Above all, better communication; more information on the process and start earlier; public and patient involvement; more consistent messages/instructions; pre-development briefing/workshop to explain the process; bring other Trusts and Social and Caring Services on board from the beginning; set up a single point of contact to pull the whole thing together - a project manager.

We wanted stronger management of deadlines from the centre - especially where final agreements with service providers depend on the slowest.

As a lead PCT for Specialist Commissioning we recognised the need to be much clearer about the Planning Guidance: the relationship with host commissioners for London and the need for host commissioners to consult more widely.

We recognise that the LDP is a product, albeit a key product, of the business planning process of the PCT. It is a vital link between Vision 2010 - our 10 year strategic planning



Steve Phoenix

programme - and the annual business plan which has just started its second cycle. The challenge for us is to embed the business planning process and the LDP into our culture, make it a slick exercise but one that demonstrably makes a difference to our ability to deliver care and meet our targets.

In terms of linking NHS Plan targets to every individual in the PCT, a simple diagram can explain more clearly (see below).

Shock CHAI resignation

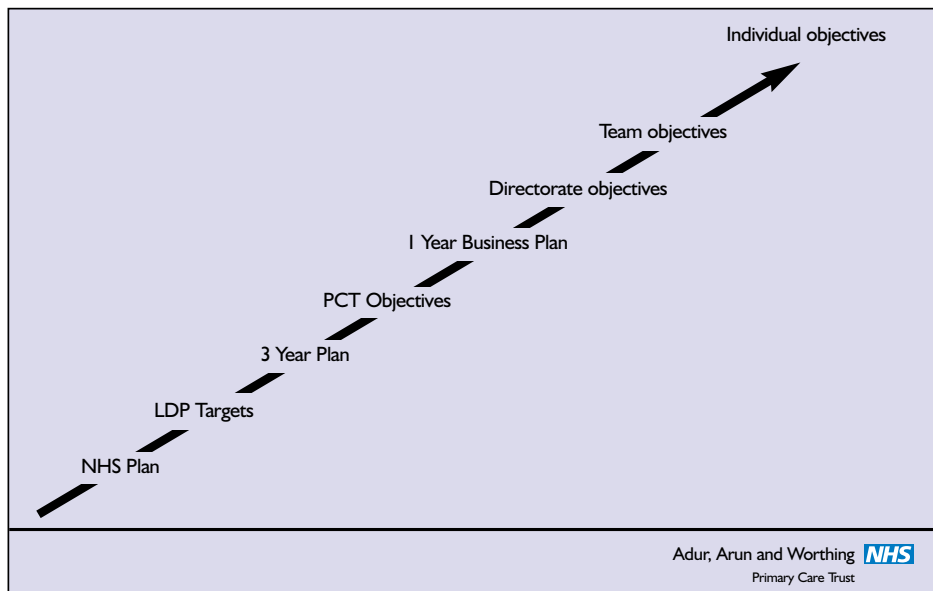
A personality clash is said to be behind the resignation of Dr Peter Homa, Chief Inspector of the Commission for Healthcare Audit (CHAI) at the request of its Shadow Chairman, Sir Ian Kennedy.

Dr Homa said: 'Although, unfortunately, there were differences in approach, Sir Ian and I share the passion that CHAI should be a major force for the improvement of patients.'

Dame Deirdre Hine, on behalf of the Commission for Health Improvement (CHI) Commissioners said she was saddened to learn of the resignation only weeks after the appointment and warned that he would be very difficult to replace.

She said: 'It is a serious setback for CHAI to have lost a chief officer of Peter's calibre at this early stage of its life. I have had the privilege of working with Peter as my Chief Executive for the past three and a half years. During that time we have broken new ground in establishing, for the first time, a body to which the NHS is required to account for the quality of the service it provides to patients.'

Dr Michael Dixon, Chair, NHS Alliance, said: "He was liked and respected by clinicians and managers because they felt that he understood their problems and was thoroughly committed to improving the NHS. His integrity, independence and approachability will be very difficult to match. CHAI will now have an uphill task explaining how a man of his magnitude has been cast aside without explanation. The NHS will now need reassurance that it is not to be subjected to the demoralising and discredited performance system that has done so much damage to our educational system."



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This report shows where extra NHS investment is being spent. Total NHS spending in 2002/03 will approach £55 billion, a cash increase of more than ten per cent. More than £2.2 billion of the increase has been used to employ additional staff, increase prescribing and purchase more goods and services.

Available at: www.doh.gov.uk

ABPI Annual Review 2002

More NHS medicines were prescribed in 2002 than in previous years. An estimated 707 million items were dispensed, compared with 677 million the previous year, raising the average annual number of prescription items per person from 11.3 in 2001 to 11.7 last year. The increase is largely due to government initiatives, especially the National Service Frameworks. But despite the rise, medicines remain less than 13 per cent of NHS costs says this report.

Available at: www.abpi.org.uk

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UKPHA 11th Annual Public Health Forum

Building capacity at national and local levels

Professor David Hunter reports on the UK Public Health Association's 11th Annual Forum held in Cardiff recently.



David Hunter

The forum is the largest gathering of the public health community in the country with 800 registered delegates from a wide range of disciplines and sectors.

The conference theme 'building capacity at national and local levels' was reflected in the plenary and parallel sessions. In her opening address, Jane Hutt, Welsh Minister for Health and Social Services, described the creation of the new National Public Health Service which would lead to Wales-wide standards. The Assembly's new Wales Centre for Health would create a critical mass of public health expertise.

UKPHA Chair, Geof Rayner's, message to delegates was the importance of communication to the success of public health. There was a danger that public health practitioners were not trusted by the public who were increasingly suspicious of 'evidence' and 'experts'. Yet, without the public becoming a key partner in the public health movement, population health improvements would be limited.

Hazel Blears, Public Health Minister for England echoed this theme, emphasising the importance of public health practitioners engaging local communities to tackle health inequalities. She stressed that public health was 'key to the new NHS' with PCTs in the vanguard of this shift of emphasis.

'Because of the PCT structure, the time has never been better for public health to play a key role at local level, forming strategic alliances with a range of partners in the local community to tackle health inequalities' she said.

To help much needed capacity-building, the Minister announced the launch of the UK voluntary register designed to end the anomaly in public health where only doctors were seen as the true public health specialists.

In a typically robust and provocative talk, Dr Julian Tudor Hart of 'inverse care law'

fame and a retired GP, spoke of the gains apparent in Wales (and elsewhere in the UK) flowing from devolution.

He had no truck with market principles in healthcare and was pleased to see 'red water' opening up between Wales and England.

The Welsh Assembly, like the Scottish Parliament, had rejected many of the public service reforms being introduced in England because it believed deeply that 'there is another way of doing things'. He stressed the importance of 'regaining a lost unity' and of the 'supersession of the commodity economy by the gift economy'.

Speaking in a debate on the coming crisis in public health, Dr Pat Troop, newly appointed Chief Executive of the Health Protection Agency, was optimistic about the challenge facing the Agency to build an integrated infrastructure for health protection. Health protection is a '21st century issue' as a result of globalisation.

In his closing address, Derek Wanless spoke about his review for the Treasury of the challenges facing health and health care over the next 20 years and the importance of public health measures in meeting these. He welcomed the government's emphasis on health rather than health care but believed 'a sense of overall coherence and strategic thinking is still lacking'.

Finally, he urged the public health community to strengthen its position by producing better information and more usable knowledge.

David J Hunter

Professor of Health Policy and Management

University of Durham

UKPHA Council Member and Chair of the Conferences Committee

Primary Care Prescribing Report

The cost to the NHS of GP prescribing is rising rapidly and outstripping budget increases, according to an Audit Commission Report, "Primary care prescribing: A bulletin for primary care trusts."

The increases are largely driven by the implementation of the National Service Frameworks, says the report, which is based on research carried out in more than 120 PCTs.

The cost of drugs prescribed by GPs increased by 29 per cent between 1998/99 and 2001/02 to reach an all-time high of over £5.5 billion, while spending on family health services increased by 21 per cent during the same period. By far the biggest growth area has been statins - drugs which lower cholesterol.

The report says: 'These can deliver huge benefits for people who have suffered from, or who are at risk of heart attacks. However, research shows that treatment is not always

targeted at patients who could benefit the most. A significant proportion of patients currently taking statins may not fall into the high risk group set out in the NSF, while many patients who could benefit from statins are not receiving them (mainly patients diagnosed with heart disease 5-10 years ago).'

It is estimated that over £130 million could be saved over the next three years through more effective prescribing.

James Strachan, Audit Commission Chair, urged all PCTs to review their performance.

He said: 'The success stories in this report show how much can be achieved when PCTs, GPs and the Audit Commission work together to reduce ineffective prescribing and put the NHS drugs budget to better use.'

More details at:

www.audit-commission.gov.uk