Primary Care Partnerships

JULY/AUG 2002 • ISSUE 1

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PUBLISHER

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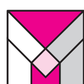
IN ASSOCIATION WITH:

nhsalliance

SUPPORTED BY AN EDUCATIONAL GRANT FROM:

Lloydspharmacy

PUBLISHED BY:



Medical Management Services

Creating Successful Partnerships

Audit Commission promises to work with PCTs to help modernise general practice and meet growing demand

Sir Andrew Foster

Unless general practice modernises to meet growing demands it will not be able to deliver all it is required to under the new NHS, an Audit Commission report has warned.* But it says it will work with PCTs to support general practice in the future.

Sir Andrew Foster, Controller of the Audit Commission, said the report showed not all patients have the same access to quality GP care.

'Primary care is facing major challenges but many practices are forging ahead, organising themselves to meet the growing demands. They show what can be achieved with the right approach,' he said.

'PCTs also have a great responsibility to recognise where the gaps are and support GPs. We will continue to provide the important information they need to do that successfully,' he added.

The report showed that GPs are highly valued, with 80% of people expressing satisfaction. But shorter hospital stays and increasing numbers of elderly patients are placing GPs under more pressure. This is exacerbated by staffing problems such as:

- GP numbers not increasing fast enough to meet NHS Plan targets and high vacancy rates in some inner-city practices
- Retirement 'bulge', with one in three GPs aged over 50.

The report recommends that practices review the way they work and look particularly at ways in which successful practices have changed. Some have cut patients' waiting times dramatically with simple measures such as matching staff more closely to periods of peak demand.

NHS Alliance Chair, Dr Michael Dixon, said the Commission was right to highlight 'the unsustainable dichotomy between continually increasing expectations of primary care and the lack of investment in it.'

And calling for more resources, he said: 'Analysis will help to stretch budgets further but it will not provide the funds needed to develop new primary care services. Too often, primary care budgets are lost to crises in the acute sector or diverted to additional must do's. We must now make sure that PCTs have enough headroom and leverage to use the unified budget for the benefit of all their patients wherever they are treated.'

Dr John Chisholm, Chairman of the BMA's General Practitioners Committee, said: 'Family doctors will empathise with the statement in the report that many practices are struggling to deliver today's agenda.'

The new GP contract would make sure the money going into general practice matched the needs of patients.

* *A Focus on General Practice in England*, Audit Commission report July 2002 Available at: www.audit-commission.gov.uk

EDITORIAL

Welcome to the first issue of *Primary Care Partnerships*. Our new title reflects our aim to interest a broader readership in response to the way changing NHS services are being delivered. To help us do this we have recruited new members to strengthen our former *Primary Care Network* Board with expertise in PCT development, pharmacy, local government, public health and patient involvement.

To ensure its success we need feedback from you, the readers, on the articles you like or dislike and ideas for future articles. Please help us by filling in the enclosed questionnaire which will be entered into a prize draw on 19 August. The winner will receive a crate of fine wine.

If you feel you would like to be involved in a 'hands on' way with our new publication, we would like to encourage you to join our new readers' panel. For details call the publisher, Clive Johnstone on 01225 333711 or email enquiries@medman.co.uk

Finally we would like to welcome and thank our new sponsors, Lloydspharmacy.

Jenny Sims, Editor

NEWS IN BRIEF

Mending Gaps in palliative care

There is a big gap in the provision of palliative services for people dying of diseases other than cancer according to the discussion paper, *Psychosocial Support for Dying People; what can PCTs do?* by Ros Levenson, Cathy Shipman and Steve Gillam. It suggests ways PCTs can fill the gaps. Available free from the King's Fund Bookshop on 020 7307 2591.

Health Protection Agency

The government is proposing to set up a new national infection control and health protection agency next April, as recommended in the Chief Medical Officer's infectious diseases strategy *Getting Ahead of the Curve*. The deadline for responses is 16 September. Available at: www.doh.gov.uk/consultations/live.htm

Campaigning to cut backpain

A campaign to cut NHS staff absences because of sickness has been launched by the DoH. The NHS loses 8.2 million working days a year to sickness absence, back injury accounting for 40% of them. Copies of the guidance, *Back in Work* and an information pack are available at: www.nhs.uk/backinwork

Walk-in centres are successful

Walk-in centres are safe, well-used and popular with patients according to an independent report by the University of Bristol, commissioned by the DoH. It found the 42 centres relieved pressure on the NHS: 45% of patients would have contacted their GP if the centre had not been available and 26% their local A&E. Available at: www.epi.bris.ac.uk/wic

"Vision into Practice" NHS Alliance Conference

This year's NHS Alliance Annual conference & exhibition on 17th and 18th October will be in Harrogate. It will examine how successful the revolution has been in shifting the balance of power to professionals and the public. Links between primary and secondary care and between health and social care will be major themes. Speakers include Alan Milburn, Secretary of State for Health, Nigel Crisp and all the Czars. Reduced fees apply for 'early bird' bookings received by 31st July.

Cancer Survey Benchmark

Too many patients are still waiting too long for hospital appointments and treatment according to the first *National Survey of NHS Cancer Patients*. Though large numbers of patients reported they did not receive written or printed information at the time of diagnosis, overall the survey of 65,000 patients in 172 trusts in England were positive about services and care. The report provides a benchmark from which the *Cancer Plan* can be measured. The report and 34 individual Network reports are available at: www.doh.gov.uk/nhspatients/cancersurvey

Partnerships with community pharmacists

Medicines Management: How community pharmacists can help PCTs develop services and meet targets

Andy Murdock

Every PCT has to develop a Medicines Management service by 2004. In their drive to meet this target (set out in *Pharmacy in the Future*, DoH, Sep. 2000) PCTs have largely looked to pharmaceutical advisers for help. The expertise of community pharmacists has generally been overlooked but a newly launched programme developed by Lloydspharmacy harnesses their skills and gives them a key role. Andy Murdock, the company's Director of Pharmacy and Superintendent Pharmacist explains how the programme can benefit PCTs and patients.

Medicines Management is a patient-centred, outcomes-oriented practice requiring all healthcare professionals to work closely with patients to promote health, prevent disease and to assess, monitor, initiate and modify medication use to ensure medicines are safe and effective.

Community pharmacists are key healthcare professionals who can optimise a patient's health related quality of life and contribute to positive clinical outcomes. Our structured Medicines Management Programme harnesses their skills and makes use of their everyday contact with patients, carers and other health professionals.

The government has allocated £30 million specifically for PCTs to develop medicines management services in whatever way they like.

The *Medicines Management Programme* consists of five levels, each supported by:

- Systems for data collection, documentation and transfer of information
- Efficient work flow processes
- References, resources and equipment
- Communication skills
- Commitment to clinical governance and risk management
- Involvement of local healthcare professionals.

Level one, the foundation of the programme, aims to establish and maintain a relationship based on caring, trust, open communication, co-operation and mutual decision-making. It also aims to improve concordance and compliance as well as patient education and awareness about medicines.

Level two builds on level one to decide the patient's pharmaceutical needs and put them in a Pharmaceutical Care Plan. It is structured to enable pharmacists to obtain the information they need before making a referral and/or recommendation.

Level three explores structured health promotion on an individual level and/or on a local population level. It includes promoting health and well-being through smoking cessation clinics, blood pressure and cholesterol testing, weight management clinics and diabetes type II early identification programmes. Given the chance, community pharmacists can play a significant role in local health improvement programmes and local health audits.

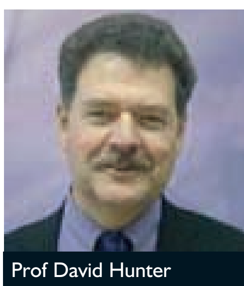
Level four introduces locally or nationally agreed intervention schemes such as repeat dispensing and prescribing, implementation and monitoring of developed care pathways, audit, patient group directions and disease management clinics. This level also extends to interfacing with secondary care and working in partnership to meet some of the outcomes recommended in the Audit Commission's report, *Spoonful of Sugar (Dec. 2001)*.

Level five is a clinical medicines management service in which community pharmacists can use their clinical and professional skills to carry out medication reviews and support PCTs in meeting NSF and local targets.

By trying to change the orientation of traditional professional attitudes and re-engineering the traditional pharmacy environment we hope to build a solid foundation on which Medicines Management can be delivered.

* *For more information email: andy.murdock@aah.co.uk*

Developing Public - Private Partnerships


Prof David Hunter

Prof Ray Robinson

Addressing the NHS Confederation's annual conference in Harrogate in May, Health Secretary, Alan Milburn, confirmed that running services in the NHS was to be opened up to the private sector and that this would include a number of European and American private health care firms. If more diverse provision becomes a permanent feature of the new NHS it will have major implications for PCTs as commissioners of services.

The government views the boundary between public and private as both arbitrary and outmoded. What is important is what works. It is also committed to increasing capacity in the NHS in order to meet its waiting list and access targets.

As part of a study of public-private partnerships (PPPs), we mapped recent developments with a view to identifying some of the key issues to which they gave rise [1]. We collected information on the aims and objectives of PPPs, the service areas and patient groups they cover, the nature of contractual arrangements, costs, quality and future plans.

The data provided information about the types of PPPs being developed. The following important themes emerged from the study:

- **Little information on relative cost effectiveness**
  There was a significant absence of cost data and few direct cost comparisons with equivalent NHS care were available. The key priority was to obtain short-term increases in capacity - cost effectiveness was rarely considered explicitly.
- **Private sector capacity and prices**
  Private sector capacity remains relatively small compared with NHS demand. Short-term funding increases may simply bid up prices in the face of inelastic supply.
- **Contracts**
  Long-term contracts were favoured over annual tendering processes because they reduced the administrative burden and provided greater opportunity for building up high trust relations. Long-term contracts are probably essential to convince the private sector that the NHS is in it for the long haul.
- **Quality**
  Improving quality has been a central plank of the government's modernisation programme. But where services are sub-contracted to the private sector, the task of monitoring and assuring quality takes on an added dimension. This will be a major challenge for the new Commission on Health Improvement and Audit.
- **Partnership working**
  The government is committed to joined-up policy and management. PPPs will add to the already complex arrangements for partnership working. Whether in the longer-term they will make partnership working more or less complex remains to be seen.
- **Regulation and monitoring**
  Regulation has been increasing in the public and private sectors over the past 20 years. Major questions arise in regard to PPPs including: is government able to effectively regulate private sector organisations over which it has little direct control? Do public sector managers possess the necessary skills and experience to understand and deal with the private sector?

Above all, we need to know if PPPs represent better value for money and improved quality of service before we can be sure they are the way forward for the NHS. Demonstrating these gains through an evidence-based approach constitutes a real and urgent challenge to both the NHS and private sector.

Reference

1. Hunter DJ, Robinson R and New B (2002) *Integrated Care and the Development of Public-Private Partnerships.* London: The Nuffield Trust.

David Hunter is Professor of Health Policy and Management, University of Durham; Ray Robinson is Professor of Health Policy, LSE Health and Social Care.

PFI deals will boost primary and intermediate care

A £2.4 billion list of public-private finance packages that will create 1,500 more beds and employ 4,500 new staff has been announced by the government (July).

Among 13 NHS trusts given the go-ahead to tender for private finance initiative (PFI) funding, St Helens and Knowsley Hospitals NHS Trust, Merseyside, will now go ahead with a £228 million investment programme – creating one of the country's largest diagnostic treatment centres. This will boost four local primary care sites served by the trust enabling them to provide more services on their sites.

Four trusts in Peterborough will be looking for partners in a £250 million scheme to expand primary and intermediate care services at community based units.

Meet the Czars

How is the NSF for Older People progressing? That's the question two NHS Czars will be finding out on their whistlestop tour of the 28 Strategic Health Authority areas in England that started on 10 July in the South West and will finish in February at County Durham & Tees Valley.

Rumour has it that targets and milestones are not being fully met but this was denied by Professor Ian Philp, National Director of Older People's Services. Both he and Dr David Colin-Thomé, National Director for Primary Care, said on the day they started their tour they were 'excited' about what they understood was already happening.

They will be visiting local services, meeting frontline staff, patients and older people's champions (including NHS non-executive directors), local government councillors, Social Service Inspectorate and healthcare staff. At the end of each visit they will visit board executives to offer feedback on their findings.

'The issue for me, of course, is how primary care is being involved. Without new partnerships we won't be successful,' said Dr Colin-Thomé who was hoping to find increasing numbers of GPs developing incentive schemes and commissioning innovative services for elderly people.

Professor Philp said: 'Joint working is gathering momentum. There are many good news stories on progress which we hope to publicise.'

However, he admitted concern that the NSF standards concerning safeguarding the dignity of elderly people on hospital wards was not being met.

A conference to report on all the visits is likely to be held next year. Meanwhile, if you will not get the chance to meet the Czars and want to comment on what's happening in your patch on older people's services, please email: enquiries@medman.co.uk or call 01225 333711. We will be carrying a full report in our September issue.

A message from our new sponsors

Lloydspharmacy is the leading community pharmacy chain in the UK. With over 1350 pharmacies in health centres, community shopping parades and on high streets, our pharmacists are well placed to deliver healthcare to communities through their management of medicines, services and advice and through relationships with other local healthcare professionals.

Lloydspharmacy

PCP TIPS: Books & Reports

How good is your service to carers? A guide to checking quality standards for local carer support services
By Roger Blunden

Funded by the DoH, this is a new guide for health and social services to help them provide better support for carers. Tested in pilot studies throughout the country, it includes a checklist of good practices aimed at helping staff meet the quality standards developed as part of the government's National Strategy for Carers. Only 56 pages, simple and practical.

Available from the King's Fund Bookshop on 020 7307 2591 or at www.kingsfundbookshop.org.uk £5 ISBN 1 85717 465 B

Appraisal & Assessment in Medical Practice
By JWR Peyton

The mandatory appraisal of GPs was introduced on 1 April. Training of all GPs is now required to build up their knowledge and expertise in the operation of appraisal. This book is a concise and practical guide written for all staff involved in the appraisal process. It provides a comprehensive account of setting up an appraisal system and training staff to use it. Most importantly, it includes chapters on the training of appraisers and how to deal with the inevitable problems that will arise when the system is introduced. The book has already been used by many NHS Trusts as part of their appraisal training programmes for consultants and to provide staff with a reference guide on the subject of appraisal, assessment and revalidation. The author is well known as a specialist in medical education. He is a Tutor in Continuing Professional Development at the Royal College of Surgeons of England and is responsible for the development of Appraisal and Assessment workshops for the College.

Available from Manticore Books Ltd on 01923-282992 or at www.manticorebooks.com £9.95 with volume discounts available ISBN 1-900887-06-1

Narrative-Based Primary Care: a practical guide
By John Launer

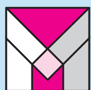
An important contribution to the new and growing field of 'narrative-based medicine', this book provides a theoretical framework and practical skills for dealing with individual consultations, family work, clinical supervision and teamwork. It can be used as a training resource and includes exercises and summaries of key points.

Available from Radcliffe Medical Press Ltd on 01235 528820 or at www.radcliffe-oxford.com £21.95 ISBN 1 85775 539 1

Nutrition and Patients: A doctor's responsibility
Royal College of Physicians working party

This report is a 'wakeup' call to the medical profession to take clinical nutrition seriously, says RCP President, Professor Sir George Alberti. Patients' nutritional needs tend to be overlooked by doctors according to the report which makes recommendations for doctors and health service managers about improving recognition and treatment of nutritional problems . A summary and the recommendations are on the RCP website www.rcplondon.ac.uk

Available from the RCP Publication Dept on 020 79351174 ext 358 £15 inc. p&p



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Softly, softly

Ken Jarrold examines the new role of the NHS in Criminal Justice issues

Ken Jarrold

The NHS contact with the criminal justice system used to be limited to *Casualty* on a Friday night and Major Accident Planning. Over the years there has been a growing awareness of the connections between the three great public concerns identified by the Office of Public Management - health, learning and safety.

The health of an elderly person living at home may be severely compromised if they are in a constant state of anxiety about vandalism and burglary. A high proportion of offences are committed by people seeking to resource their drug habit. There are close connections between health deprivation, truancy and adolescent criminal behaviour.

The NHS is now expected to play a full part in the criminal justice system through Drug Action Teams, Youth Offending Teams, Child Protection, Prison Health, Forensic services for people with mental illness and learning disability, Community Safety Partnerships and Area Criminal Justice Strategy Committees.

It is not easy for PCTs to involve themselves in this agenda at a time when they are establishing themselves as new organisations and dealing with a relentless national agenda and real financial pressures. However, as with so many other aspects of the NHS, it is at PCT level that much of the criminal justice agenda can best be pursued. Health Authorities have a role in ensuring the strategic framework includes criminal justice issues, that the NHS plays its part and in working directly with agencies that cover a number of PCTs. However the criminal justice issues are essentially local issues.

There is no question that local communities are concerned about crime and expect all statutory agencies to co-operate in reducing the fear of crime and making people feel safer. Our experience has been that the criminal justice agencies, including police and probation, warmly welcome the involvement and commitment of the NHS, recognising the vital contribution that we have to make to many of the issues that fuel criminal activity. Local Authorities with their leadership role in Community Safety also value the role of the NHS. Health and Safety are intimately connected and both matter to the people we serve. If the NHS is to play its full part in regeneration then we need to be concerned with criminal justice as well as with nutrition, housing, poverty and employment.

The time has come for the NHS to play a full part in criminal justice issues. We need to come out of our silo and recognise the issues that concern our people and the interconnections between them.

PCTs face many challenges and no one would be surprised if the criminal justice agenda was not top of the pile at this time of organisational growth and development. However, it needs to be there because the NHS can make a difference to safety as well as to health.

Ken Jarrold CBE, Chief Executive, County Durham and Tees Valley Strategic Health Authority

PCTs to report adverse incidents electronically

Adverse incident reporting is to be simplified by introducing a standardised electronic form for all NHS organisations in a bid to improve patient safety. The E-form will be rolled out to all trusts from October and to all PCTs by March said Sue Williams, Joint Chief Executive of the National Patient Safety Agency.

Over 27,000 adverse incidents were reported in 28 trusts in England and Wales over nine months according to a pilot study from the agency due to have been published last month (June). But because of gaps in the questionnaires returned by trusts, publication is being delayed until the end of the year.

Chief Medical Officer, Professor Sir Liam Donaldson, key speaker at the agency's recent conference, Building a Patient Safety Culture, said: 'The forms were over-complex and we can't classify 50-60% of the information we got back, but there is nothing to hide and we are committed to publish audited figures when they are available.'

The figures were better than expected and comparable to other countries including the USA, Australia and Denmark. The aim of the study was to help staff learn from mistakes.

'We want the bad experience of the patient in Truro to save the life of the patient in Darlington in the next week or the next month,' he said.

More than 50% of the adverse incidents involved elderly patients, many due to falls. Further information from: www.npsa.org.uk