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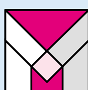

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GPwSI survey

Majority of PCTs support GPwSI in Mental Health in Later Life

Clive Evers

The Alzheimer's Society, the RCGP and the NHS Alliance carried out a survey to see if the current categories of GPs with Special Interests (GPwSIs) are too general.

In light of the 700,000 people with dementia, 97% over 65, averaging 1,500 per PCT, the aim was to find out if new categories, more targeted to meeting the specific mental health needs of older patients, should be developed.

Some PCTs with higher percentages of older people in the population could have around 3,000 people with dementia.

The survey, sent out to PCTs with the April issue of Primary Care Partnerships, received a 15.5% response rate. CHD, Diabetes and Older People were seen as the most important areas of development for GPwSIs.

There were nine questions and selected answers are below. Copies of the full findings are available from Medical Management Services (email: ***enquiries@medman.co.uk***).

Question: How many GPs in your PCT are currently employed as a clinical assistant, hospital practitioner of GPSI?

Answer: Mental Health 15%, Older People 18%.

Question: In Older People, which aspects of their care are GPwSIs most important in?

Answer: Development of Intermediate and Continuing Care 27%, Stroke 22%, Care of the Elderly 20%, Dementia 17%, Musculoskeletal, 14%.

Question: Has your PCT recently conducted a local audit of dementia services?

Answer: No 77%, Yes 23%.

Question: Would you support the development of GPwSIs in mental health in later life?

Answer: No 7%, Yes 93%.

The reasons given included:

- Growth in population
- If adequately skilled and 'used properly' would be of great value
- Lack of secondary care provision
- Useful way of meeting the Older People's NSF
- Would bring mental health closer to primary care and support the development of shared care protocols for depression and dementia

Clive Evers, Director of Information and Education at the Alzheimer's Society, said: 'We welcome the results, especially the high percentage of respondents who support the development of GPSIs in mental health in later life.

'Ideally we would like to see GPwSIs with a specific focus on dementia. However, next best would be those with an interest in older people and mental health. The survey shows that 33% of respondents cover these two specialties.

'We are also pleased some 20% of respondents consider dementia in older people to be an important aspect of care. It should, however, be noted that dementia can also affect younger people below the age of 65 – although more rarely.'

Dr Michael Dixon OBE, Chairman of the NHS Alliance said: 'I think the survey is quite positive. It shows that a quarter of PCTs have surveyed dementia. That's not bad considering the average PCT has only been around 18 months. The fact the vast majority of PCTs want to have GPwSIs in mental health and older people is also very positive'.

*The survey was organised by Medical Management Services and supported by an educational grant from Lundbeck

Dr Steve Iliffe, north London GP and Reader in General Practice, Royal Free & UCL Medical School said he was reassured by the positive response. 'But there is a long way to go and a lot of work to do. The results reflect the pre-occupation of managers to services rather than health needs.'

GPwSIs, the NHS Plan & the new GP Contract

The *NHS Plan* sets a target of up to 1,000 GPs with Special Interests working by 2004. The DoH published a framework and guidelines in 2002 with additional guidelines in April 2003 covering ten areas including mental health. Also in April, the Modernisation Agency published *Practitioners with Special Interests: A Step by Step Guide to Setting up a General Practitioner with a Special Interest.* (Available at ***www.gpwsi.org/stepbystep/index.htm***)

With the acceptance by GPs of the new GMS contract, primary care services delivered to a higher standard than normal will be formally recognised as enhanced services.

PCTs are free to commission whatever enhanced services are appropriate to meet local health needs, therefore GPs with Special Interests will have a head start in the provision of these services under the new contract – and a greater chance of boosting their income.

Guidelines for PCTs and staff have been developed by the DoH with the Royal College of GPs, providing more specific recommendations for GPwSIs for a number of clinical specialties including mental health and care for older people. (Available at: ***www.doh.gov.uk/pricare/gp-specialinterests***)

MMS will be launching a series of workshops for PCOs on:

"Why Develop Practitioners with Special Interests? - Getting Started & Developing an Action Plan"

If you would like to attend or organise a bespoke workshop for your PCO

please contact Clive Johnstone on 01225 333711 or email enquiries@medman.co.uk

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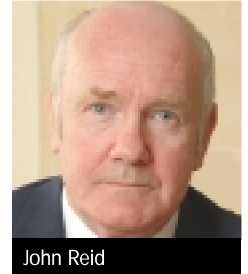
Maintaining the direction of travel

In his first speech as Health Secretary, John Reid confirmed there would be no change in the direction of the reforms begun by his predecessor, Alan Milburn and contained in the ten-year NHS Plan.


John Reid

Mr Reid said the NHS had turned a corner and he was determined to build on these achievements in order to translate the radical policies of the NHS Plan into practical improvements on the ground.

However, the NHS had yet to fully meet the aim of providing equality of access to healthcare that was set out when it was founded in 1948, he said. Inequality of access to services could only be overcome by making choice a reality for all patients across the country.

He went on to outline four basic principles or 'points of the compass' on the future broad direction of travel:

- Patient healthcare will be provided equally to those who need it, free at the point of need
- The NHS will become a more personal service, focusing on the needs of patients not providers
- Capacity will be increased alongside an extension of personal choice for patients
- Equity & fairness – in the relief of pain and distress will remain the cornerstone of NHS values.

'The goal of all our actions and the benchmark of our success is the well-being and the comfort of patients, that's why we have plans, targets and objectives. They aren't the end in themselves, they are a means to an end – serving patients.'

In setting out his determination to ensure the NHS became 'a more personal health service', he described doctors, nurses and other NHS staff as the largest Army for Good in Britain with 1.3 million people.

Paying tribute to former Health Secretary, Alan Milburn, he said: 'He believed in the NHS, more than that he believed in the potential of the NHS and the people who worked in it. He made the case for sustained investment in the NHS with the biggest ever increase in cash now going in.'

Responding to Mr Reid's speech, Dr Gill Morgan, Chief Executive of the NHS Confederation, said: 'It is always tempting for a new Secretary of State to come in and start reorganising or changing priorities, so we are grateful that this speech marks a welcome shift in emphasis to quality but has no major change in direction.

'NHS management will be able to get on with delivering the radical reform agenda which is proving successful in delivering results for patients.'

She challenged the Secretary of State to maintain this approach. 'We share his goal to turn the radical policies into radical, practical implementation on the ground and welcome his commitment to free up professionals and managers to make these changes. We will be looking to Dr Reid to provide this leadership.'

She called for him to shift the debate from elective surgery to chronic disease in order to deliver on the equality agenda.

Editorial

Just two weeks after taking up his new job, Health Secretary John Reid's first major speech to the NHS Confederation conference, left delegates relieved, re-assured and ready to get on with the job. His announcement that there would be no new structural changes was just the news they wanted hear.

Both Mr Reid and Sir Nigel Crisp said the NHS was at 'a turning point'. In the next stage, decentralisation is to become a reality, new ways of working are to be found and more control handed to patients and the public. Managers and other health professionals appear ready for those challenges.

In return they want much more support from the top to defend them against 'unfair attacks' on management competency and integrity. Unless they do, as Gill Morgan warns, recruitment and retention will worsen and the reforms won't happen.

Mr Reid needs to listen – and act!

Jenny Sims, Editor

NEWS IN BRIEF

NHS Board guidance

'The NHS needs good governance' said Gill Morgan, NHS Confederation Chief Executive, welcoming a guide clarifying the role of boards, launched at the conference. *Governing the NHS: A guide for NHS Boards* is published by the NHS Appointments Commission. For copies call 08701 555 455, quoting 32291/Governing the NHS or email: ***doh@prolog.uk.com***

CHAI wants feedback

Professor Sir Ian Kennedy, Shadow Chair, CHAI Transition Team, called for feedback from managers on what they thought CHAI should do in its first year. An information pack on its vision for the future, a 'Who's Who' at CHAI and a feedback form is available from CHAI tel: ***020 7716 5694, fax: 020 7716 5828.***

Jigsaw puzzle

The NHS Confederation calls for a new health debate looking at health policy in the round because there is little understanding about how pieces of the health policy jigsaw fit together. It suggests more work needs to be done on the possible impact of policies. Copies of *Joining up the jigsaw: piecing together health policy*, £15 are available on ***0870 444 5841, fax 0870 444 5842***.

Improving relations

Joint training for managers and doctors is one of the recommendations in a landmark report, *Medicine and Management: Improving Relations Between Doctors and Managers* launched at the conference. Based on conclusions from a summit of doctor and manager leaders earlier this year, it includes a set of principles as well as recommendations. Available on ***0870 444 5841, fax 0870 444 5842, £15.***

MORI poll published

Patient choice was top of the list of policy changes in a survey of 102 chief executives across a range of NHS Trusts, Primary Care Trusts and SHAs in June by MORI thought would have the greatest impact over the next five years, 39%. Second was new staff roles and contracts, 20% and third was the National Information Strategy, 15%.

Chronic disease

The focus on organisational structures, waiting times for elective surgery and A&E is obscuring the needs of the large part of the population suffering from long-term condition chronic conditions, says the NHS Confederation in a briefing paper for debate, *Chronic disease: the hidden health agenda*. To join the debate or for more details on the Confederation's chronic disease management work programme, email Nigel Edwards, Director of Policy at: ***nigel.edwards@nhsconfed.org***

connecting2003

The NHS Conferation annual conference - Glasgow

Morgan challenges unfair attacks and calls on new Health Secretary to support managers

Gill Morgan

Dr Gill Morgan, Chief Executive of the NHS Confederation, warned that continuing attacks on NHS managers and administrators were affecting the recruitment and retention of high calibre people.

Without good leadership the reforms would not happen, she warned. It was also important to counter the unfair criticism of integrity and competency because the bad publicity was discouraging the next generation from wanting to become chief executives.

This was confirmed by an NHS Confederation survey, *Management Matters*, launched at the conference*. A MORI poll commissioned by the Confederation, also released during the conference, showed nearly 70% of the NHS chief executives surveyed believed that negative perceptions of NHS management were making it difficult to attract clinicians into leadership roles.

In a keynote speech Dr Morgan said: 'We are faced with a debate which on the one hand calls for radical reform whilst on the other writes off the managers leading this improvement and the administrative staff supporting it as bureaucrats and pen-pushers.'

Dr Morgan said repeated attacks on administrative staff were 'particularly disgraceful'. Good administrative support was essential to effective clinical processes – especially where support for modern information technology was lacking.

One recent study showed that up to 40% of consultants' time was wasted dealing with lost notes or inadequately filed results.

The *Management Matters* survey challenged the myths about NHS management and showed the reality of 'committed, talented individuals working with their teams to improve services for patients.'

It shows managers think they are having to spend too much time implementing the latest structural changes at the cost of delivering healthcare improvement, and that many believe Foundation Trusts to be a step in the right direction.

It also set out what needs to be done to meet the challenges ahead, and its recommendations are backed by the MORI poll which asked chief executives to identify the most important thing that the DoH could do to support management excellence.

The top three responses were: more autonomy and devolution (32%); a reduction in the number of targets (29%) and greater support (24%).

Dr Morgan said: 'The message to the new Secretary of State is clear: support your managers and leaders. Give us time and space to innovate; give us structural stability so we can focus on the important not the urgent; negotiate a set of clear and manageable targets: and help us to shift the culture away from blaming management to recognising that an investment in high quality management is an investment in patient care.'

* For details on *Management Matters* and the MORI poll see NIBs.

Joining up the jigsaw – piecing together health policy

A panel of experts was asked, what will be the combined effects of choice, payment-by-results regime, diversity of provision and range of new policies?

Alan Burns, Chief Executive of Trent SHA, said the full impact of the current initiative in five years' time could not be predicted. 'I don't think we have a clue what's going to happen. It's quite clear there will be unintended consequences.'

He suspected managers would not need to commission services as they do currently. Patients would decide where to go for non-emergency treatment, and funding organisations would merely ensure the financial transaction was managed.

Barbara Hakin, Head of the National Primary and Care Trust Development Programme, suggested different types of care would be commissioned in different ways. Planned care would be organised in a more integrated way across primary and secondary health services and social care.

This would create 'communities of interest' for those with particular chronic conditions, rather than geographically defined communities.

Nigel Edwards, NHS Confederation Policy Director, said the new funding system could see the adoption of 'disease management', with private contractors taking over the care of a group of people with a particular disease.

However, this would unfortunately, completely disrupt many of the strengths of the British primary care system 'continuity and registration.'

connecting2003
The NHS Confederation annual conference - Glasgow

Every pound to be well spent

Managers must ensure the service delivers real value for money, said Sir Nigel Crisp, Chief Executive of the NHS.

Sir Nigel Crisp

In a keynote speech, Sir Nigel said the DoH was aiming for better management and less bureaucracy. All managers, whether working at the centre or locally, must bear down on all unnecessary spending.

The public was concerned about whether money was getting through to the front line and was being spent on patients. Allegations of waste and increased bureacracy had to be tackled, both by explaining how the money was spent and 'actively managing our overheads and reducing bureaucracy wherever we can.'

Centrally the DoH was cutting back by 30% and ensuring bureaucracy was kept to a minimum through all national organisations. Less bureaucracy and better management was the aim.

'The challenge for local bodies is to put the drive for value for money and productivity at the heart of their thinking and Boards need to demonstrate they are doing so to patients, staff and communities,' he said.

'They need to benchmark against best practice and take action – setting local targets for improvement where they need to,' he added.

Reiterating Health Secretary John Reid's comments, 'We are on a long journey,' he said it meant leaders and managers, like everyone else in the NHS, needed to change the way they worked to meet the demands of the future and currently they were at a turning point.

Sir Nigel said they were beginning to make a reality of decentralisation – handing over much more control and creating new relationships between national and local.

'A point when together we must find new ways to involve and support our staff – particularly our clinical leaders – and give them more control and ownership. A point too when all of us must hand over more control to patients and the public,' he added.

Implementing the GMS contract

Where do we go from here?

The new GMS contract will have far-reaching implications, not only for the organisation and working methods of GP practices but for the whole of primary care and beyond. A panel of experts closely involved with the contract led a discussion on 'Where do we go from here?'

In the June nationwide ballot, GPs voted by almost four to one in favour of introducing the contract across the UK, with 79.4% voting for and 20.6% against. However, as the discussion session showed, concerns remain particularly about out-of-hours care.

Time was very tight for implementation by April but the DoH was producing a new set of contracts which would help PCTs to make the transition as smooth as possible, said Panel Chair, David Russell, Chair, Eastern HSS Board, Northern Ireland

Mike Farrar, who led the contract on behalf of the NHS Confederation, said the contract would bring many opportunities including new ways of working across primary care. He admitted PCTs in England and PCOs in the rest of the country would need a lot of support to meet the implementation timetable.

Bob Hudson, Chair, GMS Implementation Group for Wales, said it offered opportunities for a co-ordinated approach from practices and PCOs as well as enabling them to work together more.

An All Wales Steering Group was being developed to help with smooth implementation. There were huge differences in list sizes in counties in Wales, from an average less than 1,500 in Gwent to just under 2,000 in Gwynedd. One of the key challenges would be to 'universalise best practice' he said.

John Turner, Pay Modernisation Director, GMS, Scottish Executive Health Department said a huge amount of investment was going into the Scottish Pay Bill, adding: 'integration is core to the way we work'.

The new GMS contract, the Consultants' contract and Agenda for Change were all going to be part of pay modernisation.

When the panel took questions, concerns were expressed about the IM&T strategies PCTs would have to put in place. Mike Farrar said new advice was due to be published soon.

Gareth Edwards, PEC Chair, Suffolk, asked: 'Is there a strategy for telling people they won't get their GP at night? The last thing you want to do is take the public's security blanket away.'

From the panel's replies it appeared not. David Russell for Northern Ireland merely admitted it was 'the hottest issue around the service at the moment.'

Bob Hudson for Wales could only say that PCTs had 'a major role to play here' and would be bringing together all the stakeholders in the next few months to discuss it. 'It does mean very significant changes in the way people will access their GP,' he added.

CHAI inspection changes

Professor Sir Ian Kennedy, Shadow Chair of the Commission for Healthcare Audit (CHAI), in his first major speech since his appointment, confirmed his pledge to reduce the burden of scrutiny.

He told delegates: 'We will seek, as the leading inspectorate, to ensure that visits are co-ordinated and so structured that you aren't always overladen with people trekking through to find this or that.'

He said the pace of change would be driven by how quickly they could solve the question of having data which was translatable 'into information which is translatable, into knowledge which is translatable into wisdom.'

CHAI goes live next April and Sir Ian urged the government to publish its standards, against which CHAI will measure services, as soon as possible.

He also challenged NHS managers, critical of inspection reviews in the past, to volunteer to join future CHAI inspection teams.

Children's services

NHS Children's Tsar, Professor Al Aynsley-Green is in talks with Sir Ian Kennedy, Shadow Chair of CHAI, about producing a 'toolkit' for the development of children's services, he told the conference.

The health services faced three key challenges: to put children at the centre of services, to think about children's lives rather than just their diseases and to make services 'genuinely needs-led.'

He added: 'Nothing is going to happen unless we get local change. I'm concerned about the capacity for management strategy and above all, for commissioning children's services.'

However, Prof Anysley-Green was pleased to say progress was being made. 'Three years ago children were invisible, so we have made astonishing progress.'

Garry Needle, Chief Executive of Brighton and Hove PCT which is applying to become a children's trust, said the application drew together health, social and probation services, police and schemes such as Sure Start.

'We have widespread support for setting up a children's trust across all the agencies and professionals. Importantly, we've got support from the coalition for youth.'

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