

Primary Care Partnerships

OCT 2003 • ISSUE 14

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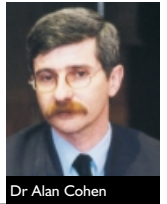
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MSD

GMS contract for mental illness registers seriously flawed say critics



Dr Alan Cohen

Major mental health charities MIND and the Sainsbury Centre for Mental Health say the contract is confusing and contradicts other guidelines.

Wide public debate on issues of confidentiality is needed before the GP contract is implemented say both charities. They warn that some patients may feel threatened by inclusion on a register and avoid seeking help.

MIND Policy Officer Moira Fraser said: 'We are very concerned about who is going to see the registers and how they are going to be used. The guidance is confusing, for example, telling practices to "use their discretion" in the case of people in positions of high visibility who might not want to be included on a register. Why does it need to say this if the register is confidential?'

In a newly published briefing report* the Sainsbury Centre for Mental Health (SCMH) says: 'The legal framework surrounding the development and use of registers in primary care needs to be reviewed.'

The SCMH is also concerned at the suggestion to include patients with long-term depression on registers alongside patients with schizophrenia and bipolar disease. They point out this conflicts with NSF for Mental Health guidance which says 'a register should be directed at those with psychotic illnesses, not those with chronic depression.'

The Sainsbury report goes on to say: 'The guidance on adding people with chronic depression to a register of people with severe mental illness is confusing; it would be far more effective for such a register to be an integral part of the enhanced level of care offered by some practices to people with depression.'

Dr Alan Cohen, SCMH Director of Primary Care, said: 'A register of people with severe

mental illness could have significant benefits. People with schizophrenia are four times more likely than average to die of heart disease. They are more vulnerable to flu and have high rates of diabetes and hepatitis. Ensuring they are offered regular physical health checks could help to reduce these appalling statistics.

'The way the contract is written may seriously limit the benefits. It is crucial that the register includes all those who have schizophrenia and bipolar disorder - and only those conditions - in the practice population.'

Continued on Page 4

The GMS contract

Primary Care Organisations will be able to commission an enhanced level of care from some or all practices for various clinical services including mental health.

Commenting on the contract, the Sainsbury report said: 'Rewarding general practitioners for the quality of care that is provided is a positive step for primary mental health care.'

Though it welcomed the inclusion of depression as an enhanced level of care, it added: 'The guidance on the quality framework for the mental health clinical domain is flawed in a number of significant ways and should be amended prior to the implementation of the contract.'

*Investing in General Practice: the new General Medical Services contract for GPs, available at: www.scmh.org.uk or on 020 7827 8352

Workshops

Would your PCT like to hold a bespoke workshop on the GMS Contract for your GP practices? If so, MMS can organise it for you. Please telephone Clive Johnstone on 01225 333711 or email: c.johnstone@medman.co.uk

Editorial

Preparation for the implementation of the GMS Contract currently preoccupies PCTs, SHAs and general practices alike. Mental health services do not come top of this heavy agenda, so the concerns of the mental health charities as expressed in the Sainsbury report over registers in particular may come as a surprise to some. Their call for clarity on confidentiality and public debate should be listened to - before it's too late!

Listening more to patients and involving them in improving services has been government policy for some time and the flurry of new 'patient champion' appointments by Health Secretary, John Reid in recent weeks hopefully signals that the policy is stepping up a gear.

Meanwhile, in this issue, we have taken a look at what the National Programme for IT and the Modernisation Agency are doing to involve patients and asked a PEC lay member for his views. It's mostly very encouraging!

Jenny Sims, Editor

CHI on Sheffield

Sheffield West PCT has been praised in a Commission for Health Improvement (CHI) report for the way it manages poorly performing GPs. However, it needs to ensure all general practices have adequate ways of managing risk, says the report which advises the PCT to urgently strengthen its relationship with general practices. The report is available at: www.chi.nhs.uk

HR video from PCT

Hambleton and Richmonshire PCT has launched a training video to help staff better understand how the PCT works and its aims for staff. The Body of 'Organisational Development' has been funded by the National Primary and Care Trust Development Scheme and will be used by staff as part of their appraisal and development training.

'We believe we have a marketable product which other organisations may find of interest' said Anne Botterill, the trust's Communications Manager. Further details from Anne Botterill on **01845 573814**.

Voluntary sector funding

Improvements are to be made in the way funds are awarded to the Voluntary and Community Sector (VCS) in England. The Section 64 Review Group sets out recommendations to streamline the grant process, which include a two-stage application process where only potentially successful bids will be invited to submit full reports, saving bids unlikely to be successful, wasting their time and money. Copies of the report are available at: www.doh.gov.uk/sect64/grants.htm

Scrapping A&E targets

The government may introduce a small number of exceptions (less than one per cent) to the target of having everyone leaving A&E within four hours, for clinical reasons. The cases would include: patients in the resuscitation room undergoing active resuscitation, whose clinical condition would be jeopardised by transfer to another area and patients who deteriorate and need the continued care of A&E specialists. The consultation paper *Clinical Exceptions to the 4 Hour Rule Emergency Care Target* is available at: www.doh.gov.uk/emergencycare/clinical-exceptions.htm

£11 million for sexual health

In response to the Health Select Committee's report on sexual health, the Public Health Minister Melanie Johnson, has announced an additional £11 million to improve sexual health and tackle sexually transmitted infections. She said: 'This extra funding will enable further improvements to the way we tackle poor sexual health in England.' The government's full response is available at: www.doh.gov.uk/sexualhealthandhiv/index.htm

Patient involvement**Offering patients real partnership**

A quiet evolution is beginning for patients. Not quite a revolution, though its effects will revolutionise health care and the patient's role in it. Marlene Winfield OBE, Head of Public Engagement for the National Programme for IT, explains.



Marlene Winfield OBE

The National Programme for IT (NPFIT) is developing systems to support a 21st century health service for the UK. It comprises four key elements: shared electronic health records including instantly transmitted images; online booking of appointments; electronic handling of prescriptions and secure powerful channels over which to pass this information. These projects are aimed at ensuring the efficient use of information throughout the NHS to deliver truly coordinated care. They are designed to complement other NHS developments and initiatives with similar aims.

What will this mean for patients? At its simplest, it will mean the right information is in the right place whenever health decisions are made and acted on. Here is one example from the not too distant future.

Alice Brown has a long-term health condition. If she chooses to monitor herself, she will be able to check her health record from her home computer. She can test herself, enter her results directly into her record and check they are acceptable. She can request repeat prescriptions and check other test results without leaving home. Her life will no longer revolve around visits to surgeries, clinics and hospitals.

When Alice does need a hospital appointment, she will not have to face the current paper chase. While she is sitting with her GP, an appointment will be booked at a time that suits her. She will be given choice and all the information she needs to decide where to have treatment. When she arrives for her appointment, the consultant's team will have instant access to the information they need to treat her. The NHS will be like the best customer service: wherever she goes, they will know who she is, where she's been, where she's going and what will get her there. Apart from clinical details, they will know if she has a living will, if she needs wheelchair access, her preferred language or if she is a carer.

Alice will have her own protected health space on the internet where she can check her health record and request information about her condition or other topics and receive reminders about appointments and repeat prescriptions.

Alice will also have more control over who can see her personal health information. First, she'll decide whether or not her essential health record, called her spine record, will be routinely available to those treating her on a 'need to know' basis. Later, she can opt to share most of it routinely but some parts only with her express permission.

If Alice decides not to allow her spine record to be shared at all, it will be stored with maximum security in a scrambled form and information will be shared for her care in ways similar to now. Information from the record will only be used in anonymised forms for health management and research - except in a serious medical emergency and then with checks. We know though, from research with patients and the public^[1] undertaken with the Consumers' Association, that most people will want their essential health information available to ensure they get the best care.

In summary, NPFIT offers the prospect of a future where willing patients and the NHS work in real partnership to ensure the best possible health care. That can only benefit us all.

Expert Patients – a valuable resource

Over the last eighteen months PCTs have been busy organising and running their report on progress so far and the benefits.

Over two hundred PCTs have already signalled their commitment to EPP pilot activity and many of these are significantly advanced with their courses. The Department of Health hopes that the remaining PCTs will become involved in the foreseeable future. Despite all this activity, there's still much uncertainty among PCTs about what the EPP does and what benefits their involvement will bring.

First the easy bit – what does the EPP do? Briefly, it offers people with long-term illnesses, skills training to develop their confidence in making decisions about how they live their lives and to build constructive partnerships with the health professionals who treat them. The concept stems from extensive research showing that patients often know best what they need in managing their condition on a day-to-day basis and - given the necessary skills - can make significant

improvements to their quality of life.

Commitments made in *Saving Lives – Our Healthier Nation* and the *NHS Plan for a NHS-based programme of self-management training*, were crystallised in the Chief Medical Officer's 'Expert Patients Report' (The Expert Patient: A New Approach to Chronic Disease for the 21st Century) of September 2001. This recommended two years of pilot courses in all PCTs from 2002, followed by mainstream NHS provision of Expert Patients courses between 2004 and 2007.

The EPP's emphasis on involving patients in health service delivery issues is clearly integral to other Patient and Public Involvement initiatives. The EPP enables people to be active partners in their care and may provide a useful cohort of local people who can contribute their skills and insights towards developing other areas of the PCT's

User involvement - what's in a word?

Rhetoric about involving NHS users increasingly reminds me of Alice's Through the Looking Glass encounter with Humpty Dumpty:

'When I use a word,' Humpty Dumpty said in rather a scornful tone, 'it means just what I choose it to mean -- neither more nor less.' 'The question is,' said Alice, 'whether you can make words mean so many different things.'

Section 11 of the Health and Social Care Act 2001, effective from January 2003, is unambiguous: NHS Trusts, PCTs, Strategic Health Authorities and Ambulance Trusts must make arrangements so that '**persons to whom ...services are being or may be provided are, directly or through representatives, involved in and consulted on**' all aspects of service planning and operation. Translating the guidance into local action is the hard part. (1)

Working through user representatives requires more than willingness and warm words. NHS bodies and personnel need good examples, dedicated resources and sufficient time to learn how to work in this unfamiliar way. We cannot wait until 571 Patient and Public Involvement Forums are set up in England. Forums are unlikely to be fully functional before 2005, assuming they survive the spread of Foundation Trusts. New and existing user representatives, groups and networks should be supported now across the NHS. This means adopting a matrix approach, ideally with local government partners as health and social care converge and joint investment in a realistic community development strategy. (2)

Patient and public involvement (PPI) in health and social care is only a process. The real destination is shared power in decision-making and genuine user-provider partnerships. 'Nothing about us without us' sums it up. If PPI doesn't lead there, then it's just tick-box management. There are no quick fixes. A national study of Pilot Patients' Forums

found no ideal or easy approach to recruiting lay representatives but did identify local successes using skills training as an incentive to engagement. (3)

PCT user involvement strategies, which assume consensus, may founder unless barriers are identified and overcome (4). These include:

- No understanding of the purpose of involvement
- Difficulty communicating with the practice population
- Difficulty identifying representative patients
- Concerns about raising expectations
- Lack of skills on the part of professionals of members of the public
- Poor attitudes on the part of either side
- Conflicting user and health professional agendas
- Professional or organisational territorialism
- Lack of resources (time and money) or support
- Anxiety about the cost of involving users

My local experience suggests that user participation groups in primary care practices offer learning opportunities about mutual trust, responsibility and partnership which can help avoid such barriers and will stick when applied on the wider PCT canvas. The benefits should be obvious but are often overlooked. Supporting practice-based participation could open new channels for PCT compliance with consultation and involvement duties. The lasting dividend would be a foundation for more complex user involvement structures. PCTs neglect such "bottom up" building blocks at

their peril. Remember the fate that befell Humpty Dumpty.

Andrew Craig
Lay Member, Professional Executive
Committee Wandsworth PCT

Refs:

- 1 **Strengthening Accountability: involving patients and the public** Department of Health (February 2003) www.doh.gov.uk/involvingpatients/strengthaccountguid.pdf
- 2 **A Practical Guide for Involving the Public in Health and Social Services** Leicester City Health Action Zone (July 2003) www.doh.gov.uk/cno/hazdoc.pdf
- 3 **Building Capacity for Pilot Patients' Forums: the experience of recruiter and recruited** (November 2002) available to download from www.mooreadamsoncraig.co.uk
- 4 **Scottish Consumer Council Putting Partnership into Practice: Involving the Public in Primary Care.** Glasgow, 1999

*[1] *Qualitative and quantitative research by the NHS Information Authority and the Consumers' Association, published as Share with Care in October 2002, looked at people's views on patient confidentiality; research by NPfIT with the Consumers' Association, published in October 2003 and as yet untitled, looks at people's views of the Integrated Care Record.*

Group Chairs appointed to empower patients

Chairs have been appointed to the eight Task Groups for the Department's consultation on patient choice. The eight groups will work until the end of October looking at how patient choice, responsiveness and equity could be taken further than elective surgery and extended into areas such as maternity care, primary care and children's health.

source for PCTs

er pilot Expert Patients Programme (EPP) courses for people with long-term conditions. Geoff Latham and Sarah Squire

agenda. For example, Section 11 of the Health and Social Care Act 2002 establishes a duty on every PCT to consult the public on any proposed changes to major healthcare services. EPP trainers around the country have developed valuable relationships with PCTs and can facilitate the identification of course participants to provide valuable input here.

It is still early days for the EPP – the pilot has some time to run and the national independent evaluation won't be available for a while yet. Nevertheless, emerging anecdotal findings are very encouraging. Course participants have described improvements arising from new skills in managing pain, fatigue and complications more effectively. They have also reported greater confidence in discussing aspects of their condition – for example managing medication – in a more informed way with their GPs. In turn, GPs are reporting that

patients who have taken part in EPP courses have become less dependent, with significant improvements to their physiological well-being. All this points towards the development of a knowledgeable, confident network of people who can become a valuable and informed resource for PCTs.

Geoff Latham
Expert Patients Programme
Department of Health

Sarah Squire
Director of Patient Experience
Clinical Governance Support Team
Modernisation Agency

More information about the EPP can be found on the Chief Medical Officer's website : www.doh.gov.uk/cmo/progress/expertpatient/

A newsletter, Expert Patients Update, is published three times per year, providing information about the programme's progress and exploring wider issues surrounding self-management. Copies are available from the distributors, Professional Briefings, on 020 7233 8322, or by emailing london@profbriefings.co.uk

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Achieving improvements through clinical governance: a progress report on implementation by NHS trusts

Early progress on clinical governance is being made and some benefits are already being delivered but progress is 'patchy', varying between and within Trusts and between the components of the initiative. Lack of resources, cultural difficulties and conflicting priorities are among the barriers.

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GMS contract for mental illness registers seriously flawed say critics

(Continued from Page 1)

Dr David Jenner, spokesman for the NHS Alliance, said: 'My opinions match those entirely of Dr Cohen on the register of severe and enduring mentally ill, mainly psychotic illness. Most practices have been asked to identify these people already to ensure they are receiving the care they need. If the register is confidential, this surely must be in their best interests.'

'I can't see how this contract could make care for mental health worse. It may not be perfect but it is much better than what we currently have.'

PUBLISHED BY:



Medical Management Services

Creating Successful Partnerships

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Local government scrutiny of health

How local government health scrutiny committees can help PCTs tackle health inequalities

As PCTs digest the new national programme for action on tackling health inequalities, they would do well to consider the role of their local health scrutiny committee, says Lucy Hamer at the Health Development Agency.

Health scrutiny committees are expected to consider local action to improve health and address health inequalities between different groups – as well as respond to NHS service developments. Indeed, health inequalities should be given additional weight when scrutiny committees identify their priorities. (*Overview and Scrutiny of Health – Guidance DoH July 2003*).

The health scrutiny remit is described as 'an opportunity to build a constructive, mutually beneficial relationship between local government and the NHS on a wide variety of issues' (*Tackling health inequalities: a programme for action DoH 2003*).

In many authorities, councillors and officers have been using their scrutiny powers to assess the contribution of the council's own services to health and inequalities – as well as the functioning of the NHS. Camden Council's scrutiny committee has reviewed local solutions to tackling drug use and the impact of housing repairs programmes on health.

In Croydon, the Council has an 'environmental services and public health' scrutiny subcommittee looking at issues such as the availability and quality of information on safety and accidents in the home. It works alongside the 'healthy and caring' scrutiny sub-committee, focused on health care and social services. A review of teenage pregnancy is underway.

The remit of health scrutiny committees is broad. The NHS is required to inform committees of all substantial variations in NHS services. Committees then have to balance this reactive work with more proactive reviews of cross-cutting health issues and potential inequalities in service provision, use and outcome.

Emerging scrutiny programmes include a range of topics. Broader public health reviews may include the health impact of regeneration programmes (Bristol) or the health of a deprived community (Derby). Stockport Council is considering health inequalities

among men and a Sandwell review has explored the health of Pakistani women in the borough.

Access and service reviews feature most prominently in scrutiny programmes, often with an inequalities dimension. Where services are changing, committees can consider the impact those changes may have on different groups.

Access to primary care and dentistry services is a popular choice in both rural and urban areas. Worcestershire and Wiltshire Councils are reviewing access to dentistry services and the Greater London Authority's scrutiny committee has completed a London-wide review of access to primary care services in the capital. Committees in Ealing and Bristol are seeking to identify the impact of NHS LIFT programmes on access to primary care services in under-served areas.

Scrutiny committees will also maintain an overview of NHS plans, such as the local delivery plan, without necessarily conducting in-depth reviews. This can include exploring the NHS approach to issues such as staff training and financial management.

Middlesbrough Council's scrutiny committee has recently reviewed patient and public involvement in the NHS, including NHS strategies for involving hard to reach groups. The review recommendations include appointing a non-executive director responsible for patient and public involvement and greater NHS use of the local youth parliament to give young people more say in local health services.

PCTs can benefit from the scrutiny committees' role in offering local but external peer support to unravel complex cross-cutting health issues. The lessons of early scrutiny reviews highlight the importance of a partnership approach to this new form of local NHS accountability.

References: *Local government scrutiny of health; using the new power to tackle health inequalities, Health Development Agency 2003*

Modernising pharmaceutical services

Details of the proposals to modernise and improve the range of services English pharmacies offer patients have been announced by Health Minister Rosie Winterton.

The consultation document, **Proposals to reform and modernise the NHS (Pharmaceutical Services) Regulations 1992*, builds on the government's recent response to the OFT report on community pharmacy services.

The government says its proposals strengthen its plans to put the changing needs of patients first in the modern NHS by strengthening the pharmacists' role, raising standards and improving access through excellence and greater choice.

The package of proposals includes a new duty for PCTs to consider the impact on consumer choice when new pharmacies apply to dispense NHS prescriptions.

Ms Winterton said: 'I know how keenly the NHS and community pharmacy has waited for this consultation. It is very important we hear their views and also from patients, consumers and those with expertise in making regulations work better.'

Comments should be sent by Friday 21 November to:

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***Available at:** www.doh.gov.uk/pharmacyregulationsconsultation