

Primary Care Partnerships

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GPs must provide better access and choice for patients says Health Secretary



John Reid

Patients should be able to see a GP within 48 hours and also to prebook appointments if they want to says Health Secretary, John Reid

'One does not exclude the other. We have never, are not and will not order doctors to stop giving patients pre-booked appointments' Mr Reid told the NHS Alliance's Sixth Annual Conference - 'Engage and Deliver', in Bournemouth.

Delivering his first primary care speech since his appointment, Mr Reid warned that though patients now had better access to GPs than ever before, with 9 out of 10 people being able to see a GP within two days if they wanted to, some patients didn't believe it because they couldn't pre-book appointments.

He told delegates: 'If practices prevent patients from pre-booking appointments, they are not delivering the patient centred-service NHS patients are entitled to expect and demand.'

Referring to the award of the contract to develop the National Electronic Booking System announced the previous day, Mr Reid said it would 'transform the patient experience' giving people choice and certainty about the date, time and location of their treatment.

The possibilities were enormous, he said. 'In time, we'll be able to use the internet or digital TV to book appointments.'

He went on: 'We're thinking big - we should be thinking globally when it comes to drawing on the best experience there is to improve patient care.'

The government's aim was to change primary care to meet the needs and aspirations of NHS patients - not shoehorn their expectations into pre-set systems and targets. Mr Reid said his vision for the NHS was for a patient-focused service:

- Responsive to patients' needs and preferences
- Offering a wider range of high quality services
- By appropriately trained primary and secondary care professionals
- Who are employed by a variety of providers
- Offering clear, relevant and comparative service information

The vision could not be reached overnight and PCTs had a pivotal role as commissioners, with 75% of all money in the NHS, in achieving change.

He told them they needed to be more imaginative and must find innovative ways to improve patient access, look at providing greater choice and a wider range of services and bring services closer to patients own homes and lives.

'PCTs need to be planning now on the basis of working together to bring together networks of providers. The new GMS Contract maps out a clear way forward and a time line that we are determined to deliver. The key challenge will be to reshape local primary, community and hospital services so that they work as one system.'

He said that when the GP Contract came into effect in April, the government expected most GPs to opt out of out-of-hours work and PCTs needed to plan for that.

Mr Reid also said PCTs had to recognise that the changes could not be achieved unless they engaged fully with clinicians in the front line.

Editorial

Raising the quality of care in the NHS is one of the key challenges facing Aidan Halligan, Deputy Chief Medical Officer, he says in an exclusive article for PCP (see back page). A consultation document on standards is due to be published this month and Mr Halligan appeals to PCP readers to respond, saying it is 'vital' the DoH hears from 'the people who will have to live and work with them' if they are to get the standards right.

The standards will also be used by CHAI and at the NHS Alliance's Sixth Annual Conference in Bournemouth, Professor Sir Ian Kennedy, Shadow Chair of CHAI, told delegates CHAI was also, 'still in learning and listening mode. We need to learn from you how to best do our task.' In this issue of PCP those of you who work in a PCO have been asked to complete the enclosed questionnaire from CHAI.

No doubt many PCTs and NHS staff will be keen to respond. However, as Health Secretary, John Reid and NHS Alliance Chair, Dr Michael Dixon both stressed at the conference, unless clinicians especially become engaged in consultation and management, service change in the NHS will not be delivered successfully.

Jenny Sims, Editor

Consultant contract agreed

NHS hospital consultants across England have voted in favour of the new Consultants' Contract. Of those who voted, 60% voted for. Health Secretary, John Reid said: 'This is a very good result for the NHS and more importantly for NHS patients.'

Flexible working practices

Flexible working practices and methods to reduce bureaucracy for hospital staff are being extended to health visitors. Launching a leaflet on flexible working, Health Minister, Stephen Ladyman said: 'It is important that some of the new flexibilities in retirement, work patterns and careers for people who work in hospitals are extended to people who work in primary care.' Leaflet available at: www.doh.gov.uk

New social care post

A new post of National Director for Social Care is being created to strengthen the relationship between the Department of Health and social care in local government. The role will be similar in nature and style to the Director of Primary Care and Patient and Public Involvement. The appointment is to be made shortly.

Electronic hospital booking

Patient choice of hospital and booked appointments takes a step closer to reality with Health Secretary, John Reid's announcement of the contract award for an NHS Electronic Booking System to SchlumbergerSema. First bookings are expected to be made next summer and full implementation of the national electronic booking programme completed by the end of 2005.

Delivering race equality

Plans to set up a national network of community development workers to improve mental health services for black and minority ethnic groups have been published for consultation, ending 24 January 2004. The document is available at: www.doh.gov.uk/deliveringraceequality/index.htm

Critical Care Outreach

Following publication of a report which shows critical care outreach services provide a positive effect on patient care, Dr Beverley Malone, General Secretary of the Royal College of Nursing, has called for dedicated funding to ensure outreach services 'become a reality throughout the UK.' Copies of Critical Care Outreach 2003: Progress in Developing Services, available from: www.modernnhs.uk/criticalcare

Engaging the frontline

PCTs will only work if they have the full engagement of the frontline – clinicians, all staff and local people said NHS Alliance Chair, Dr Michael Dixon OBE.



Dr Michael Dixon

Rallying delegates at the start of the two-day conference, Dr Dixon warned that not only did PCTs have to engage all staff, expand patient choice and improve targets and star ratings but they had to do it in two years – before a general election.

'Two years to make history or become history' said Dr Dixon, adding that he was confident if the centre did its bit then 'we shall do ours.'

'We shall make our own Primary Care Trust the property of all local professionals and all local people. We will make them the visible engines of rapid change and redesign' he promised.

PCTs symbolised the unique and powerful relationship between clinician, manager and lay person. The Alliance's new three-pointed badge was an expression of that relationship, he announced.

Dr Dixon also announced the launch of a new report on engaging clinicians (see box below) and a 'Three at the Top' network, representing the tripartite relationship of PCT chair, the chief executive and PEC chair.

Next year the Alliance will be trying to improve targets and star ratings, working closely with CHAI to try and change and redesign the current system, which depended too much on deprivation, the quality of the local acute trust or the historical quality of primary care in a neighbourhood.

In the meantime the Alliance is to establish three cups to complement the star rating system. These will be given to PCTs that make the most progress during the year in three categories: clinical engagement, engagement of local people and delivery in terms of configuring service.

He said: 'The idea of awarding cups may seem a little old fashioned but this is a part of the Alliance that is old fashioned. It is the part that believes in human nature, commitment and the fundamental desire of all of us to see the health service improve. It is the part that does not depend on sticks and carrots but the part that makes the NHS unique.'

Engaging clinicians in the new NHS

What needs to be done to establish genuine engagement between health professionals and PCTs? This was the question a group of frontline clinicians including pharmacists, physiotherapists, dentists, dieticians and speech and language therapists addressed to produce this report launched during the conference.

Their recommendations include:

- PCT sub-committees and working groups should include appropriate representation from the AHP and PCT professions, while at least one member of the PCT senior management team should be appointed from the professions.
- PCTs and SHAs should jointly support and facilitate professional forums to advise them on planning and development issues and to provide a channel of communication.
- PCTs and SHAs should encourage the development of both clinical networks and research and development networks including and specifically for, the professions.

- The professions should be included across the entire commissioning process from needs assessment through commissioning of services to performance monitoring.
- All the professions must be included from the outset in the National Programme for Information Technology.

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Conference quotes

Professor Sir Ian Kennedy, Shadow Chair of CHAI, said: 'CHAI is still in learning and listening mode. We need to learn from you how to best do our task. Consulting with the public will be a difficult nut to crack.'

Janet Hawes, Chair, Basildon PCT, told Sir Ian she was concerned about the plethora of information which was 'not joined up'. She said: 'The danger is, it is being collected for different purposes, could give the wrong messages and used to assess wrongly.'

No room for complacency

The NHS must stop measuring itself against past performances but by the values it aspires to says NHS Chief Executive, Sir Nigel Crisp.



The honeymoon is over and this year is going to be tough, Sir Nigel told NHS Alliance delegates. They had got off to a good start but the next stage of NHS Reform will still be 'work in progress.' The next five years would be a transition period.

After thanking them for their hard work and improved service delivery, he went on to warn them they must set even higher standards in the future.

Though achievements were real: the suicide rate had gone down; procurement of e-booking system launched; improvements made in key areas such as CHD and some cancers - they were 'not enough.'

It might be commendable to bring down a waiting list to nine months but if people were in pain for nine months, 'that's still awful' said Sir Nigel.

'We must stop measuring ourselves against the past. We should be benchmarking everything we do internationally,' he added.

In a panel discussion on 'The Rules of Engagement', Kathy Doran, Chief Executive, Birkenhead and Wallasey PCT, told Sir Nigel it had been helpful to have a three year financial allocation and asked if there would be more. 'I expect so' he replied.

Dr Karen Napier, PEC Chair, Kensington and Chelsea PCT, told him: 'Please don't promise us the same money twice.'

Melba Wilson, PCT Chair, Wandsworth PCT, said having a lay person on the PEC board forced them to think differently and to question more easily why things couldn't be changed for improvement.

Lyn Faulds Wood, Patients' Representative, said if the NHS wanted to offer patients choice it had to 'involve patients in the way it is achieved.'

Conference News in Brief

Patient choice – implications for PCTs

David Fillingham, Director of the NHS Modernisation Agency, said communication was the key to enabling patients to make choices. Many patients didn't know how to access information. Improving communications needed to be right at the top of PCTs' agenda and they will have to translate 'NHS speak' if they are to manage patient choice effectively.

Mass membership network

Sharon Grant, Chair, The Commission for Public and Patient Involvement, revealed they were planning to develop a mass membership network of about 140 local forums to get local people's views, which any member of the public will be able to join. She suggested there was potential for PCTs to set up similar local networks.

Sustainable development

The NHS Alliance and the UK Sustainable Development Commission announced a new collaboration to look at how PCTs are dealing with the sustainable development agenda. The joint work will initially investigate how PCTs are engaging with front line staff and local communities in managing sustainability issues concerned with new builds or estate refurbishments. This will include looking at design, shared space, local access and impact on the local environment, economy and community.

IT paralysis

Information Management and Technology plans are in a state of near paralysis, according to the NHS Alliance. PCTs and GP practices are on a collision course that neither wants because of a clarity over funding and the feats systems will not be ready to implement the new GMS contract next April, the Alliance warns. PCTs had been led to believe they would be funded from the Treasury for the national IT programme. The Alliance has now asked the government to clarify urgently what can be bought from each of the three IM&T health service budgets, can it be bought in time and is there enough money available?

End of inducement schemes for pharmacists

Three promotional schemes offering personal benefits to pharmacists have been stopped at the request of the Medicines and Healthcare products Regulatory Agency (MHRA). The medicine wholesalers, Nucare plc, Numark plc and AAH Pharmaceuticals Ltd, were offering points in return for purchases of medicinal products by member pharmacies or activities associated with the promotion of medicines. These points were redeemable against future purchases of shares in the company or other personal benefits such as air travel.

The agency said the schemes were in breach of Regulation 21(1) of the Medicines (Advertising) Regulations 1994 as they offered a benefit which was neither inexpensive nor relevant to the practice of medicine or pharmacy.

At the request of the MHRA, all three schemes have been withdrawn or amended to remove any element of promotion of medicines and no share benefits have been awarded.

Health Minister, Lord Norman Warner said: 'Any activities which try to persuade health professionals to prescribe, purchase or supply medicines by means of inducements or gifts, are a serious breach of trust.'

'It is essential that patients know that pharmacists and all health professionals, make their choice of medicinal products on the basis of clinical suitability and value for money alone.'

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Developing standards for the NHS

Standards will have the power to generate real changes

The government is to publish a statement of standards for consultation soon. Aidan Halligan, Deputy Chief Medical Officer, explains their importance.



Aidan Halligan

Raising the quality of care in the NHS is one of the key challenges facing me in my role as Deputy Chief Medical Officer. A critical step in meeting this challenge is to develop a set of standards: standards which will apply to all health care provided under the NHS in all settings – including primary care and the local GP practice.

The strength of the government's conviction can be shown in the Bill now going through parliament. This sets out in law, a power for the Secretary of State to publish 'statements of standards in relation to the provision of health care by and for English NHS bodies and cross-border SHAs.'

Following on from *A First Class Service*, National Service Frameworks and the work of the National Institute for Clinical Excellence (NICE) these standards are the next major step in the government's agenda to improve quality in the NHS. In covering the whole spectrum of healthcare, these standards will inevitably be high level but they will have the power to generate real changes because – for the first time – they give us a comprehensive framework.

Quality is about real people, real clinical problems – in some cases life and death – and real experiences for patients and their families. It is crucial that the standards can be related to the specifics of 'real' quality for NHS staff and patients or else they will not do what is necessary. Similarly, they must help the NHS to improve in a consistent and comprehensive way and make sure patients 'feel' the difference.

This does not mean yet another initiative. I am all too aware of the pressures already on the service and it is crucial that the statement of standards does not overload the NHS. However, this should not happen – the standards should look familiar to the service because they are being generated from measures which are out there already.

A central statement of standards will in fact mean we can rationalise a long list of existing standards, many of which overlap. Work to rationalise them has been a big task but I am confident that all the most important measures

of quality in healthcare will now sit under one umbrella.

For the first time, these standards will not just state what is expected of the NHS now. More excitingly, they will give a clear vision of where the NHS should aim to be in the future.

The standards will be divided into 'core' and 'developmental'. This means that they will give an assurance of a baseline level of care and also set the direction for all providers of NHS care to improve over time, raising quality as we go. Even more crucially, these standards will be used by the Commission for Healthcare Audit and Inspection (CHAI) in setting its review criteria. In other words, all providers of NHS healthcare will be assessed, amongst other things, according to how far they meet the new statement of standards. On that point, we will be working co-operatively with Sir Ian Kennedy and his team at CHAI, as well as colleagues in Strategic Health Authorities over the coming months.

We want to ensure that there is consistency and clarity for all NHS organisations about what the standards are and how services will ultimately be assessed against them.

Getting the detail right isn't easy and that's why my team and I are seeking the advice of people who have hands-on experience of NHS care locally. They are the ones whom these standards will really affect. That is to say professionals, healthcare providers, healthcare commissioners, patients and the public. We held a series of workshops over the summer and more will be taking place over the coming months. I am pleased to say that the reaction so far has been positive but we still have a long way to go.

The statement of standards will be published for consultation in early November and it is vital – if we are to get this right – that we hear comments, whatever they may be, from the people who will have to live and work with them. We look forward to hearing from you.

PCP recipients who work in a PCO will find enclosed a short survey from CHAI. We would be grateful if you could complete this and return to MMS.

PCTs to work with US healthcare organisation to reduce hospital stays

Eight PCTs are working with Kaiser Permanente, a US not-for-profit medical organisation specialising in providing medical services in the community, in a pilot scheme to bring down hospital stays.

The scheme educates and encourages patients to become more involved in their own care and can lead to a one third reduction in the number of

days patients stay in hospital for conditions such as asthma, bronchitis and strokes among the over 65s.

The pilots at Blackpool, Eastern Birmingham, Lincolnshire South West Teaching, St Albans and Harpenden, Sussex Downs and Weald, Torbay and Taunton Deane PCTs have each adapted key components of the Kaiser model of health care.

More at www.kaiserpermanente.org