

Primary Care Partnerships

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Patient choice report recommends increasing access to primary care services and better communications



Harry Cayton

Patient groups have warmly welcomed the government's 'Building on the Best' report publishing the results of the national consultation on extending patient choice.

The consultation, Choice Responsiveness and Equity, which ended on 11 November had been the biggest and most successful public consultation the government had ever carried out, said Patients' Czar Harry Cayton.

'The consultation has highlighted to us that there are areas where choice is happening. We need to share that and "nationalise best practice". Patient choice needs to be available universally to all patients regardless of their age, ethnicity, disability or where they live.'

The document outlines steps to be taken to achieve change. Priority action will be given to giving people a bigger say in how they are treated. It says: 'We will listen to people about how they wish to be treated and give them the opportunity to record their own information in their records. Everyone will have their own "HealthSpace" linked to their electronic health record allowing people to make their preferences known to the clinical team. Preferences might include, for example, how they wished to be helped at a time of mental health crisis. As facilities build up over time, "HealthSpace" will enable patients to access their own electronic health records and doctors to access information that the patient wants them to see.' Other priorities are:

- Increasing choice of access to a wider range of services in primary care
- Increasing choice of where, when and how to get medicines

- Enabling people to book appointments at a time that suits them from a choice of hospitals
- Widening choice of treatment and care, starting with greater choice in maternity services and greater choice over care at the end of life
- Ensuring people have the right information, at the right time, with the support they need to use it

The report says all these actions are one stage of a process and that the DoH will continue to work on many other ideas suggested during the consultation. Some of these will be fed into longer-term work such as the Children's National Service Framework and the development of the forthcoming Priorities and Planning Framework, both to be published during 2004.

A nationwide programme, NHS Live, will spearhead the spread of good practice throughout 2004.

Health Secretary John Reid, said: 'This is not a collection of new targets for the NHS nor does the end of consultation mean that our work is done. "Building on the Best" marks the beginning of a journey towards an NHS which is easy to get to, where patients can choose how, when and where they are treated on the basis of good information and a partnership of respect between patient and clinician'.

He said they would cut red tape to increase choice of where, when and how people can get their medicines.

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Editorial

Perhaps it's a good omen that patient involvement and choice are issues which dominate the pages of this first issue of 2004, with the publication of *Building on the Best* from the Department of Health and a report from the recent ABPI/LMCA conference *Taking the Temperature of Patient Involvement*.

We have been hearing for a long time about patient-focused care and putting the patient at the heart of NHS services but as Sarah Mullally, Chief Nursing Officer, admitted: 'We haven't got it right yet.' However, *Building on the Best* brings us a substantial step forward.

PCTs and primary care professionals are however, getting a lot of things right and Chief Medical Officer Sir Liam Donaldson has a word of praise and a special message for PCP readers on page three. Happy New Year.

Jenny Sims, Editor

NHS care records

By 2010, every NHS patient in England will have an individual electronic NHS Care Record. BT has been awarded the 10-year contract worth £620 million. The service will connect more than 30,000 GPs and 270 acute, community and mental health NHS trusts in a single, secure national system. In time, patients will be able to access their own records.

Focus on health inequalities

Dr Fiona Adshead, Director of Public Health at Camden PCT, has been appointed England's Deputy Chief Medical Officer for Public Health. Her role will be to focus on reducing health inequalities, promoting good health and helping improve the health of the population in general.

Boost for older people's services

The government has announced an extra £100 million for older people's services for 2004-05 to help them meet targets and improve performance ratings. It is to be given to local authorities via the access and systems capacity grant but they will have a choice on how to use the funds to best effect.

Independent regulator for Trusts

Bill Moyes, currently Director-General of the British Retail Consortium, has been appointed Chair of the Independent Regulator of NHS Foundation Trusts. The new Independent Regulator is established by the Health and Social Care (Community Health Standards) Act 2003 and will be responsible for authorising, monitoring and regulating NHS Foundation Trusts. He will be fully independent of the Secretary of State.

Shift to promoting independence

The beginnings of a fundamental cultural shift in social care to one that is focused on promoting independence and offering people choice and empowerment is shown in a report from the Social Services Inspectorate, 'Improving Older People's Services – An Overview of Performance.' However, it also shows services often fall short of the quality expected by users and carers. **Available at:** www.doh.gov.uk/ssi/olderpeople03.htm

Patient safety improvements

Progress is being made in the safety and quality of operations but there are still too many operations involving junior grades of medical staff without the supervision of a consultant, according to the independent report 'Who Operates When', published by The National Confidential Enquiry into Perioperative Deaths. **Available free at:** www.ncepod.org.uk or £20 from: **NCEPOD, Epworth House, 25 City Road, London EC1Y 1AA.**

Medical equipment in primary care

Nurses have important role in promoting safe use of medical devices by the public

Jonathan Plumb, Nursing Adviser of the Medicines and Healthcare Products Regulatory Agency (Devices) reports on a recent workshop for nurses on promoting the safer use of medical equipment in primary care



Jonathan Plumb

The merger of the Medical Devices Agency and the Medicines Control Agency formed the MHRA in April 2003. It is an executive agency of the Department of Health entrusted with safeguarding public health by working with users, manufacturers and regulators to ensure that medical devices meet appropriate standards of safety, quality and performance and that they comply with the relevant Directives of the European Union. The Agency recognises the crucial role which nurses have in ensuring that medical devices are used safely in the community. The workshop aimed to promote the safe use of medical devices by nurses but also to address the important role that nurses can have in promoting safe device use by members of the public.

Nurses are important users of medical devices but also have unparalleled access to the wider public. Patients are receiving more care for longer periods in their own homes, in primary care settings and in residential care. Medical devices and assistive technologies are helping to enable this. The growing availability of self-screening and testing devices is also contributing to the overall increase in the number of people using medical devices in the home. As a result nurses are increasingly asked questions about complex medical devices.

The workshop stressed the importance of information exchange between practitioners, the public and the MHRA. A single adverse incident report to the MHRA from a practice or community nurse can prompt an investigation resulting in the need to disseminate safety information to the Health Service and the wider public.

Nurses empower and share in how people choose to manage their health and can be the first to detect a potential problem with a medical device and instrumental in providing safety advice.

The workshop addressed medical device issues specific to the community setting. The role of the MHRA and how the investigation of adverse incidents can safeguard public health was explained. A presentation also detailed how governance arrangements can promote safe and effective device use. Other presentations included the safety and accountability issues concerning single use devices, the Integrated Community Equipment Stores Initiative, safe use of infusion pumps and the decontamination of medical devices.

The day evaluated very well and was attended by nurses who undertake a number of important roles within the community. A great deal of interesting and lively debate occurred and the workshop proved to be an excellent forum for exchange of ideas. The Agency is considering running further days, which would also be free to delegates. Nurses who would like to attend in future should please contact George Thornton on 020 7972 8081 (george.thornton@mhra.gsi.gov.uk), to express an interest and provide contact details.

Adverse incidents involving medical devices can be reported to the MHRA via their Adverse Incident Centre on 020 7972 8080 or by email via its website at: www.mhra.gov.uk. An abundance of information about safe medical device use is also available on the website.

Patient choice report (continued from page 1)

He added: 'We will open up new ways for under-served groups to get healthcare on their own terms by increasing access to a wider range of services in primary care. We will also make sure that everyone has the right information they need, provided in the right way, to make the right choice.'

Delyth Morgan, Chief Executive of Breakthrough Breast Cancer and Chair of the Primary Care Task Group said: 'This consultation must be the beginning of a process of cultural transformation that unleashes the potential for truly responsive services within every community.'

'It's vital that NHS services are accessible at a time and place to suit the patient and all health professionals have excellent communications skills capable of meeting patients' needs and preferences.'

Peter Cardy, Chief Executive of Macmillan

Cancer Relief and Chair of the Task Group on long-term conditions said: 'As more and more people are living longer with cancer, how we manage long term chronic conditions is a question the NHS can't afford to ignore. The report's powerful recommendations on practical ways of improving patient choice are a key part of the answer.'

The BMA said: 'The report contains imaginative initiatives which will help patients get their medicines when and where they find convenient by making best use of pharmacy services while taking some of the strain off doctors.'

'Some of the proposals can be implemented quickly to the benefit of patient care. Others raise a number of questions which we look forward to discussing with patients and government at the earliest opportunity.'

PCTs praised for progress in meeting public health priorities

Chief Medical Officer Sir Liam Donaldson, the UK's principal medical adviser, presents a New Year message on public health exclusively to PCP readers.



Sir Liam Donaldson

When first proposed, the concept of shifting key powers over public health to Primary Care Trusts raised a few eyebrows. Despite scepticism in some quarters, those of us who passionately believed that the levels of public health activity should be as local as possible remain optimistic. At the start of 2004 the ability of Primary Care Trusts to implement major initiatives, at local level, to improve the health of the population and reduce inequalities is growing.

As national policymakers, we have a responsibility to be as clear as possible when outlining broad public health goals, if we are to enable delivery by Primary Care Trusts and their public health teams on the frontline.

Ambitious aims for 2004 and onwards were set out in my last annual report *Health Check on the State of Public Health**. This document noted the following priority health issues, with clear recommendations for change:

- Reduction of exposure to second-hand smoke
- Defusion of the obesity 'health time bomb'
- Improved patient safety
- Use of a new, more open and positive system for dealing with the minority group of problem practitioners
- Implementation of plans to contain the spread of the West Nile virus

In all of these areas, there is a need for action by national and local authorities.

Take, for example, obesity. Obesity levels in England have tripled in the past two decades. About 24 million adults - including one-fifth of men and a quarter of women - are now overweight or obese.

The number of obese children is also rising and has disturbing implications. We are now seeing the first signs of children presenting with

maturity-onset (Type 2) diabetes, a condition that in the past only occurred in middle and older age.

The consequences are clear. Obesity is linked to heart disease, stroke, hypertension and angina, among other illnesses. It is responsible for 9,000 premature deaths each year in England and reduces life expectancy by an estimated nine years.

On the national stage, obesity is currently the subject of a Health Select Committee inquiry that is expected to report in early 2004. The Health Development Agency (HDA) has also published a review of effective interventions for obesity including diet and exercise programmes. Using the review findings, the National Institute for Clinical Excellence (NICE) is working with the HDA to develop guidance for health professionals on obesity prevention.

Primary care has an important part to play in tackling the problem. General Practitioners and primary care staff need to routinely ask their patients about weight, diet and exercise. They also should actively encourage healthy eating (particularly fruit and vegetables) and regular exercise (at least 30 minutes per day). Referrals for specialist help may be made as necessary.

A number of Primary Care Trusts have used creative approaches to encourage healthy eating. For example, at a public health meeting I addressed in the West Midlands in November 2003, a Birmingham trust demonstrated a fruit education programme for local children that involved face painting. As part of the programme, educators read interactive stories to children about the value of fruit and vegetables. Children then have their faces painted with three different kinds of fruit and are photographed. Later, the participating children receive mounted copies of the photos.

This is just one example of the many good local programmes that have been implemented across the country to achieve engagement with local communities on these big public health priorities.

Over the course of 2003, Primary Care Trusts were establishing their role of commissioning health services and devising means for improving the health and well-being of their local populations.

The need to reduce health inequalities remains vitally important. This is not a job for the NHS alone but Primary Care Trusts can lead on it by engaging with the key leaders, opinion formers, leads of local authorities and other agencies. Primary Care Trusts can also aid regeneration by commissioning services and employing staff from their local areas, thereby helping to create new opportunities for people living in the most disadvantaged communities.

Using Health Equity Audits in priority areas, such as coronary heart disease and cancer, Primary Care Trusts can determine how far existing services match need and adapt future commissioning decisions based on these assessments. Audits will show when it is necessary to shift resources or change service delivery. Partnership with local authorities and other agencies in the planning process is also vital.

In the future, primary care professionals will increasingly take a lead in developing and supporting a variety of services for their populations. It's early days still but we true believers in local empowerment are betting that at the end of 2004, we will have cause to look back on new PCT achievements in public health with a smile.

* **The CMO's annual report is available online at: www.doh.gov.uk/cmoo/annualreport2002/index.htm**

ABPI/Long-Term Medical Conditions Alliance Conference

CHAI still in 'learning and listening' mode

The Commission for Health Audit and Inspection (CHAI) is still in learning and listening mode, said Professor Sir Ian Kennedy, its Shadow Chair.

Speaking at a recent conference 'Taking the Temperature of Patient Involvement' organised by the ABPI and the Long-Term Medical Conditions Alliance, he said: 'Engaging with the public and patients and involving them is not an easy task. CHAI is trying to draw on all talents and find its way through. We have to consult and pilot.'

He expressed concern that the needs of the vulnerable, such as the elderly poor and disabled, were not getting equal access.

'The NHS should be best judged by how it looks after those who aren't able to look after themselves,' he added.

Sarah Mullally, Chief Nursing Officer at the Department of Health admitted 'a huge

transformation' was needed in the NHS to engage the public properly.

'We haven't got it right yet. We often assess things through our needs not patients - it's not always an easy message for professionals to learn' she said.

During the conference, Harry Cayton, Director for Patients and the Public, announced that he is to be the lead DoH sponsor for the Expert Patient Programme with immediate effect.

He said: 'I will take over the strategic direction of the programme and work with patients, the Clinical Governance of the Modernisation Agency and PCTs.'

He said one of the criticisms of the Programme had been that it 'was becoming too medicalised.' Patients and patient organisations needed to be integral to its ongoing development and implementation.

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London - 30th January

For a copy of the programme please telephone
01225 333711.

'I realise the Expert Patient Programme is not the ideal model for every health condition but I do believe that the principles behind it - giving control to the patient, empowering patients and promoting self-management of chronic conditions, is the way forward for the majority of patients' he said.

Our sponsor



A Window of Opportunity: A practical guide to implementing early intervention in psychosis

Early intervention is one of the government's NHS Plan targets for mental health services. This report argues that if the NHS and social services invest new resources in early intervention they will increase young people's chances of recovering from mental illness. Over time, they can also save money in other services.

£15 Available from the Sainsbury Centre for Mental Health on 020 7827 8353 or at www.scmh.org.uk

Care Trusts: Partnership Working in Action Edited by Jon Glasby and Edward Peck

The authors explore the Care Trust concept promoted by central government for improving partnership working between health and social care. Using case studies and examples to raise current issues related to partnership working, it explains how Care Trusts are bridging the gap between health and social care and considers how they are delivering more co-ordinated services.

£27.50 ISBN 1 85775 821 8

Radcliffe Medical Press

Available at: www.radcliffe-oxford.com

Vision and Value in Health Information Edited by Michael Rigby

Dame Dierdre Hine says in the foreword: 'I have found that recognising the importance of information, innovation and investment in its use, is key to determining success or failure. I think it is important that we continue to innovate and develop our information-handling abilities and this collection comprises a number of very different but equally important visionary approaches and applications described by colleagues whose work is well known and highly respected.'

£29.95 ISBN 1 85775 863 3

Radcliffe Medical Press

Available at: www.radcliffe-oxford.com

Rehabilitation following acquired brain injury: national clinical guidelines

British Society for Rehabilitation Medicine & Royal College of Physicians' report

This report fills a gap left by NICE which only produced guidelines for care in the first 48 hours after injury. Until now there has been no evidence-based guidance for subsequent rehabilitation. It also aims to inform the NSF for Long-Term Conditions currently under development by the DoH.

£16 Available from the RCP Publications Department on 020 7935 1174 ext. 358

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King's Fund calls for a Health R&D Task Force to ensure the public get the right medicines

Research into new treatments isn't always in the public's best interests, according to a new report* from the King's Fund. Report author Anthony Harrison, Fellow in Policy Resources, calls on clinicians, public health experts and the public to challenge the focus of pharmaceutical industry research programmes.

Anthony Harrison points out that the UK government has been at the forefront of developing public-private partnerships (PPPs) based on the view that neither public ownership nor privatisation is the only answer to the provision of public services and that a partnership between both sectors can exploit the strength of each.

Although there has been no formal PPP between the NHS and the pharmaceutical industry, there have been close links between the two since the inception of the NHS.

In effect, there has been an implicit public-private partnership for the provision of pharmaceuticals involving:

- Research and development (R&D)
- Patents
- Medicines control
- Price control
- Scientific and clinical professions.

This implicit partnership has been strengthened and made more explicit through the work of the Pharmaceutical Industry Competitive Task Force (PICTF) set up in 2000.

Jointly chaired by a minister and a senior industry figure, it has identified a number of ways in which the government can improve the process of drug development and in so doing help maintain a strong pharmaceutical industry in the UK.

Mr Harrison says there are two significant problems with the way in which the implicit PPP currently operates.

'First, because it is focused on new medicinal drugs, the implicit PPP neglects

some other research areas that may be potentially beneficial for promoting people's health, such as alternative therapies. Research designed to protect and promote health currently attracts far fewer resources than research focused on the search for new pharmaceuticals.

'Second, the implicit PPP does not fully take the needs of some major groups, including children and older people, into account. The government has introduced a number of initiatives designed to empower patients and the public in the governance and delivery of health care. However, these reforms have not yet been extended to pharmaceutical research.'

He says there are weaknesses with each element of the implicit PPP and more importantly, the partnership as a whole is not sufficiently focused on achieving better health for the UK population.

'A reshaping of the framework within which the implicit PPP operates is needed if users of the health care system are to get a better deal' he concludes.

He says: 'The current implicit PPP needs to be widened to include citizens and service users more effectively in decision-making and to undertake research into areas of potential health benefit other than new forms of drug treatment.'

**Getting the Right Medicines? Putting public interests at the heart of health-related research by Anthony Harrison £8 ISBN 1 85717 483 6 Available from King's Fund Publications on 020 7307 2591 or at: www.kingsfund.org.uk/publications*

Tackling NHS Infection

The DoH has published plans for a crackdown on healthcare acquired infections including antibiotic resistant infections, so-called 'superbugs' which infect about 100,000 people a year in hospitals and cost the NHS about £1 billion a year.

Clear measures are set out to be implemented at national, regional and local level throughout the NHS.

Following publication of the plan* from Chief Medical Officer Sir Liam Donaldson, a new working group of NHS frontline staff including Modern Matrons, Ward Housekeepers and Allied Health Professionals has been set up to work out ways they can improve prevention and control of healthcare associated infection in their everyday work.

Chief Nursing Officer Sarah Mullally said: 'The prevention of healthcare associated infection is everybody's business and no single staff group can do this alone.'

She said attention to detail can go a long way in improving infection control. 'Making sure that there is access to hand basins free from clutter,

that equipment such as drip stands, beds and commodes are kept clean and that hand hygiene materials are stocked up are simple but effective ways of helping to control healthcare associated infection.'

NHS Estates and the National Patient Safety Agency are also to become involved in the crackdown plans announced by Health Secretary John Reid.

Mr Reid said: 'Preventing as many healthcare associated infections as possible is a top priority, that's why action is being taken now across the NHS to fight them'.

Sir Liam Donaldson said the UK shared the problem with other countries but the government was determined to tackle it.

He added: 'This Action Plan will require commitment from everyone involved and a philosophy that prevention is everybody's business, not just the specialists.'

**Winning Ways: Working together to reduce Healthcare Associated Infection in England, Report by CMO Sir Liam Donaldson. Available at: www.doh.gov.uk/cmo*