

Primary Care Partnerships

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NSF for Renal Services puts patients at centre of care

Best PCTs will be the benchmark for the rest in reform of renal services said Health Secretary, John Reid.



John Reid

The National Service Framework (NSF) for Renal Services will help people make more informed choices and help prevent them from developing the complications of the disease said Mr Reid.

Currently there are around 30,000 patients with established renal failure in England. About half have had a kidney transplant but the rest are on dialysis - many having to undergo four hours of dialysis three times a week and make long journeys to and from renal units.

Launching the 10-year plan he said people suffering from kidney failure will receive better support and information in more patient centred systems.

'National comparative auditing of renal services will mean that the best Primary Care Trusts will be the benchmark for the rest. The Renal NSF will ensure that expansion reflects the needs of patients, providing home dialysis where appropriate and cutting travel times by putting haemodialysis stations where they are most convenient for patients' he said.

The NSF sets five standards to be met by 2014. They are:

- Access to information which will enable patients to make informed decisions about their care in order to manage their condition and maximise their quality of life.
- Early preparation for dialysis - once diagnosed all patients will be prepared for dialysis early enough to maximise their opportunities to receive the broadest range of possible treatment options and minimise the complications and progression of the disease.
- To ensure patients commence dialysis in a planned way. Fast, effective surgery to provide appropriate vascular access for

haemodialysis or peritoneal dialysis to ensure patients are well prepared as dialysis becomes necessary.

- Dialysis to best suit the needs and preferences of the individual patient. Patients will be able to interchange between the different types of dialysis depending on their clinical and lifestyle needs.
- Improve the access to and outcome of renal transplants for all those who will benefit from this treatment.

A national survey is to be carried out to get a clear snapshot of the national service and identify local priorities. The survey will also help the DoH compare different local services and evaluate their progress on implementing the NSF. Other action by 2006 includes:

- Expanding haemodialysis capacity to extend both home and centre-based haemodialysis where appropriate according to patients' needs and closer to their homes.
- Implementing NICE recommendations on immunosuppressive therapy.

The NSF has been widely welcomed by patients and clinicians' organisations. Dr Steve Smith, President of the British Renal Society, said: 'The NSF sets out a vision for the development of a world class renal service over the next 10 years. It is now up to us as clinicians to work with health commissioners to ensure that this vision becomes reality.'

Professor Andy Rees, President of the Renal Association, said: 'It firmly provides a plan for renal services with the patient at the centre and the opportunity to eliminate "post code" delivery of renal services forever.'

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Editorial

Publication of the NSF for Renal Services is good news and has been widely welcomed, but it is only Part 1. The DoH is working with the Modernisation Agency, SHAs and others to develop pilots which will support implementation of both parts, and further guidance is to be published on the Renal NSF website in due course. Meanwhile, PCTs who may not have had renal services high on their commissioning list should start re-appraising in light of Dr Reid's remarks on the best PCTs being the benchmark for the rest. As a reminder, Choice responsiveness and equity in the NHS can be found on the DoH website at: www.doh.gov.uk/choiceconsultation/buildingonthebest.pdf

Jenny Sims, Editor

Guidelines on GMS Contract

Detailed guidance on how the new GMS Contract will be implemented by PCTs and practices has been published by the government alongside other important contract documents including the Statement of Financial Entitlements and PMS guidance. **Available at:** www.doh.gov.uk/gmscontract

The launch of Health Check

The NHS Information Authority is launching an Information Health Check (IHC) at its third Clinical Information Conference in London on 18 February. NHS IHC is the first stage in delivering a National Analytical Service, co-ordinating products and services into a complete service for the NHS.

More information at: www.nhsia.co.uk

Audit tool to prevent fractures

A new electronic audit tool – GIOSCOPE – has been launched to reduce the risk of osteoporosis and fractures in older people who are taking oral glucocorticoids. Last year the Bone and Tooth Society, the National Osteoporosis Society and the Clinical Effectiveness & Evaluation Unit of the Royal College of Physicians, produced guidelines recommending protective treatment in patients taking steroids but a recent study showed that only 14.33% of patients on oral glucocorticoids were receiving it. GIOSCOPE has been produced by the three organisations to help implement the guidelines.

More information at: www.nos.org.uk

Sexual health

The government has announced a further roll-out of the Chlamydia screening programme to cover sixteen new areas of England. Chlamydia is the country's most common sexually transmitted disease, affecting one in ten people. The Health Development Agency evidence briefing Prevention of STI's: a review of reviews into the effectiveness of non-clinical interventions was launched the same day as the announcement.

Available at: www.hda.nhs.uk/documents/prevention_stis_evidence_briefing.pdf

New NHS Employers Organisation

A new NHS Employers Organisation is to be set up as part of the DoH's ongoing change management programme. It aims to become the authoritative voice for the NHS on employment and human resources issues and will be run by the NHS Confederation. It will also support the implementation and delivery of Agenda for Change and the new GMS and Consultants Contracts.

Clinical involvement needed at all levels

Over the coming months we will be running a series of articles on the implementation of the NHS IT strategy and its implications for clinicians. Dr Stewart Findlay, PEC Chair, Durham Dales PCT, starts the series with a broad overview of concerns and offers his views on what needs to be done.



Dr Stewart Findlay

As we move towards Prime Service Providers and an integrated NHS care record, there is much to worry clinicians and indeed patients. I think the two greatest concerns we have are about funding and patient confidentiality.

GPs have historically funded 50% of their IT costs and have developed considerable loyalty to their system suppliers. They can be justifiably proud of their hand in the development of electronic records and our systems are light years ahead of anything present in secondary care. As PCTs take over the costs of Primary Care IT, will they really invest as much in our systems as we need to keep abreast of future developments? In addition, as we know so much needs to be done to bring secondary care systems up to a level that will allow the development of an electronic record, we will inevitably see much of the new funds going into their developments.

We all understand how important it is for patient care to have an integrated NHS care record. We will have to work hard to convince our clinicians and our patients that records held on a remote server are secure and that access is strictly controlled. We also need to be able to reassure our patients that they will be able to deny access to certain parts or even their entire record to anyone other than their GP, if they so wish.

GPs also have to contend with their new contract at present. Those that had the foresight to move to paperless records some years ago will find themselves at a huge advantage over their paper bound colleagues. However there is still a considerable amount of work to be done to update and clean up the disease codes. There is also an urgent need for training to ensure that all clinicians code correctly and accurately and therefore cope easily with future changes to the Quality and Outcome Framework.

I think it is up to PCTs to organise this training as soon as they can for their practices.

The monitoring of the new contract is also an area of concern. Fortunately some of the system suppliers have already produced software that allows us to see where we are missing points and losing income. It also allows us to identify patients that are not receiving optimum care, allows us to call those patients in to the practice and they have also in some cases, developed the templates that are required to ensure the patients are being given the care they require.

There are many other areas of concern that we can perhaps cover in more detail in future articles. We need to understand how we are going to implement booking and choice in primary care. What software will we need to monitor referrals and what are the implications of financial flows in primary care? Can all Acute Trusts now reliably transmit laboratory and x-ray results and when will we be able to order investigations on line? When will our Acute Trusts be able to cope with electronic referrals and even more so with electronic discharge summaries and clinic letters?

Finally we need to make sure that there is clinical involvement at all levels. There are clinicians involved at national level but we need to make sure that clinicians are involved with their local implementation and with their LSPs. That will require time and commitment from GPs, nurses and hospital doctors. There must be a requirement for PCTs to ensure that clinicians and managers work together to implement this exciting strategy.

***Contributions from readers to the IT Watch column, whether letters or articles, are welcome. Please email:** jenny@jsims.fsbusiness.co.uk

NSF for Renal Services (continued from page 1)

'There are significant lessons we are learning from them which we can translate into other aspects of the health and social care spectrum.'

The real challenge comes now - to implement the six NSF Standards swiftly. The Renal Association will do everything in its power to make sure this happens.'

Gordon Nicholas, Chairman of the National Kidney Federation, said: 'Faced with a doubling of patient numbers, it is essential that there are Standards in place, and the National Kidney Federation fully expects that this NSF will deliver.'

The National Service Framework for Renal Services has been developed in a modular format.

Mr Reid has launched Part One: Dialysis and Transplantation. Part Two: Prevention and End of Life will follow says the DoH.

Copies of the NSF can be obtained from: Department of Health PO Box 777 London SE1 6XH.

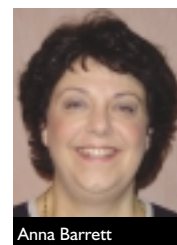
E-mail: doh@prolog.uk.com

Or download from:

www.doh.gov.uk/nsf/renal/index.htm

Competency Frameworks: A key to developing nursing practice in primary care

Competency frameworks should improve nurse recruitment and retention in primary care. Anna Barrett, Director of Quality & Professional Practice, Charnwood & North West Leicestershire PCT describes progress in her area.



Anna Barrett

Over the course of the last three years the Community Trust and subsequently the Primary Care Trusts, have been devising sets of competency frameworks for the following staff groups:

- District Nursing Teams
- Health Visiting Teams
- School Nursing Teams
- Community Hospital Nursing Teams
- Practice Nursing Teams

Each framework gives a detailed breakdown of the skills and competencies required for each member of the team. The frameworks are linked by using the same 'sub-headings' in each one. Only the lead words are different for instance, the Healthcare Assistant will assist, provide; the District Nurse will lead, assess, evaluate, etc. The frameworks can provide ready-made development programmes for new starters in all five nursing disciplines.

In School Nursing and Health Visiting there is a public health theme throughout

all the grades in each of the competency frameworks.

Recruitment and Retention should be improved as a result of the introduction of the frameworks because there is clear career progression which links into the 'skills escalator' approach.

Preceptorship programmes can also be quickly developed to meet the needs of new starters and remedial training programmes created which focus on those areas giving cause for concern.

Accelerated programmes to prepare staff for post-registration training (such as Staff Nurse preparation for Health Visiting training) can easily be developed.

A number of 'new' roles have been created as a result of this work, these include:

- B/C Generic Support Worker role in a Community Hospital setting.
- F grade Specialist Practitioner in Community Nursing teams (for those who do not want to train as a District Nurse).

With the arrival of *Agenda for Change*, it was important to ensure the frameworks would fit neatly into the Knowledge and Skills framework (KSf) with its level descriptors and indicators. A 'mapping' exercise was undertaken to map our frameworks to the core and specific dimensions within the KSf and luckily they fit!

Job descriptions have now been produced for each grade which clearly show the link to the KSf. Having competency-based job descriptions will make for a more effective and meaningful Development Review and the subsequent production of the Personal Development Plan as envisaged in the *Agenda for Change* initiative.

If you would like to know more about the work please contact:

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Out of Hours care

An answer to the delivery of Out of Hours Care

As a first wave pilot site for the Emergency Care Practitioner (ECP) role, six PCTs across County Durham, Darlington and Tees Valley have embraced the opportunity to make changes to modernise the workforce in the delivery of Out of Hours care. The catalyst for the development of competency based teams has been the GMS contract, low numbers of GPs available to work out of hours and the belief that multi-skilling the workforce provides opportunities for changes in the delivery of emergency care.

Thirty six practitioners from nursing and paramedic backgrounds will have completed the initial training programme at the University of Teeside by May 2004. Practitioners will be encouraged to complete further modules leading to an MSc in Emergency Care. The initial modules have been primary care focused but in order to ensure the flexibility and transferability of the role, future modules will address other areas of practice.

Emergency Care Practitioners will be based in Out of Hours centres across the patch. All Emergency Care Practitioners will have access and backup of a GP and will work to Patient Group Directions.

Durham and Chester le Street, Derwentside and Hartlepool PCTs will offer a GP light service with Emergency Care Practitioners based within Urgent Care Centres assessing and treating minor ailments and injuries, leaving the GP free to see more complex cases. The

ECP will also carry out home visits on behalf of the GP where appropriate. Work is also underway to ensure that those patients with primary care needs attending the adjacent A&E Departments and Minor Injuries Units are transferred to the service.

Darlington and Middlesbrough PCTs, working in partnership with PCTs across Tees Valley, have formed a public private partnership with Primecare. The ECPs employed by Darlington and Middlesbrough will be based in an Urgent Care Centre co-located next to A&E Departments. Primecare will provide telephony, transport, triage and doctor back up. Patients that do not require a home visit will be seen by an ECP at the Urgent Care Centre before midnight. After midnight ECPs will operate as part of the Primecare team with a driver and vehicle responding to visit patients deemed appropriate at the point of triage.

Easington PCT, working in partnership with the Acute Trust and Ambulance Service, is developing a collaborative model that will use ECPs in a GP light service in an Emergency Care Centre on a 24 hour, 7 days a week basis. The practitioners will work as part of a team to include Community Nurses, Rapid Response Team, Macmillan Nurses, ambulance crews, mental health and social services.

The feedback from GPs after clinical placements has been very positive and the commitment and enthusiasm from practitioners overwhelming. Evaluation of the schemes and ECP role is ongoing and there is an acknowledgement that this pilot has already become a service development. As Primary Care Centres and Walk In Centres are developed across the patch, the demand to develop more Emergency Care Practitioners will be critical. Work is currently underway to estimate future demand and supply for the further development of this role.

Throughout this development, partnership working across agencies has been a key factor to success and as models evolve, will be the foundation for a truly collaborative approach to service delivery.

Ann Donnan, Head of Planning Shared Services,
County Durham & Darlington PCTs
Tel: 0191 333 3364



Ann Donnan

The Primary Care Guide to Managing Severe Mental Illness
By Alan Cohen

The guide includes up-to-date advice and information on implementing the new GP Contract, for example, in compiling registers of people with severe mental illnesses and offering them physical health checks. £5 plus p&p. Available from the Sainsbury Centre for Mental Health on 020 7827 8353 or at www.scmh.org.uk

Implementing Building Capacity and Partnership in Care
By the Association of Directors of Social Services

Involving independent sector health and social care providers in the planning, delivery, monitoring and review of local services is not optional but essential, says this report. It calls on local councils and independent providers of care services for older people to create 'more transparent and collaborative partnerships at local level.' Available at: www.adss.org.uk

Counselling Young People person-centred dialogues
By Richard Bryant-Jefferies

Colin Lago says in the foreword: 'Richard's important and engaging text combines believable stories of young people with the provision of theoretical comment and developmental questions for the practitioner. I trust that this book will reach a wide audience of all those who are interested in and committed to the welfare and development of young people.' £19.95 ISBN 1 85775 878 1 Radcliffe Medical Press

Available at: www.radcliffe-oxford.com

Handling Major Incidents – An Operational Doctrine

Health Secretary, John Reid, has published additional guidance to the NHS on planning for possible major incidents in the future. It builds on current guidance by setting out general principles to help the NHS develop its existing emergency plans to respond to new potential threats. Available at: www.doh.gov.uk/epcu/opdoctrine.htm

Protecting Patients' Rights?: a comparative study of the ombudsman in healthcare
Edited by Stephen Mackenney and Lars Fallberg

This book provides an overview of the role of the Ombudsman in relation to healthcare in countries with substantial cultural and historical differences. It demonstrates practical ways to protect patients' rights, looking at how each system operates, identifying the best components from each as well as proposing future reforms. All healthcare professionals, including policy makers and shapers, will find this essential reading, gaining valuable lessons and insights to incorporate into their own organisations and systems.

£27.95 ISBN 1 85775 870 6

Available from: www.radcliffe-oxford.com

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Mental Health Services run by PCTs

Lessons can be translated into whole health and social care spectrum

Hambleton and Richmondshire PCT is one of only 14 PCTs in England which provide their own mental health services. Ann Botterill, the Trust's Communications Director, reports on developments.



Paul Farrimond

The PCT is one of the largest in the country in terms of geographical area, covering 1000 sq miles of rural North Yorkshire but is relatively small in terms of population, at 116,000.

Secondary care is mainly provided at the local Friarage Hospital, in the small market town of Northallerton, where the PCT's two mental health wards are also located. Community based mental health services are provided in various locations across the patch including GP practices and people's own homes. The PCT also provides mental health services to HM Youth Offenders Institution in Northallerton.

For Paul Farrimond, Director of Mental Health and Primary Care Development with the PCT, becoming part of a primary care organisation has been a positive experience.

He said: 'There was no enthusiasm across North Yorkshire to establish a specialist mental health trust as set out in the 1999 Sainsbury Report so we adopted locality based services. We felt this was the most appropriate model for the community and our population, spread as it is, across a huge geographical area.'

The entire mental health service transferred into the PCT, in-patient facilities and community based mental health teams, as an integrated model with Social Services.

'We felt quite excited and energised about becoming part of a brand new, dynamic organisation and over eighteen months along the line we feel that there have been benefits on both sides from mental health and primary care joining forces,' he said.

He believes there has been substantial benefit from feeding into the PCT's Professional Executive Committee, which is able to drive forward the modernisation agenda for mental health as well as other PCT services.

The Community Services Manager for mental health has a seat on the PEC and a Consultant Psychiatrist is an Associate Medical Director for the PCT, also sitting on the PEC. All the PCT's non-executive members are Mental Health Act Managers, which provides them with a valuable perspective as well as contact with the service. In addition, there are clear benefits from sitting at the same table as

commissioning and public health in terms of shared understanding and objectives.

Paul added: 'It is not just one-way traffic from the PCT supporting us. We also feel that our experience as an organisation has helped support the PCT's corporate agenda. For example, we have made a strong contribution towards the clinical governance agenda and to cross cutting initiatives, such as the Expert Patient Programme. Our work on patient and public involvement work has become well-established over a long period of time and is now held up as a model to which the rest of the PCT aspires.'

Support and input from NIMHE has also proved beneficial, particularly from the PCT perspective, as it has provided an opportunity for discussion around development in rural areas, such as Hambleton and Richmondshire. It also affords an arena for discussing how locally driven services can link with the national agenda for mental health.

How has the service progressed since it joined the PCT? There have been developments right across the board - not just in the adult service. For example, the PCT has increased provision of child and adolescent and substance misuse services. Services for older people have developed, including a new memory clinic and the re-accreditation of the in-patient ward as a practice development unit level II. Assertive outreach and early intervention services for adults have been developed and the service provided to youth offenders has received plaudits from HM Prison Service.

A key milestone was the award of a three star rating in the 2003 performance ratings for PCT mental health services. 'We consider this to be an outstanding performance in our first year, particularly as it compares very favourably with many of the larger, established specialist mental health hospital Trusts,' says Paul.

'Mental health services are embedded in the PCT infrastructure. The three star rating is as much a reflection of the strength of the PCT as an organisation and input from Social Services, as a reflection of services themselves.'

Chief Executive, Chris Long adds: 'Mental health is leading the way in terms of integration with primary care and choice as well.'

It's Your Life!

Seventy five PCTs have joined forces with Dr Foster, the independent healthcare information provider, to launch a new health promotion magazine for patients, *Your Life*. It is available free of charge through a range of organisations being decided at local level, including NHS premises, newsagents, hairdressing salons and high street retailers. Sixty two different local editions of the magazine are being distributed through the seventy five PCTs. In some cases, small groups of adjacent PCTs have collaborated on a regional basis.

More information at: www.drfooster.co.uk