

STROKE GUIDELINES WELCOMED

New national guidelines for stroke patients published by the Royal College of Physicians are a 'major step forward' said the Stroke Association, which has called on health managers and clinicians to implement them as soon as possible.

The RCP's Clinical Effectiveness Unit has produced the guidelines following the college's report last year which showed that stroke services in England, Wales and Northern Ireland were disorganised, haphazard and poor, and that only one in five stroke patients received organised care in dedicated stroke units. Stroke is the third main cause of death and the main cause of disability in the UK, accounting for about 4% of the NHS budget.

Dr Tony Rudd, chair of the Intercollegiate Working Party, said: 'The effective care of someone who has had a stroke requires the collaboration, skills and perseverance of many professionals, the patient and their carer. Treatment may be required for many months or years. Achieving optimal rehabilitation after a stroke should not be something only to be achieved in a few centres of excellence. It should be available as a right for all patients in the health service. This document sets out how such care should be provided.'

The guidelines cover the complete range of care from diagnosis to rehabilitation. Several issues underpin them, including:

- the patient is at the centre of the care and rehabilitation process
- the importance of ensuring seamless care from the acute event through hospital rehabilitation to the longer term physical, psychological and social needs in the community.

National Clinical Guidelines for Stroke, available from the RCP Publications Unit on 0207 935 1174 ext. 254 £22 inc. p&p or on its website:

www.rcplondon.ac.uk/ceeu_stroke_home.htm

A patient booklet is also available to help patients and carers know what services to expect. Cost £10 for 20.



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Continued from page 1

- faster access to treatment for people suffering from heart problems
- defibrillators being made available in public places to help heart attack victims
- ambulance response times speeded up for urgent cases
- clot busting drugs (thrombolysis) made available within one hour of a call for help
- new fast track pain clinics to make sure patients with suspected angina can be seen by a hospital specialist within two weeks of a referral by a GP
- more heart operations performed with waiting times for heart surgery reduced first to a maximum of six months and then to a maximum of three months.

'These measures are designed to take delay out of the system because delay costs lives. Similarly, the new chest pain clinics that will be set up will be run by teams of nurses and other health professionals as well as doctors so that patients can get faster access to care.' said Mr Milburn.

Primary Care will play a big role in prevention: developing programmes to reduce smoking; promoting healthy eating and physical activity; reducing inequalities and improving the health of mothers and babies.

Dr Boyle, with '17 years experience at the coalface,' said his job was to make the NSF a

'living document'. He said he would be supported by the royal colleges, specialist societies and other agencies.

'We will be setting up a national implementation team, regional teams and very important, local teams getting down to PCG levels so that protocols, frameworks and pathways of care can be properly identified and written down so that patients understand what standards they can expect. I will be responsible for monitoring each of these areas of responsibility. My main priority during implementation is better prevention together with quicker diagnosis, better treatment and making sure that clinical services for heart sufferers match the areas of greatest need,' he said.

'We've got a real chance of making things better!' he added.

Many organisations welcomed the NSF but expressed concerns about funding. Professor Mike Pringle, RCGP chairman said: 'Our initial concerns are that there will be sufficient resources to carry out the wide-ranging measures outlined by the government and that doctors' workloads do not increase unreasonably.'

Dr Trevor Jones, Director-General of the ABPI said: 'It has long been known that many medicines, particularly aspirin, statins, beta-blockers and ACE inhibitors have a vital role to play but have not been used as widely as they should in the past. Doctors and patients really need assurances that the money and the systems will be in place to ensure that patients will actually get these medicines.'

NEW FREE VIDEO AND SUMMARY OF NSF FOR CHD

A new video *Learning from Experience; Health Improvement Programmes and Implementing the NSF for CHD* which also incorporates a summary of the NSF has been launched. The video introduced by Professor David Hunter at the University of Durham has a foreword by the Rt. Hon Alan Milburn, MP, Secretary of State for Health and interviews with Professor Sir George Alberti President of the RCP and Chair of the NSF Expert Reference Group and Dr John Pittard GP, member of the ERG. The video provides you with lessons and tips learnt from the winners of the 1999 HImP & HIP Awards of Excellence; Oxfordshire and Sandwell Health Authorities and how they are to implement the NSF via this year's HImPs. The video also provides examples of CHD primary and secondary prevention measures within general practice. The video and summary are both free due to support with an educational grant from Merck, Sharp & Dohme. They have been produced in association with the NHS Confederation, NHS Alliance, UKPHA and the Primary Care Cardiovascular Society. For a copy please contact Medical Management Services, email: med.man.serv@dial.pipex.com or fax: 01225 422533.

PCG TIPS: Books and reports

Implementing the Vision, Maintaining the Values Published by The NHS Alliance

For copies call 01777 869080, fax: 01777 869081 or at website: www.nhsalliance.org

This discussion paper contains a wide range of proposals aimed at ensuring the reforms introduced by *The New NHS: Modern, Dependable* can be implemented as successfully as possible. While supporting the key principles of *The New NHS*, it argues for greater accountability from the very top of the service to the bottom, for more effective use of

resources, and for service provision to be matched to the funding made available.

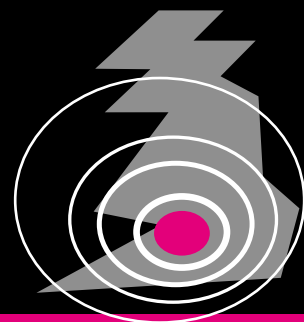
The POPPi Guide:

Practicalities of producing patient information By Mark Duman and Christine Farrell

Published by the King's Fund. Available from the King's Fund Bookshop 020 7307 2591 fax: 020 7307 2801

Based on the evaluation of, and lessons learned from the King's Fund Promoting Patient Choice programme, the guide is a hands-on resource that provides information for producing good quality patient-based information, as well as sources of specialist information for people who need more technical help. Its clear layout, illustrative case studies and action points provide a step-by-step guide to the processes involved in the production of information packages.

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Blueprint for coronary heart disease is 'tough but realistic'

Aggressive local implementation teams will be needed to make the government's long-awaited *National Service Framework (NSF) for Coronary Heart Disease* work, said Professor Sir George Alberti, President of the Royal College of Physicians.

The blueprint sets service standards and milestones for the next ten years in primary and secondary care, and aims to save 20,000 lives a year.

Professor Alberti, co-chair of the Expert Reference Group (ERG) which has spent two years drawing up the framework, said: 'This is not just about surgery. It is a long-term coherent programme to deal with the heart disease problem in this country.'

However, he warned: 'It's not a nice, easy, cushy programme. It's going to be tough and we will need aggressive implementation teams to really drive it through.'

Speaking at the NSF's launch at the Royal College of Surgeons, Professor Alberti said one of the ERG's basic philosophies had been to tackle the problems of the bottom 25%.

'While quite a lot of 'good places' are already meeting the early milestones, the worst places will have to be lifted up and helped. Implementing the programme will be a challenge – which we will meet!' he said.

The government has appointed a 'heart czar', Roger Boyle, consultant cardiologist at York District General Hospital as National Heart Director to oversee the programme.

Health Secretary Alan Milburn, who has made tackling heart disease a personal priority, has announced an extra £50 million package on top of the £50 million announced for 3,000 extra heart operations by 2002 to 'kick start' the crusade. He said:

'£15 million will go to set up 15 of the new fast track chest clinics by April 2001 with a further £15 million by April 2002.'

'£21 million to speed up ambulance response times to answer the majority of life threatening calls to eight minutes by 2001.'

'£10 million for defibrillators and other cardiac equipment to speed up diagnosis and treatment.'

'£3 million to pilot ways of reducing delays which cost lives.'

He added: 'This document was written by clinicians not politicians. It's tough but realistic and can be achieved. Implementing it will take time but some changes must happen quickly.'

He said the NSF offered a full system of heart care and would be expanded and reformed to 'give us one of the best services in the world.' It sets out 12 new standards of care, including:

- smoking cessation clinics to help thousands of smokers to quit
- primary care nurses and doctors setting up registers of at risk patients and ensuring better drug prescribing of aspirin, beta blockers and statins



Professor Sir George Alberti

EDITORIAL COMMENT

On the National Service Framework for Coronary Heart Disease:

Lynn Young, RCN adviser in community health, said: 'This is good news for patients. It is not just a question of raising standards in medical treatment, it is about tackling the underlying causes of heart disease. The framework makes this a priority, focusing on preventive issues such as maternal health and poverty – as well as setting real targets for hospital and emergency care. Nurses in the community and in hospitals will have a key role in meeting the targets. They have already proved they can deliver on services, the government must now provide the investment in resources and staffing.'

Michael Dixon, NHS Alliance, said: 'Funding these excellent proposals will be a problem. Statin prescribing costs went up by 38% last year without an NSF and most PCGs are currently facing budget deficits in spite of heroic efforts to control prescribing. They are going to need help and support if they are to meet these important objectives.'

Readers' comments are welcome. Please see NIBS page 2.

Jenny Sims, Editor

continued on back page

NEWS IN BRIEF

Lay members needed for panel
Primary Care Network would like to set up a readers' panel of PCG Board lay members to give us feedback on each issue. If you are a regular reader and would like to be a panel member, please email the editor, Jenny Sims: jennysims@compuserve.com or call 020 8549 1019. In return, free places will be offered to the NHS Alliance's annual conference.

Wanted: Clinical governance assessments

The King's Fund is studying clinical governance in London PCGs. We have asked all PCGs to send us their baseline assessments. It is clear that PCGs are all at very different points. Many are still collecting and analysing surveys.

We will be reviewing baseline assessments to see what areas are seen as priorities and what approaches are being taken. We will send a brief written summary of our findings (which will not identify individual PCGs) to all participants. The King's Fund will also be running a half-day workshop about progress in implementing clinical governance on May 24.

If you work in a London PCG and haven't sent in your baseline assessment, please do to: Lesley Wye, King's Fund, 11-13 Cavendish Square, London W1M 0AN. For any queries, ring Rebecca Rosen on 0171 307 2443 or Steve Dewar on 0171 307 2546.

HIMP and HIP

Don't forget the closing date for this year's Awards of Excellence is Friday, 28th April 2000 up to £7,500 of unrestricted educational grants can be won which includes a special Primary Care Strategy Award open for PCGs, PCTs, LHGs & LHCCs. Entry forms from Sarah White at Medical Management Services on 01225 333711 or e-mail: med.man.serv@dial.pipex.com or fax 01225 422533.

New national lay members organisation

The Doctor Patient Partnership (DPP) is to set up a new national organisation for PCG Board lay members, it was agreed at their conference *Delivering the Public Agenda in the NHS*. Details from DPP Director, Kristen McCarthy on 020 7387 4499.

Workshop ideas wanted

MMS are currently running/planning workshops for primary and secondary care clinicians and managers on the implementation of the Mental Health and CHD NSFs, PCTs, and cancer. Further workshops are also planned on how to prepare for the elderly and diabetic NSFs. If you are interested in attending/holding one of these please contact Emma Williams on the number below.

Have you any other specific training needs in your organisation? Would you find a workshop on team building, other organisational development issues, I.T. or media training helpful? Please contact Clive Johnstone, MMS, 24 Gay Street, Bath, BA1 2PD. Tel: 01225 333711.

PRESCRIBING: How the Drug Information Service can help you



Margaret Hewetson, Director of Drug Information, South Thames based at Guy's and St Thomas' Hospital Trust.

The role of the UK Drug Information (DI) Service is to provide independent evidence-based information on drugs. This is used to support activities

ranging from commissioning services to advice on individual patient treatment.

It is a national service to the NHS in England, Northern Ireland, Scotland and Wales, delivered by a network of 13 regional centres and around 300 local drug information centres. High level skills are required to find all the relevant evidence, appraise it and formulate an unbiased evaluation. Drug information pharmacists are often recruited to PCG/T posts because of these skills combined with their clinical knowledge.

Horizon scanning and evaluation of new medicines is co-ordinated nationally as a collaboration between UKDI, the National Horizon Scanning Centre (NHSC) and the National Prescribing Centre (NPC). Outputs are sent to Health Authorities, Trusts and increasingly PCG/Ts will require this type of information.

The 'bread and butter' of Drug Information services is enquiry answering. The UKDI service answers over 500,000 enquiries every year, ranging from individual patient treatment to reviews of therapeutic areas.

All UK regional DI centres collaborate on a wide range of activities including the DI training programme, a quality assurance programme and share all outputs such as current awareness publications. This facilitates many economies of scale and enables UKDI to deliver a high quality service to the NHS.

Since the creation of Health Authorities, UKDI has focused considerable time and effort on identifying and delivering the service they require. PCG/Ts will have different needs as they have a large range of responsibilities – from prescribing for individual patients, carrying out medication reviews, agreeing clinical guidelines through their Area or PCG/T Prescribing Committees to commissioning.

Regional centres are following the development of PCG/Ts to identify their needs for information, advice and information handling skills training and hope to make agreements for delivery of services. It is likely that PCG/Ts will need a mix of services, including some or all of the following:

- Patient-related enquiry answering
- Evaluations of evidence to support the development of clinical guidelines and prescribing committee decisions about the

managed introduction of new drugs

- Current awareness of new information about medicines and its impact on primary care
- Access to pharmacy practice research eg evidence of usefulness of 'brown bag schemes'
- Information to support non-medical prescribers
- Photocopying of articles for evaluation or research by PCG/T
- A list of independent evaluations of medicines eg MeReC, Drug and Therapeutics Bulletin, Cochrane reviews, DEC and NICE evaluations etc

Examples of enquiries received from PCGs include:

- Evidence to support prescribing of glucosamine for OA
- Examples of lists of drugs which should not be prescribed generically
- A review of IUDs and how their efficacy compares with oral contraceptives
- Evidence to support policy of stopping PPIs two weeks before H.pylori eradication
- Examples of evidence-based guidelines to treat seasonal rhinitis.

Increasingly regional centres are distributing their outputs electronically to ensure cost-effective and fast delivery to an increasingly wide audience. Examples are <http://www.druginfozone.org> or www.digri.demon.co.uk

For further information on the UKDI service, contact your nearest regional centre-details inside BNF front cover or on <http://www.ukdipg.org.uk>

GO-AHEAD TO EXPAND NURSE PRESCRIBING

The government has given the green light to plans to expand nurse prescribing in response to the recommendations of the Crown report.* Initially it is likely to affect nurses in walk-in centres, A&E and family planning clinics. Health minister Lord Hunt said it was part of wider moves to break down old demarcations between health professionals. Following a six week consultation period (started 13 March) the government hopes to have new regulations in place in July. The DoH is also considering legislation as soon as parliamentary time allows to allow 'supplementary' prescribing by other health professionals such as pharmacists, physiotherapists and chiropodists, where repeat prescription and dose adjustments are made.

* *Review of Prescribing, Supply and Administration of Medicines*, chaired by Dr June Crown, published March 1999.

Implementing a Web-Based Rapid Access Chest Pain Clinic: Stress-Testing the NHSNet

Allan Harkness¹, Jim Bretherton¹, Barry Goldberg², Iain Findlay¹

¹Royal Alexandra Hospital, Paisley, Scotland

²Centre for Health Informatics, University of Wales Swansea, Wales

Introduction

Rapid access chest pain clinics have been recommended in the English National Service Framework for Coronary Heart Disease to help manage patients presenting to their GP with symptoms of angina. The absence of such a clinic was recognised as a significant deficiency in the provision of cardiology services in our health board. The Royal Alexandra NHS Trust has a well developed IT infra-structure; the cardiology department uses a comprehensive electronic patient record and has successfully implemented an internet project to communicate discharge information to local GPs – the Coronary CareNet project. The natural extension of this project was to allow GPs to refer patients to the cardiology department, via on-line booking of appointments.

Methods

In planning this service, we created a locally agreed management protocol, consulted GPs on what they would require and took advice from web developers on what was feasible. We set out the following goals:

- To be accessed on line using a web browser (Microsoft Internet Explorer) via the NHSNet
- To use the existing 'CareNet' web-server based in the hospital
- To provide guidance on indications for the service provided on-line

- To integrate with hospital databases
- To incur no additional hardware or software costs for the GP, reducing the total cost of ownership by centralising the software
- To allow the chest pain character and patient history to be entered by the GP using a few simple questions
- To determine eligibility for the service by a pre-test probability derived from the answers
- To provide flexible 'airline-style' booking of the appointment with immediate confirmation
- To allow the GP to print an appointment slip for the patient
- To allow exercise data to be entered on-line in the cardiology department
- To computer generate a structured report with post-test analysis to guide the cardiologist during the consultation
- To give guidance on cholesterol management using the standard Framingham equations
- To provide a cardiologist's assessment and management recommendations to the GP

Local GPs accessed the system using a computer provided by the Scottish Office as part of their NHSNet strategy. Training was provided through a series of evening workshops and tuition in each practice.



Dr Allan Harkness



Dr Iain Findlay

Since the launch in December 1999, 15 GPs have referred 60 patients. The median time for clinic attendance has been 3 days (range 2-14) with 88% seen within one week.

Discussion

The clinic fulfils all the requirements of the National Service Framework. This recommended that the consultation in the GP's surgery should be 'structured and guided by the active use of a paper or electronic practice protocol/guideline which includes the indications and arrangements for accessing ... specialist advice (and) exercise testing'. Our service provides an appointment within the recommended two weeks. Feedback from GPs has been positive and they have suggested that integrating it into their GP computer system would increase its usefulness. This should be implemented as part of the Scottish Communication Initiative Project.

Correspondence to Dr Iain Findlay (iain.findlay@rah.scot.nhs.uk), Consultant Cardiologist, Royal Alexandra Hospital, Paisley, Scotland.

BIDS SHOW COMMITMENT

Forty PCGs out of 122 who applied have been successful in the bid to work with the National Primary Care Development Team, health minister John Denham told the NHS Alliance conference *Open all Hours*.

'The response from PCGs to this national initiative has been excellent. They are signing up to a project with challenging targets around access to primary care, reducing deaths from coronary heart disease and cutting waiting lists and times,' he said.

Dr John Oldham GP, head of the team, added: 'We were very impressed by both the number of bids and the quality. Our biggest difficulty was selecting just 40 to do the project now.'

The 40 PCGs to join the project from 1 April are:

Bracknell
Carlisle
Croydon
Easington
Ereweash
Gloucester &
South Tewkesbury
Huddersfield
Leeds
Luton
Mid Surrey
Nelson
North Sheffield
North Tees
Poole
Southampton
Tamworth
Tonbridge
Vale
Welland & Mid-Kesteven
West Suffolk

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