

MEDICAL MANAGEMENT SERVICES LAUNCHES WEB SITE

Medical Management Services are pleased to announce that their web site, www.medman.co.uk will be online from mid May. Due to the interest shown from readers of PCN and delegates at our workshops we felt it was time to launch into the 21st Century! The web site will include:

For PCN readers:

- The current issue of PCN
- Back issues of PCN
- A PCN question and answer forum

For workshop delegates:

- List of forthcoming workshops
- Outline programmes, dates, venues & speakers
- Online booking facility
- Workshop feedback reports; Policy into Practice

Other Medical Management Services:

- Mapping The Territory Reports e.g. Mental Health and Care of the Elderly
- Videos e.g. Learning from Experience HImPs and Implementing the NSF for CHD
- HImP Awards of Excellence
- Hot links to other useful web sites
- Promoting partnership opportunities

Any ideas for future content will be greatly received. Please email us on: feedback@medman.co.uk with any comments.

Emma Williams
Conference Co-ordinator



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A national plan for a national health service

BACKGROUND

Doctors, nurses and managers are to be key architects in drawing up a national plan for the new NHS, Health Secretary Alan Milburn announced five challenges made by the Prime Minister in a statement to the House of Commons. Six modernisation action teams will address the 'challenges' including variations in performance and standards and tackling inequalities. The plan is to be published in the summer.

OPINION Ken Jarrold CBE

Chief Executive County Durham Health Authority



When I was president of the IHSM in 1985 I launched a campaign with the RCN and the BMA to persuade the government of the day to commit itself to an annual real terms increase in NHS's resources of 2%. We had a meeting with Barney Hayhoe and emerged without any commitment. I did not expect that 15 years later the government would commit itself to three times that amount. The Budget was a defining moment for the NHS. The Blair project has decided to give us a real chance to deliver. Now the Prime Minister has set his new groups in motion. The topics are well chosen: Prevention and Inequalities; Partnership; Patient Care (Access); Patient Care (Empowerment); Performance and Productivity; Professions and the Workforce. The membership is of the highest calibre.

PCGs/Ts will be developing in the most favourable resource situation that the NHS has ever known. There is a great opportunity to improve primary care including appointments within 24 hours, nursing and other vital community services and osteopathy and other complementary therapies. There is also the opportunity to work with NHS Trusts to offer booked admissions for all elective surgery, reduce waiting times to three months or less, develop evidence based shared protocols and pathways of care, take full advantage of the new generation of drugs, provide good quality services for people with mental illness, physical and learning disability, and effective joined up care for older people which respects their dignity and individuality.

We all know that with opportunity there comes responsibility. If we fail to meet the legitimate aspirations of the people we serve there will be no second chance. We have a radical Prime Minister who believes that what matters is what works. There is no evidence to suggest that Tony Blair has any sentimental attachment to the NHS. If he concludes in three or four years time that the NHS has failed he will move rapidly to a new delivery system. PCGs/Ts could find themselves converted into HMOs contracting with private sector hospitals. It could happen if we fail.

PCG TIPS: Books and reports

The Expert Patient By John Illman

Available from the ABPI Publications Department on 020 7930 3477 ext. 1446 £20 or email mfleeming@abpi.org.uk

This survey found managers overwhelmingly in favour of 'the expert patient' and a third of doctors opposed. Better information for patients could cut chronic disease and promote preventative medicine; patients who don't develop information and communication skills could become the new under-class in a two-tier health system, it warns.

Primary Care and Social Services: Developing New Partnerships for Older People By Kirstein Rummery and Caroline Glendinning Radcliffe Medical Press £15.95

A concise guide to new initiatives in this area including models and practical examples of partnerships between health and social services.

Primary Care and the NHS Reforms: A Manager's View By Robert Royce Office of Health Economics £10. For copies call 020 7930 9203, fax 020 7747 1419 or email lalsford@abpi.org.uk with credit card details.

Based on 18 years' experience as a manager in the NHS and drawing on first hand experience of US health care management, Royce assesses the strengths and weaknesses of the current NHS reforms, focusing on the prominent role being given to GPs.

Testing Times: a review of diabetes services in England and Wales

Available from Audit Commission Publications on 0800 502030 £20

Diabetes is a serious disease affecting one in 30 people in England and Wales, but not all patients are getting a good service. Awareness needs to be raised among health professionals and the public says the report.

The Human Effect in Medicine: Theory, Research and Practice

By Michael Dixon and Kieran Sweeney
Radcliffe Medical Press £17.95

How is modern medicine failing? Why is a more human approach required? This book challenges the dogma of modern technological medicine that ignores both the therapeutic effect of the doctors and the self-healing powers of the patient. Thoroughly referenced it is aimed at GPs but is relevant to all doctors, nurses, health managers, policy makers and patients.

CancerBACUP report

Available from CancerBACUP on 0207 696 9003, fax 0207 696 9002 or at www.cancerbacup.org.uk

Living with cancer in the 21st Century: What has been achieved? What next? by Professor David Taylor and Jean Mossman.

PRIMARY CARE NETWORK



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NHSnet: Check your bills!

NHS organisations will have to persist with the unpopular NHSnet until the whole system is re-procured in 2002/2003, according to Bob Grindrod outgoing head of the project to get GPs and PCGs connected to it.



Bob Grindrod

Speaking at a conference prior to his departure from the NHS Executive, Mr Grindrod claimed that the mass of 'daily complaints from GPs about NHSnet' (typically claiming that e-mail never arrives) were almost all the fault of the sending

or receiving organisations.

The cause was not NHSnet itself but 'poor address book management' and would be solved when a proper NHS-wide directory service was built, he said. Meanwhile, he advised primary care users to spend the next three years until re-procurement 'learning about networked services and their implications for the NHS'.

The greatest danger, he warned, was that re-procurement would be based on conjecture, not fact, 'because the NHS has failed to exploit what it has already.'

EDITORIAL COMMENT

The government's announcements on more money and a new National Plan for the NHS have been welcomed universally and well covered in the national and other press. In this issue of PCN, Ken Jarrold, a former IHSM president, takes a historical perspective and comments on the opportunities both money and plan will offer primary care (p.4).

Our focus this issue is on IT with news of new developments concerning the NHSnet, electronic patient records and new training and support to boost data quality in primary care.

But we also offer a glimpse into a successful prescribing incentive scheme in Hillingdon from the locality pharmaceutical adviser and report on the launch of an important report from the Royal College of Physicians on prescribing expensive medicines.

Jenny Sims, Editor

Mr Grindrod's speech followed the first public admission by the NHS Executive that NHSnet saw major service outages last year – notably two crashes in late summer when the network was down for days at a time. In a letter sent to regional directors in January, NHS planning director Alasdair Liddell referred to '... general concern about NHSnet reliability and performance following some high profile problems in June and July'. But he promised: 'Implementation has begun to ensure that historical problems do not recur and that future performance is assured.'

Simultaneously, the NHS Information Authority (NHSI) announced that the main NHSnet contractor, British Telecom, had agreed to improve the network's performance standards as part of a renegotiation of the contract. At the same time, GPs and PCGs would be relieved of any line charges for accessing the network.

But GPs monitoring the GPnet project claim that there is still unreliability, especially at weekends. Some of the failures are due to individual organisations, usually HAs, temporarily shutting down their connections. But the whole network again failed comprehensively the first weekend of April, according to GPnet 'watchdog' Adrian Midgley, an Exeter GP.

'The NHSIA is wasting a great deal of effort in trying to conceal the truth instead of fixing the problems,' he said.

However, despite delays and regular weekend breakdowns, progress is being made, say GP/IT negotiators. Alan Hassey, Skipton GP and member of Craven PCG said: 'I am encouraged by the movement on GPnet. I think we can now be cautiously optimistic that it will soon provide the kind of services that primary care needs.'

One thing that is definitely settled is the removal of billing for dial-up, and the refunding of BT's excessive bills to some practices. Any PCG that is disputing a bill should by now have notified the dispute to its regional office to be taken up with BT.

Some glitches are still occurring. Until recent weeks BT was issuing erroneous bills that include rental charges covering periods after 31 March – when the rental charge is no longer payable. The NHS Information Authority has told practices they can hold up payments on these until the process is sorted and a 'final bill' is issued.

Nottingham GP Ian Trimble who advises the NHS Executive on IT policy for PCGs,

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NEWS IN BRIEF

A voice for every PCG

Health ministers are to meet staff and patients from every PCG, HA and Trust in the country in the next couple of months during a nationwide 'listening exercise' and tour.

Information gathered from the tour is aimed to help the government implement its newly announced National Plan (see back page) and challenges.

NICE hip advice

A UK hip registry should be set up and further randomised controlled trials carried out say NICE in its guidance on the *Selection of Prostheses for Primary Total Hip Replacement*. The full guidance and patient notes are available on 0541 555 455, email: doh@prologistics.co.uk. A patient version of the guidance is available on www.nice.nhs.uk

15 May

Primary Care - At the Cutting Edge, NHS Alliance summer meeting and AGM, House of Commons set, Granada Studios, Manchester. Keynote speaker, Lord Hunt, Under Secretary of State for Health. Details from Health Links on 0121 248 3399, fax 0121 248 3390 or email: jeantrainor@dial.pipex.com

3 June

Participation in Practice, the National Association for Patient Participation's annual conference including workshops, University of Surrey, 10am-4pm. Keynote speaker Barbara Edmunds, NHS South East Region's CHC and Patients Partnership manager. Non-members £50. Details from Edith Todd, N.A.P.P. treasurer, on 01932 242 350.

7-9 June

New Thinking, New Systems, New Culture - Leading clinical services in a new NHS, BMM's annual conference, Nelson Dock Holiday Inn, London. Details on 0161 474 1141, fax 0161 474 7167, email: bamm@bamm.globalnet.co.uk

28-30 June

Fresh Thinking, NHS Confederation's annual conference and exhibition, Scottish Exhibition and Conference Centre, Glasgow. Details from the events department on 0121 414 1536, fax 0121 472 7783 or at www.nhsconfed.net

Mid July

PCG or PCT, NHS Alliance conference, a practical learning day on the options for changing status and feedback from a national consultation exercise. Kensington Town Hall, London. Details from Health Links on 0121 248 3399, fax 0121 248 3390 or email: jeantrainor@dial.pipex.com

IT: Electronic health records

Four health authorities have secured £2.4 million government funding to help them build showcase 'pan-community' electronic health record (EHR) systems.

Most of the funding is being granted under the ERDIP (Electronic Record and Development Programme) scheme announced last October. The EHR pilot sites, in Cornwall, South Staffordshire, County Durham and Tees, will - if successful - act as demonstrator sites for the rest of the NHS.

ERDIP is an attempt to move the NHS towards setting up universal, whole-lifetime medical records that can be shared between hospitals, primary care, and social workers - a long-term target set by the NHS Executive's 1998 information strategy 'Information for Health'. It is widely perceived as a tough task, and proof is urgently needed that it is feasible.

Cornwall Health Authority has won the biggest grant. It secured £1.6 million of ERDIP money over the next two years, plus a further £800,000 allocated to the project from the European Union's so-called Objective One programme, intended to improve the infrastructure of economically deprived regions.

Cornwall's EHR solution is centred on a regional British Telecom-built 'intranet', running

software supplied by Irish Medical Systems and Sybase. South Staffordshire - which does not qualify for the Objective One funding - has opted for a solution based on Meditech software. The region's Burton Hospital has a long experience of pioneering electronic patient record systems.

Health Minister, Gisela Stuart, announcing the pilot projects during a visit to the Burton Hospital, said: 'Electronic health records are a significant component of the Information for Health strategy and are crucial to the full development of a patient-centred service.'

Information in the NHS must be available 24 hours a day to enable health professionals to deliver fast seamless care to patients. These pilot projects form a major step in delivering the type of service people expect from a modern NHS.

Eventually, on-line patient records will be accessible by family doctors, hospitals, NHS Direct, out of hours and ambulance services, mental health trusts and social services.'

The announcement, originally scheduled for the end of January, was delayed until late April because so few candidate projects were put forward.

Peter Mitchell

Boosting data quality in primary care

A new training and support service to help GPs make best use of their clinical computer systems and boost data quality in primary care has been announced by the NHS Information Authority (NHSIA).

PRIMIS (Primary Care Information Services) aims to advance the government's modernisation programme.

Dr David Robinson, of the NHSI said: 'It is widely recognised that computerised patient records in primary care are currently of variable quality and reliability. One factor has been the lack of training and support available.'

PRIMIS will be delivered by a team from the University of Nottingham's Division of General Practice, providing direct training assistance to

local information facilitators working for PCG/Ts who will 'cascade' their knowledge to GPs and practice staff.

Training and support will focus on:

- Data quality and information management issues for primary healthcare teams
- Clinical data recording methods
- Assessing and improving data quality
- Use of MIQUEST
- Analysis and interpretation of primary care data

PRIMIS will also offer a comparative analysis service to provide PCGs/PCTs with useful information to support clinical audit, clinical governance and commissioning.

Dr Robinson said it would also help organisations implement the National Service Frameworks.

*Information on PRIMIS at www.nottingham.ac.uk/chdgp

Continued from page 1

welcomed the new service agreement but is still uncertain about charging. 'Practice costs are now covered, but there are still significant sums to be found from within our local implementation strategy fund (the funds allocated to PCGs to modernise their IT equipment in line with central NHS policy). This has to be agreed in the context of what has been an extremely difficult SaFF round,' he said. The recent generous-sounding budget allocation will help - if and when the money is actually secured, he added.

The key improvement promised by the NHS Information Authority is the creation of 'a pow-

erful and representative NHSnet Management Board' including stakeholders from primary care organisations, said Mr Grindrod. This would help keep the pressure on BT, which he described as 'a supplier who has done badly in some areas.'

There is as yet no sign of this body, and concerned PCG heads might do well to move quickly to ensure they have the opportunity to participate.

Dr Paul Cundy, chair of the BMA's advisory committee on GP information technology, said: 'The new NHSnet is on paper very much what GPs have asked for. What we need to see now is whether it stacks up across the land.'

Peter Mitchell

Implementing a prescribing strategy: The Hillingdon way

On April 1st 2000 the three PCGs in Hillingdon joined forces to become the largest PCT in the country. For Hayes & Harlington, one of the PCGs, the story began back in 1998 when they became a commissioning group pilot. Much of the work during the pilot was on prescribing and this has carried on through the PCG and now into the PCT.

The prescribing subcommittee started by devising a short, medium and long-term strategy to improve prescribing. The short-term would cover the first couple of years and would generate savings, which could then be re-invested in areas where we knew improving quality would increase costs. By now we already knew the quality agenda was on the way. It was vital to start with some 'easy wins' which would establish relationships between the prescribing team and the practices. Not surprisingly we focused on issues such as generics, gastrointestinal, antibiotics and non-steroidal anti-inflammatory drugs.

The main tool we used to implement the strategy was the incentive scheme. During 1998-99 we made a saving of

£210,000 (5% of the drugs budget) compared to an overspend of 1% the previous year. Data for 1999-2000 are not yet available due to the lack of data from the Prescription Pricing Authority.

The incentive scheme effectively laid out the work required to be done by practices. The key factor in implementing changes required to meet targets was the continuous support given to practices. In addition to regular practice visits from the prescribing adviser, we also utilised a team of local community pharmacists who worked in the practices on a sessional basis on the areas within the incentive scheme. The pharmacists initially worked on generic switching but have now moved on to repeat prescribing reviews and some are running clinic based gastrointestinal audits.

In addition to this, we have recently launched a pharmacist intervention scheme, where community pharmacists report back potential interventions on incentive scheme targets. Early results show that the scheme is very cost-effective. We have made a projected saving of over £3,000 per annum for the first 40 interventions (for which we have paid out just £200).

Shailen Rao



Moreover, the pharmacists have had direct contact with patients and gained their understanding and acceptance before a change is recommended to the GP.

The GPs have welcomed the scheme and seen it as a supportive mechanism in achieving their prescribing targets.

A major benefit has been that we now have a mechanism for support that practices understand and are willing to utilise. A typical comment from the GPs has been: 'In the past we were just told we had to reach a certain target. Now we feel there is some help in making the necessary changes.'

Now that we have made some savings, we can get on with spending them on the medium and long term stuff.

Unfortunately, they've all been blown away by the increase in generic costs. Life's never that perfect is it?

Shailen Rao

Locality Pharmaceutical Adviser Hillingdon PCT

PRESCRIBING COSTLY MEDICINES

Views of patient groups as well as health professionals and others were sought by the Royal College of Physicians in compiling its report on how the NHS can afford to prescribe expensive medicines.*

If adopted by the government, some recommendations could put a curb on the prescribing freedom of GPs. The report says the NHS should not buy expensive medicines until their clinical and cost effectiveness have been evaluated by the National Institute for Clinical Excellence (NICE). Meanwhile promotional activities for medicines should be limited by voluntary agreement.

To avoid delays in prescribing new medicines once NICE has approved them, in case local prescribing budgets have already run out or been accounted for, it suggests a government central fund is set up which HAs could access. The aim is to eliminate 'postcode prescribing' and make the availability of new drugs equitable throughout the country.

Where patients want expensive drugs not approved by NICE, GPs are advised to refer patients to specialists or GPs in private practice.

Speaking at the launch of the report, Professor Peter Baylis, chair of the working party, said: 'This is not just about money but improving systems and finding solutions. Doctors as well as the

public must be involved in prioritising services and the reasons for decisions must be transparent.'

The report covers the cost and value of medicines, their evaluation and licensing and rationing and prioritisation of treatment. It says all stakeholders must accept the inevitable gap between availability of resources and what can be freely available in the NHS.

Its recommendations include:

- HAs and PCGs should set up prescribing committees to resolve disputes.
- NHS funding other than through taxation should be debated.
- During a clinical trial, NHS Trusts should try to anticipate the financial consequences of patients carrying on treatment after the trial is over so additional funds can be found in good time.
- The difference between the primary and secondary sectors in relation to VAT (NHS Trusts have to pay VAT on medicines whereas community pharmacists and dispensing GPs can claim the VAT back) should be addressed to enable easy movement of funds within a health district so that patients can be prescribed medicines in the most appropriate clinical setting.

**The prescribing of costly medicines*, price £25 inc. p&p from the RCP Publications Department on 020 7935 1174 ext. 358.

Also available at www.rcplondon.ac.uk/pubs/wp_pcm_home.htm