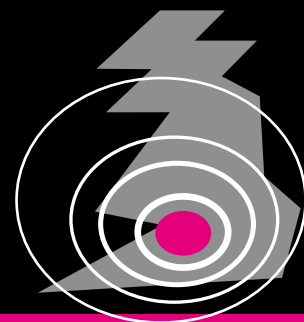


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PRIME MINISTER LAUNCHES THE NATIONAL PLAN

Primary Care Trusts and social services which fail to work successfully in partnership will be 'required' to join together in a new Care Trust to deliver one-stop care, Prime Minister Tony Blair told the House of Commons in his statement on the National Health Service Plan.

Other PCTs and local councils may want to merge into one organisation, and will be enabled to do so through the Care Trusts which will have unified budgets.

The aim will be to prevent patients, particularly older people, falling in the cracks between the two services and to enable more patients to be cared for in their own homes.

The government's radical reforms have been largely welcomed by health professionals and patients' organisations but with some reservations (see page 3).

In his statement, Mr Blair said: 'The NHS was the greatest achievement of the post-war Labour Government. Our task is to provide both the money and the reform to make the NHS and its founding principle live on and prosper in the 21st century.'

'Over five years the NHS will grow by a third in real terms, the largest ever sustained increase in its funding. The plan shows, first, how that money will make up for years of under-investment. Over the next four years, it will provide:

- 7,500 more consultants, a rise of 30 per cent
- 2,000 extra GPs, 450 more GP trainees and more to come after that.

'In time 1,000 more medical training places each year – on top of the 1,000 already announced – a 40% increase since 1997.

'And more than 20,000 extra qualified nurses, to add to the 10,000 extra already in post, making 30,000 in total. The Plan will mean:

- 3,000 GP premises modernised and 500 new one-stop primary care centres
- 250 new scanners for cancer and other illnesses
- Modern IT systems in every hospital and GP surgery
- 100 new hospital schemes in the next 10 years.

'And 7,000 more hospital beds in hospitals and intermediate care including the first rise in acute hospital beds in 30 years. This is only possible because we are making this historic investment in the NHS.'



Prime Minister, Tony Blair

'Caring better for NHS staff will mean better care for NHS patients. That is why this plan sets out new facilities for staff, starting with 100 on-site nurseries. Money for training for all staff not just the professions but the support staff as well. Our task is not just to tackle years of under-funding but years of low morale too.'

'We know money alone is not the solution. Because the issue of funding has been alleviated, at long last people have been able to lift their heads and look at the system in which they operate. The NHS staff are magnificent. They are the greatest asset the service has. But in truth they have been and often still are, working flat out in a system that is still organised as it was in the 1940s, when today patients and staff expect and demand a wholly different type of service for the new world in which we live.'

'What amazes me is that this is the first time that government has looked long and hard at all aspects of the NHS:

- the absurd demarcations between staff that keep patients waiting;
- the splits between social services and the NHS that make life a misery for many elderly people;
- the consultants' contract unchanged since 1948, the issue of private practice and NHS work left unresolved; and
- a stand-off between the private sector and the NHS that is not in the interests of patients.'

'All difficult issues, all a relic from 1948. All addressed in this plan. The aim is clear: to redesign the NHS system around the needs of the patients.'

The role of nurses will be radically enlarged and old barriers to modern working removed. GPs will be moved on to a new system of contractual arrangements – the Personal Medical Service contract 'which will reward doctors on the basis of quality of care as well as numbers of patients and will give them greater flexibility to innovate and change.' There will be more salaried doctors and more consultants – who will have their performance regularly reviewed.

Those who make the most commitment to the NHS will be rewarded best: 'to encourage high standards of performance and the use of the new National Service Frameworks – the consultants, along with others will have access to part

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NEWS IN BRIEF

Performance indicators

NHS Performance Indicators published last month (July) highlight wide variations in access to and outcome of NHS care. In some areas virtually all emergency cases in A&E are seen within two hours but in others it is only 60%. The indicators fall into two groups. Clinical Indicators are based on data from NHS trusts and measure standards in hospital and community health services. High Level Performance Indicators are based on data from health authorities and illustrate wider public health issues. Full details are available on www.doh.gov.uk/nhsperformanceindicators.

Patient participation

Do you want to set up a patient group at your practice? Do you have a group which would like to join others? The National Association for Patient Participation has received additional Department of Health funding to expand. For more information contact Joe Corkhill, Chairman, P.O. Box 999 Nuneaton, Warks, CV11 5ZD, email: napp@joecorkhill.freemove.co or call 0151 630 5786, 01932 232350 or 01628 522 663.

Good start

The 22 local health groups (LHG) in Wales have made a good start but have several obstacles to overcome before they can achieve their full potential says the report, *Local Health Groups in Wales: The First Year*. Available from Audit Commission Publications on 0207 396 1494 or www.audit-commission.gov.uk

Step up

The Expert Patients Task Force, announced in last year's White Paper on public health, has moved a step nearer reaching its conclusions. A recent consensus building event held in London drew 90 people from a wide variety of agencies. Workshops, unusually, were co-led by lay self-management trainers with a long-term medical condition and a health or social services professional. In his keynote address, Chief Medical Officer, Professor Liam Donaldson, emphasised the potential contribution of self management programmes to the public health agenda. The emerging recommendations are to ensure a substantial extension of lay-led self management programmes, develop ways in which professionals can support such programmes and integrate them into mainstream health and social services. As well as giving support to the proposed programme, there were many suggestions made on what still needed to be addressed and how best to implement the proposals. These will be taken on board by the Task Force as they continue their work. Their report is expected to be published in the autumn.

Judy Wilson

Director, Long-term Medical Conditions Alliance and Task Force member.

HImP & HIP Awards of Excellence 2000 Winners

An English Health Authority Outside a Health Action Zone

Joint first: North Essex Health Authority and North & East Devon Health Authority

The Special Primary Care Strategy Award

Joint first: Adur Primary Care Group and Central Southampton Primary Care Group

Winners of the second round of HImP Awards have set a new high standard of entry, judges revealed at the awards ceremony held during the NHS Confederation's annual conference in Glasgow.

Professor David Hunter, chair of the judges' panel said: 'This is the second round of the HImP Awards. The major change this year was the introduction of a new category to reflect the growing interest of primary care groups in developing what we might term HImPlets or primary care strategies, in addition to the main awards to Health Authorities.

'We were looking for evidence of solid partnership working across all the key stakeholders, of involving the public actively in contributing to the HImP, the use of evidence in determining priorities, and in particular how the health process was being managed and monitored in relation to progress from the first HImP last year to the updated HImP this year – and we wanted to see how much development there had been.

'I am delighted to announce we decided to have two winners in each category, reflecting the standard of entries, which we were very pleased to see.'

Tim Williams, director of business planning at MSD said: 'These awards recognise the excellent way health care professionals have worked together to develop and implement Health Improvement Programmes. Such programmes are what the NHS should be about: identifying and addressing local health needs in community settings – in partnership.

'The winners this year demonstrate the value of encouraging these local initiatives. Primary Care Groups and Health Authorities have demonstrated their commitment to change and to working together. This year it was particularly evident that primary care organisations are embracing and leading health improvement at the local level. Both Adur and Central Southampton are undoubtedly front runners in this.

'North Essex and North & East Devon Health Authorities, through strong leadership, have also set extremely high standards. We are confident that the local population in these areas will see the early benefit of such targeted approaches.'

Health minister, Lord Hunt, paid tribute to the 'enormous amount of work' the winners had put in. He said: 'I regard HImPs as crucial processes in ensuring we match service delivery with our efforts to improve overall the health of local populations.

'More than that, they are the visual indication of shared ownership of all the players in our local health communities including local government and other partners. They are the engine room in



Health minister Lord Hunt presents prizes worth £6,000 to winners of the HImP & HIP Awards of Excellence 2000

which we are going to drive forward change.

'The ultimate test of HImPs is not how well they appear written in thick plans, but the change that affects members of the public in each local health community.

Paying tribute to the organisers and sponsors, Durham University, Primary Care Network and MSD, Lord Hunt said he hoped the awards would continue. 'The more you do it the more you will be taking a rain check not just on what's in the HImPs but what's actually happening in the field.'

Receiving the award were:

Ms Donna Stiles, chief executive and Dr Sheena Parker, director of public health, for Adur Primary Care Group. Ms Stiles said: 'The local PCG priorities for improving health are CHD and child and adolescent health. As a small PCG with limited management/project resources it was decided to combine actions to meet both priorities to achieve the maximum benefit from our efforts; tackling smoking prevalence within Adur was agreed as the key area for attention.' Fiona Richardson, chief executive and Dr Chris James, chair, for Central Southampton PCG. Dr James said they took a broad approach because:

- public health reports raised concerns
- OHN death rates horrific
- specific populations and community needs.

The benefits were:

- defined PCG business plan & everything we do
- provides strong strategic basis to work with stakeholders.

Graham Knowles, deputy director, and Alec Sexton, chair, for North Essex Health Authority.

Commenting on the need for community involvement, Mr Knowles said the HA was aiming at 'sustained involvement' and was committed to 'the long haul.' In aiming to involve the wider community they had produced three paper versions of the HImP it was also on a website, floppy disk, spoken word and other languages. HImPs had to be 'kept real' and there had to be clarity about what all the partners wanted from it. There also had to be continuous open dialogue. 'At the end of the day, the HImP cannot be all things to all men,' he said.

John Bewick, director of health improvement, North and East Devon HA. Mr Bewick said: 'making HImPs work was about: valuing process, creating capacity and integrating planning.'

*Results of a study into HImPs being carried out by Professor David Hunter backed by the NHS Alliance and MSD will be available later this year.

Plan sets out radical programme of reform

Health Secretary Alan Milburn said the 144-page national plan was a fundamental and far-reaching reform programme. It will create an NHS in which the patient is the most important person. In future, care and treatment will be redesigned around their needs, at their convenience.

Mr Milburn said: 'For the first time the Government has faced up to the breadth and depth of problems in the NHS and has addressed them all in turn. From the state of the wards to the doctors' contract, not one issue has been ducked. By being honest in our analysis of the problems we have been able to produce the most radical of reforms.'

'For 50 or more years the NHS has been part and parcel of what it means to be British. We are all deeply proud of the NHS - not out of dogma but out of

conviction - we have a fair and efficient model of healthcare.

'Decades of under-investment and run-down services are now being reversed and now the NHS can focus on reforming itself and providing the best for patients. We have forged a new national alliance behind a modernised NHS which gives us once in a lifetime opportunity to achieve these reforms.'

Key areas of reform include:

- investment in NHS facilities including 7,000 extra beds and 100 new hospital schemes;
- investment in NHS staff including 2,000 new GPs, 20,000 more nurses and over 6,500 health professionals;
- changed systems for the NHS including a new NHS Modernisation Agency and a National Performance Fund worth £500 million by 2003/4. Also a National

Independent Panel to advise on major hospital changes;

- an extra £900 million investment in intermediate care by 2003/4 and New Care Trusts combining health and social services;
- changes for NHS doctors including new consultants contract and new quality based contracts for GPs;
- changes for nurses, midwives, therapists and other NHS staff including new roles and responsibilities for nurses and new senior sisters, and better training; and
- changes for patients including greater choice and new protection.

*The NHS Plan: A Plan for Investment. A Plan for Reform is available at www.nhs.uk/nhsplan



Alan Milburn, Health Secretary

'ONCE-IN-A-LIFETIME OPPORTUNITY - LET'S GRAB IT!'

Responses to the National Health Service Plan

Royal College of Physicians Professor Sir George Alberti, president, said: 'This is a once-in-a-lifetime opportunity - let's grab it! at last we have Government recognition of the shortage of doctors and beds in England and a commitment to tackle these problems. We welcome the challenges to the way doctors work, and the breaking down of barriers, both professionally and between GP and hospital care.'

NHS Alliance Dr Ron Singer, executive member and London GP, said: 'The 10 principles behind the National Plan are very much in line with our policy, and with what our patients and the people of this country need. The Alliance warmly embraces the Government's commitment to a universal health service that is funded from general taxation and is free to patients when they need it. 'We are especially pleased to hear the Prime Minister talk about 500 Primary Care Centres, GPs taking on more specialist roles in the community, and the expansion in nurse numbers and responsibilities. That sounds very much like our proposals for local Resource and Treatment Centres in the NHS Alliance report, Implementing the Vision, published last March.'

'At first glance it offers real opportunities to rebuild the health service.'

Royal College of Nursing Christine Hancock, general secretary, said: 'We have a survival plan that puts patients first and tackles the hardest issues facing the health service. Now nurses and doctors must be trusted to breathe life into the plan. We're optimistic because every good idea in the plan is already happening somewhere in the health service. These ideas work and, with the right support and opportunities, nurses and doctors will turn them into a reality for all patients.'

LMCA Cliff Prior, Vice-chair, Long-Term Medical Conditions Alliance welcomed: patient involvement at national, health authority and local level; a guarantee that cancelled operations will take place within 28 days; patient involvement in regulating doctors and nurses, and patient advocates to sort out people's complaints.

He said: 'Patient power is here to stay. There's no turning back. We welcome the statutory powers that legislation will bring. As a voice for patients, our job now is to make sure that these promises a patient power are carried through in law.'

National Association of Primary Care Dr Peter Smith, chair, said: 'We offer our cautious support because the Plan probably offers that last and best chance to the state funded, universal, comprehensive NHS to prove it can deliver a first class, 21st century health service.'

'We are cautious because the sometimes radical ideas have to be delivered against the background of a demoralised, alienated workforce. The implementation process will have to be very sensitively handled.'

'I would like to have seen more explicit support for practice managers, who have been the lynch pin in the development of good primary care. Successful implementation will require recognition of the need for good strategic management, owned by primary care.'

The King's Fund Rabbi Julia Neuberger, chief executive, said: 'For the first time in its 52 year history, patients are being put at the heart of the NHS. Plans to tackle the root causes of ill health and to improve access to health care are very welcome. But it will take concerted action, backed up with significant resources, to ensure that the NHS makes it a priority to reduce health inequali-

ties and tackle the variations in quality and access that still exist, particularly in primary care. The Plan is a considerable achievement. It has been developed very quickly with the support of a great number of people. This collaboration reflects the overwhelming support the NHS still enjoys.'

The Patients Association Vanessa Bourne, chair, commenting on the long term care proposals, said: 'The Government has rejected some of the recommendations made by the Royal Commission on Long Term Care for the Elderly, which will bitterly disappoint many disadvantaged people who rely on others to bath, feed and dress them while ill. I would have liked to have seen a really fundamental look at some of the fault lines that have existed in the NHS for 50 years. I thought that was what we were going to get out of this but we haven't. We still have a service that gives you free hotel accommodation if you are 21 and in a hospital, but not if you are 91 and in a nursing home.'

(The National Plan) continued from page 1

of the new £500 million Performance Fund which will give extra money to those meeting the highest standards of service.'

Alongside the Health Plan the government also responded to the Royal Commission for Long Term Care. It is to invest in a major expansion of intermediate care prevention and rehabilitation services for elderly care and expand respite care services. (Fuller report next issue.)

(Editorial Board comments) continued from back page

'One of the strengths of CHCs is that they carry out a number of different functions which feed into each other. Under the National Plan, CHCs' work appears to be divided between at least five different agencies. It is not clear how these will be linked and managed.'

Readers' views on the National Plan are welcome.

Jenny Sims, Editor

EDITORIAL BOARD COMMENTS ON THE NATIONAL HEALTH SERVICE PLAN

Michael Dixon, chair, NHS Alliance: 'I feel very positive about the NHS Plan. I believe it is the best the NHS ever had. It reflects all the principles that are fundamental to the NHS Alliance. There are bound to be some areas of concern but most of these will be around implementation rather than principle. It is logically impossible to produce a radical plan that pleases everyone.'

Nigel Edwards, policy director, NHS Confederation: 'Previous plans for the NHS have focused on structures and a small number of big changes to management systems. This has meant that it has been possible to achieve major reorganisation, albeit with little impact on front line staff and patients, by central fiat. The new NHS Plan is different. It aims to: 'design services around the patient' and change the way that professionals work. This means that rather than a relatively small number of large scale and generally managerial changes, the plan relies on making a very large number of relatively small changes in the detail of how the NHS works.

Together these have the potential to revolutionise care for patients but they cannot be specified or enforced from the top of organisations. Delivering the plan is crucially dependent on clinicians leading the redesign of NHS services, changing the culture of the NHS and breaking down barriers between professional groups. This is particularly true in primary care where a great deal of imagination is going to be required to overcome the shortage of 'key professionals.'

Donna Covey, director, ACHCEW said: 'We feel that proposals set out in chapter 10 do not require the abolition of CHCs. Modernised and rejuvenated CHCs could have a positive role in delivering the plan's aims. This is something we look forward to discussing with the all party group.'

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PCGs moving too fast to PCTs

PCGs are moving too quickly to PCTs because of government pressure, according to a new report based on the views of nearly 600 'movers and shakers' in primary care organisations.*



Professor David Hunter

Unless the pace of change slows down, the health care professionals needed to make PCTs work will become disillusioned, warns the independent report, *From PCGs to PCTs - Work in Progress*. 'Primary care professionals are being asked to move on to Primary Care Trusts at a time when many are still not engaged in Primary Care Groups and a significant few do not even know what they are! Other PCGs want to consolidate and start producing real outcomes before entering an unstable period of further change. Others are simply not ready' Michael Dixon, chair, NHS Alliance, says in the foreword.

Commissioned by the NHS Alliance from Durham University, the report is based on feedback from eight regional workshops organised by Medical Management Services held between March and May this year.

Speaking at its launch at the House of Commons, Dr Dixon said: 'There is an increasing sense of alienation, especially from doctors and nurses, about a process that is driven entirely from the top with little regard for the views of those who deliver primary care and understand how it works, or their exhaustion in dealing with more organisational changes while still providing patient care.'

He added: 'The government is in danger of pushing the goodwill of primary care professionals too far. It must now allow a breathing space and instead of relying on theory begin listening to those of us who practice in primary care.'

Professor David Hunter, co-author of the report, pointed out the move from PCGs to PCTs was not a continuum but a move to a different type of organisation. 'We found in the workshops that this was exciting and exhilarating for some people but quite daunting or scary for others.'

People were concerned about the pace of change and some felt they had been 'catapulted' into PCT status, he said. Some felt PCTs were a 'poisoned chalice'.

How they would square their freedom with the government's determination to provide a standardised level of service across the country, was likely to produce more tensions, he warned.

Dr Barbara Hakin, GP and chair of South West Bradford PCG, an 'unashamed enthusiast' of primary care organisations said: 'All organisations have to decide the right change of pace for them.'

Key findings from the report include:

- Transition to PCT status is not cost neutral

- There are tensions between the local focus and identity of PCGs and the benefits of mergers for Trust status
 - GPs are the most cautious about the benefits of Trust status, particularly when a PCT is likely to inherit a deficit
 - Accountability remains problematic
 - PCTs need to be built on solid foundations and demonstrable achievements though there are different perceptions about what these should be.
- The authors advise primary care organisations:
- Do not put form before function – the NHS is skilled at doing this and far less smart about function and purpose
 - Be clear about the nature of primary care – it is not general practice on a large scale
 - Do not rush the change process from PCGs to PCTs – allow sufficient time for reflection and capacity building
 - Do not underinvest in organisational and leadership development if sustainable organisations and management arrangements are to flourish.

* From *PCGs to PCTs - Work in Progress*, by Linda Marks and David J Hunter. For a free copy contact Medical Management Services on 01225 333711. Also available on our website: www.medman.co.uk

PCG TIPS: Books and reports

Health begins at home: Planning at the health-housing interface for older people
By Lyn Harrison & Frances Heywood

This 40-page report will be of interest to professionals and managers planning and commissioning care in the policy fields of public and primary health-care, housing, community care and older people.

The Policy Press ISBN 1 86134 213 6
Price £10.95. Available from Marston Book Services on 01235 465500

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This is the 4th in the Audit Commission's series looking at ways to promote the independence of older people. It highlights good practice, makes practical recommendations, calls for major changes in the approach taken by NHS and social services departments and proposes a framework for strategic joint working. 110 pages.

ISBN 1 86240 221 3 Price £20. Available from the Audit Commission on 0800 502030

Improving London's Health: the role of the Greater London Authority

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The report considers how the GLA can best contribute to health improvement and to reducing inequalities across the capital. 116 pages ISBN 1 85717 429 1 Available from the King's Fund bookshop on 020 7307 2591.