

# Primary Care Partnerships

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*Creating Successful Partnerships*

## Trusts and PCTs must act immediately on warnings from Medical Devices Agency

One of the priorities for the merged Medical Devices Agency (MDA) and Medicines Control Agency (MCA) will be to improve the way trusts and PCTs treat and act on patient safety hazard notices for medical products, Dr David Jefferys has pledged.



Dr David Jefferys

Speaking at the MDA's second annual conference in London recently, Dr Jefferys said the agency was already looking at improving its network of liaison officers responsible for the distribution of safety notices throughout trusts.

Earlier in a keynote speech, health minister Lord Hunt, accused trusts of failing to take patient information seriously enough and of not appointing senior enough staff to do the job of liaison officer.

'The status some trusts accord to the liaison officer looks alarmingly as if they think it can be tacked on to any old job – almost as an optional extra – and that will not do. We cannot tolerate delays in distributing vital safety information,' he said.

In cases where liaison officers had no deputy and went on leave, there could be long delays before MDA notices were properly circulated.

One liaison officer criticised the MDA for sending notices by fax rather than email and at 4pm on a Friday afternoon – when hundreds of copies had to be printed out and delivered by hand around the hospital.

Dr David Jefferys, the MDA's chief executive, said notices were sent immediately they were approved, whatever time, to avoid delay in NHS staff acting on them.

The MDA and the National Patient Safety Agency are currently looking at a single system for distributing patient safety information electronically. Meanwhile, they send them by fax because not all senior staff yet have computers.

Lord Hunt said he wanted the MDA and other agencies to ensure every part of the health service gave the highest priority to distributing safety information and taking appropriate, effective action.

Nurse consultant Shelley Dolan said there needed to be greater awareness among medical and nursing staff about the safety of medical devices. She pointed out, 'The RCN says no nurse should use a device for which they have not received training. They must be assured at all times that devices have been adequately serviced, maintained and are fit for purpose.'

She added, 'We need to make sure that all our healthcare professionals think about the kit that they use. Awareness of medical devices and our role in that, must start at undergraduate level.'

'Progress is being made. A whole module on device safety, developed by the RCN with the MDA, is now being used in some south east universities for undergraduate nurses and allied health professionals,' she said.

*Continued on back page*

## Editorial

Patient safety and patient-centred care are central to the government's policies for modernising the NHS. It's a pity then that health minister Lord Hunt has had to rap the knuckles of trust board members for failing to take the distribution of patient information seriously and that many health professionals appear to have little clue about what the term patient-centred care actually means, according to a King's Fund report (see page 3).

The good news on the patient front is that some trusts who have taken Practical Public Involvement (PPI) seriously can now point to the benefits and success of doing so. Melba Wilson, Chair, Wandsworth Primary Care Trust says the benefits of having a lay member on the board have been significant (page 3) and have influenced clinical decisions.

Lynn Young calls for 'a more creative, less defensive look at the primary health care workforce' to solve nurse recruitment (back page). One of our new PCP board members, Jeni Bremner reveals the Local Government Association's new vision for children's services to be launched this month (page 2).

**Jenny Sims, Editor**

**Online medical know-how**

Patients now have access to the same online medical knowledge as health professionals. The Cochrane Library and Clinical Evidence, a directory published by the British Medical Journal, have gone online via the National electronic Library for Health (NeLH).

The Cochrane Library, an electronic publication published quarterly, consists of a regularly updated collection of evidence-based medicine databases and is the best single source of reliable evidence about the effects of health care. Available at [www.nelh.nhs.uk/cochrane.asp](http://www.nelh.nhs.uk/cochrane.asp) Clinical Evidence is available at [www.nelh.nhs.uk/clinicalevidence.asp](http://www.nelh.nhs.uk/clinicalevidence.asp)

**Golden hello**

'Golden hello' payments will be given to GPs coming back to work in the NHS. The scheme, which currently pays up to £10,000 to new GPs, was extended on 24 September to include qualified doctors not currently working in NHS general practice who return to take up an NHS post. Details at

[www.doh.gov.uk/pricare/goldenhello](http://www.doh.gov.uk/pricare/goldenhello)

**National Joint Registry**

AEA Technology has been awarded the contract to establish the National Joint Registry for Hip and Knee Replacements which will start collecting data in April on evidence of effectiveness. It will be funded through a levy on hip and knee implant sales and administered by members of the Association of British Healthcare Industry.

**Help for overseas nurses**

An advice line has been set up by the DoH and UNISON for overseas nurses working in the UK who are being exploited by commercial recruitment agencies. The national line (08458 505888) provides nurses with sensitive, relevant advice and information as well as a sympathetic response.

**Emergency Access Czar**

Professor Sir George Alberti has been appointed new National Clinical Director for Emergency Access. The former President of the Royal College of Physicians, will be responsible for overseeing action on reforming and improving access for patients to the emergency care system across the country.

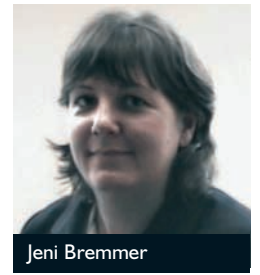
**Suicide strategy launched**

The government has launched a national suicide prevention strategy to meet its target of reducing the number of deaths by suicide by at least one fifth by 2010. A total of £329 million is being invested over the next three years in community mental health as part of the campaign. Measures will be taken to improve prescribing of antidepressants and analgesics. Copies available at

[www.doh.gov.uk/mentalhealth/index.htm](http://www.doh.gov.uk/mentalhealth/index.htm)

**Partnerships with children's agencies****Build on existing good work and track record**

Jeni Bremner, Programme Manager for Education & Social Policy, Local Government Association (LGA) describes its new vision for children's services\*



Jeni Bremner

Providing a safe and supportive environment for children has to be at the heart of public services. Effective support for children and families, early intervention when there are problems and effective child friendly alternatives when children are no longer able to live with their birth families is fundamental to building safe healthy communities.

The Local Government Association, the NHS Confederation and the Association of Directors of Social Services are developing a new vision for children's services. The new vision recognises the key role of local government in providing democratic accountability and representation and proposes comprehensive mapping of needs and services to enable appropriate targeting and co-ordination of services whilst avoiding the dangers of structural change. The model is based on partnership and co-operation by pulling together all the relevant agencies.

Our report argues that rather than making major structural changes that would lead to the disruption of services, it is better to build on the existing good work and track record of local government and partners by better co-ordination of current services. Local strategic partnerships will be the mechanism to pull all this together with a strategic overview.

Strong planning will be supported by a multi-agency, multi-disciplinary delivery model. We believe that all services must see the child in the context of family, school and community. The question must not be 'How is our service doing?' but 'How are our children doing?'

Involving children, their families, citizens and communities in the planning and design of local services will maintain a strong focus on the needs and issues of the community.

In short, the key components of the model are:

- An outcome-based approach with a focus on achieving outcomes for children
- A unified performance management system which would strengthen inter-agency co-operation and partnership working
- The development of a universal 'child indicator' which would enable agencies to identify children by a shared set of priorities
- All agencies would agree to a single assessment system for assessing and recording needs
- The involvement of children, families and communities in the planning and design of services
- The development of a unified workforce plan for staff planning, training and recruitment

\* We will be launching this new vision: 'Serving children well – delivering a new vision for children's services' at the LGA/ADSS social services conference in Cardiff on Friday, 18 October. The launch will include an interactive webcast which will also be shown on the Community Care stand in the Exhibition and all attending the conference are welcome. Full details are available on the LGA website [www.lga.gov.uk](http://www.lga.gov.uk)

**Children's intensive care services****£10 million extra to improve intensive care services for critically ill children**

Health minister Jacqui Smith has announced an extra £10 million to support a national programme of improvements to children's intensive care services, bringing the total to £25 million annually.

'No NHS patient is more vulnerable or more the cause of worry and concern to loved ones, than a critically ill child. Parents want to be sure that the treatment their child gets is of the highest quality and that it is being delivered in the most effective and professional way possible,' said Ms Smith.

Paediatric Intensive Care Society Chair, Dr Gale Pearson, said: 'The additional funding in paediatric intensive care provision and support for improvements to the direction of the service have undoubtedly saved children's lives. The latest increase in funding will place the service in the strongest position in which it has ever been to respond to the needs of critically ill children.'

The initiative stems from reports launched by the Health Secretary in July 1997. The reports, *Paediatric Intensive Care: A Framework for the Future* and the complementary report on nursing standards training and workforce planning, *A Bridge to the Future*, drew together a strategy to achieve best quality of care for critically ill children.

The reports outlined steps necessary to move within a five-year time frame from the provision of children's intensive care beds located within small units to a co-ordinated national network of services focused on lead centres.

£160,000 is being used nationally to facilitate the monitoring of children accessing this level of care, illness/trauma and the outcome of the intervention.

Improvements are focusing on:

- Seasonal demand
- Increased specialist training for nurses
- More medical & nursing staff to accompany critically ill children during transfer to a specialised centre
- Capacity building for lead centres
- Greater access to levels of high dependency care.

# Practical Public Involvement (PPI)

'The benefits of having a lay member have been significant, not least in sending an unambiguous message to local constituents that the trust takes its responsibilities for PPI seriously', says Melba Wilson, Chair, Wandsworth Primary Care Trust

The government rightly expects that primary care trusts, with our responsibilities for being more locally accountable to our client populations, should have a key role in enabling patients and the public to participate. We are certainly well-placed to do so. I am reminded almost daily that the idea of giving local people the responsibility for decision-making about health and social care was a good move. On Wandsworth Primary Care Trust's Board, we have a wealth of experience and importantly, knowledge about the history, issues and concerns of the communities we serve on the executive and non-executive side.

We do need to continue to work to ensure, however, that we maintain the links and dialogue with our constituent communities.

The trust has a range of initiatives for Patient and Public Involvement (PPI). A key area is the Patient & Public Involvement Steering Group. This working group was set up specifically to take a strategic overview of how to involve patients and public in the work of the trust. An early contribution of the steering group was to take forward a proposal outlined during consultation for the trust and to establish lay member representation on the Professional Executive Committee (PEC) – a committee otherwise made up of clinicians.

This was widely supported by the

organisation. Lay membership seemed to us a natural consequence of helping to work towards active and real involvement of the public in influencing clinical decisions.

The process of recruiting a lay PEC member was undertaken by the lead non-executive for PPI, working closely with the trust's patient and public involvement manager. A role description and person specification was drafted by the patient and public involvement steering group.

Advertisements were placed in local papers and information sent to a wide range of organisations and community groups. This resulted in a strong and diverse field of candidates, who were interviewed and a selection made. The local Community Health Council and umbrella voluntary sector organisation were partners in the interview and selection process.

Although the lay member's role is a non-voting one, there is the same access and attendance rights as full members. The main aim of the role is to enable the representative to use their skills and personal experience to help bring views of local patients, users and carers to the deliberations of the PEC. However, this is a *shared responsibility* with the PEC.

Initial concerns were expressed about the



Melba Wilson

implications for confidentiality. We were clear from the start, however, that this was a corporate role, with the same responsibility to maintain confidentiality as other members of the PEC.

The benefits of having a lay member have been significant, not least in sending an unambiguous message to local constituents that the trust takes its responsibilities for PPI seriously. The lay member is an important information conduit between the PEC, the Board, community groups and organisations.

Another bonus was that the process identified a strong 'unsuccessful' candidate, who has since become a member of the clinical governance committee.

Recently, the trust has also been able to negotiate remuneration for the lay member's post on the same basis as other PEC representatives – a real sign of progress.

## Patient-Centred Care

Patient-centred healthcare is being held back because senior people in the medical professions have a very limited understanding of what it means, according to a survey from the King's Fund.\*

The report, *Changing Relationships*, is based on a survey of people from medical schools, royal colleges and the NHS. It finds that a medical view of health remains strong and notions of patient choice are often either confused or very limited.

This could be hampering the government's wish to make the NHS more patient-centred, say the authors.

The report says, 'Despite much rhetoric from ministers and policy-makers surrounding patient-centred care and the growth of a body of literature into patient choice, shared decision-making and concordance from academic and professional sources, these ideas have failed to penetrate, to any great extent, the understanding of those who work in the service.'

It adds, 'A lack of direction from the government, a wide and yet confused use of the terms among policy-makers and managers and lack of leadership on the issues have given rise to a general paucity of understanding.'

'In raising expectations about patient-centred care without providing clarity about its meaning, the government may have created a hostage to fortune. In a climate of high public expectations and an increasingly critical media it may be unable to meet the differential

expectation of patients and the public.

'Similarly, if a lack of understanding and consensus exists between what stakeholders understand by patient-centred care, difficulties arise in terms of the teaching of professionals, clinical governance and service evaluation. Strong leadership is needed to disseminate knowledge and set and maintain standards.'

Among their recommendations, the authors point out that patient-centred care means different things to different professional groups within the service and that there is 'a need for better co-ordination across the service in order to encompass the full spectrum of patient-centred care.'

Other recommendations include:

- Patients, users and carers need to be central in defining and evaluating patient-centred care.
- Government and taxpayers need to understand that adequate resources will be needed to transform face-to-face encounters as patient-centred services will almost certainly be more costly in terms of time, manpower and wider resources.
- Professional bodies need to take a proactive position in transforming face-to-face relationships with patients.

\* *Changing Relationships: Findings of the Patient Involvement Project* by Rosemary Gillespie, Dominique Florin and Steve Gillam Sept 2002 Available from [www.kingsfund.org.uk](http://www.kingsfund.org.uk) ISBN 1 85717 £6

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**Toolkit for Older People's Champions**

To mark the International Day of Older Persons on 1 October the DoH announced a range of measures aimed at improving services. It issued good practice information to help meet the needs of patients who have suffered from stroke and a toolkit to assist local implementation of the National Service Framework (NSF) for Older People, developed with the ABPI.

Available at: [www.doh.gov.uk/nsf/olderpeople.htm](http://www.doh.gov.uk/nsf/olderpeople.htm)

**Quantifying Quality in Primary Care**

By Peter Greaves

How can quality of service provision and clinical governance in primary care be assessed?

This book is designed to help evaluate the way practices interpret their legal obligations, the way management systems within practices run and the quality of the systems and processes that most affect patient care. It also contains frameworks on which to build policies for the smooth running of practices.

Available from Radcliffe Medical Press Ltd on 01235 528820 or at [www.radcliffe-oxford.com](http://www.radcliffe-oxford.com) £24.95 ISBN 1-85775-599-5

**New Standards for Heart and Lung Transplant Service**

Patient-centred care, access, assessment and diagnosis, transplantation, education/training and communication with local hospitals and primary care are key areas covered by the first ever national standards for the NHS heart and lung transplant service.

Available at [www.doh.gov.uk/nscag/reports.htm](http://www.doh.gov.uk/nscag/reports.htm)

**Bacterial Eradication in the Treatment of Otitis Media**

Otitis media (middle ear infection) is a common infectious disease of early childhood; an estimated 20 million cases occur in the USA annually. This review assesses the impact of antibacterial treatment, commenting on how clinicians may become misled by drug treatment as otitis media often resolves itself naturally within a few days of infection. It says the growing problem of widespread antibiotic resistance is also limiting the effectiveness of many therapeutic treatments for the disorder.

The Lancet Infectious Diseases (specialty journal), Issue October 2002

**The Recovery of NHS Costs in Cases Involving Personal Injury Compensation**

Following recommendations from the LAW Commission, the government has published a consultation document looking at extending the system of recovery of NHS costs from road traffic accidents to all personal injury claims. The extended scheme could raise £220 million a year for NHS hospitals, equal to employing 5,600 newly qualified nurses or carrying out almost 30,000 extra hip operations. Consultation on the document ends on Friday 8 November.

Available from [www.doh.gov.uk/consultations](http://www.doh.gov.uk/consultations)



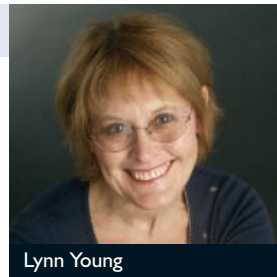
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Developing the nursing workforce

# Lynn Young looks at the benefits of Health Care Assistants



Lynn Young

During recent years many of us have been calling for a radical look at the Primary Health Care (PHC) nursing workforce. Loud noises have been made on the demography of community nursing, the numbers entering the nursing profession and the excessive demands being placed upon the whole of the PHC multi-disciplinary workforce.

The truth is harsh and for some overwhelming. Even if we thought it in the public and professional interest to try and produce more of the same, this is an impossible aspiration and solutions lie in developing a very different mix of people.

People need to scrutinize local population demands, map existing services and the current nursing resource and then seek out different people who can make a valuable contribution to the development of an interesting but non-traditional workforce.

The number of community nurses looking forward to retirement is indeed daunting when the anticipated demand for community services is considered but at the same time student nurse numbers are now higher than they have been for a decade.

Though, even if we manage to retain the great majority of newly registered nurses the nation still faces a short-term huge reduction in community nurses. So, what else can we do? The good news is that a number of enlightened (or maybe desperate PCTs) are seeking a different way of employing and developing community nursing.

We now have splendid examples of well-orchestrated Health Care Assistant (HCA) schemes in both the PHC organisation and general practice. HCAs, if well supported and attached to a local NVQ training centre, can bring huge benefits to patients and the work of professional clinicians. A number of senior practice nurses are playing an important part in the effective introduction of HCAs to general practice with interesting results.

Some nurses feel threatened, others relieved when HCAs are initially discussed in the belief that services can be redesigned and possibly improved.

The best news is that mature HCAs who enjoy the experience of working in PHC and the training which goes with their new duties, are often inspired enough to embark on registered nurse programmes. Hence we have discovered another way of increasing the number of nurse students - and at least these students know what kind of world they are entering!

The average age of today's nurse student is an almighty 28 years meaning that life experience is greater which in itself has an interesting impact upon the traditional workforce.

Many GPs, nurses and managers ask what HCAs are able to do. The simple answer is that, 'what they are competent to do' and 'what is considered appropriate by the supervising qualified nurse.'

Despite the drive to develop a more rigorously regulated workforce, professionals are still able to practice within a spirit of liberty and freedom - as long as this spirit focuses entirely upon public and patient interest.

Workforce Development Confederations have responsibilities in the HCA area too and must have the confidence to invest according to local population and workforce needs.

A more creative, less defensive look at the PHC workforce is urgently required. One size will definitely not fit all but with imagination, a bit of blue sky thinking, effective implementation and learning from evaluation and feedback solutions which serve patient care well are possible.

Lynn Young, Primary Health Care Adviser, Royal College of Nursing

## Cover story (continued from page 1)

Many trusts are also ignoring Government and EC guidance on latex allergies and are putting the health and lives of NHS staff and patients at risk, according to nursing and patients' representatives at the conference.

New EC guidelines are due out next year on latex medical products (including: medical and surgical gloves; catheters & tubing; adhesive dressings & bandages; and condoms) but many hospital trusts are not yet implementing existing guidance.

'Two-thirds of trusts do not have latex policies or latex-free alternative products, though the MDA has been issuing safety warnings since 1996 about the risk of anaphylactic shock, asthma and skin

complaints' said Aleks Kinay, chair, Latex Allergy Support Group.

The group and other campaigners would like to see the government follow Germany's example in reducing extractable protein levels in gloves from 50mcg/g to 30mcg/g and only using powder free gloves.

'Since introducing the reduction, the incidence of occupational asthma has dropped dramatically in Germany,' said Ms Kinay.

More than 1,200 employees (mostly in the NHS) develop allergies to rubber every year, costing employers £120 million a year, according to the Trades Union Congress (TUC).