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Professor Ian Philp

Primary Care wants more funding to implement the NSF for Older People

The National Service Framework for Older People which aims to wipe out age discrimination and improve quality of care has been widely welcomed. But the government has been warned that primary care as well as hospitals must be properly funded if it is to be implemented successfully.

Launching the NSF the government announced it will be backed by £120 million over the next three years to refurbish the old style 'Nightingale' wards which are often mixed-sex.

'Older people should be treated according to their clinical needs not their age. We are putting in extra money, new services and 10,000 more staff to ensure that older people wherever they live get the highest standards of care' said Health Secretary Alan Milburn.

And Professor Ian Philp, National Director for Older People's Services, said: 'The NSF will mean that a person can expect to receive high quality care and treatment, regardless of their age or where they live. This will make age discrimination a thing of the past. Older people will be treated as individuals, with respect and dignity, and the conversion of Nightingale wards will make hospitals a better place for older people.'

He added: 'People in older age groups often have complex health needs, including physical, mental and social aspects. Our services need to mirror that situation. This will mean much closer working between health and social care partners. All this, backed by significant money, is a huge step forward in the way we care for, and view, older people today.'

But Dr Chris James, NHS Alliance vice-chairman, while welcoming the NSF, warned: 'If Primary Care is to respond to the issues described in the NSF then we need investment to do that.'

He pointed out that although primary care is referred to in several of the NSF Standards (see box) no mention of additional funding for primary care has been mentioned.

'New funding should be based in primary care. What is the commissioning and development role that the government is trying to give us if, when new money is available, it goes directly to secondary care, missing out the commissioning process? Where are the incentives for partnership working?' he asked.

Charities including the National Osteoporosis Society have also called for more funding so that the NSF can be implemented quickly. And the

Royal College of Physicians has warned that staff shortages could also hamper implementation.

Professor Sir George Alberti, president of the Royal College of Physicians, said it was a tremendous step forward in a previously under supported area, the framework's intentions were admirable and much of the work was already underway.

He said: 'Older people should not be discriminated against because of their age - they should be treated equally in terms of access to healthcare as well as having their special needs catered for. Close integration of social services and medical services in the community and the development of intermediate care are highlighted in the NSF and essential to its success. We are none the less concerned about staff shortages - both medical and nursing - which will undoubtedly hamper and slow some of the very good proposals. In the longer term the RCP intends to enhance training in health of the elderly for all physicians but this will take time.'

The eight NSF standards cover:

- 1 Rooting out age discrimination
- 2 Person-centred care
- 3 Intermediate care
- 4 General hospital care
- 5 Stroke
- 6 Falls
- 7 Mental health in older people
- 8 Promoting an active healthy life in older age

EDITORIAL COMMENT

The long awaited National Service Framework for Older People has met with widespread approval from PCOs, health professions, patients organisations and others. The government has listened to their representations and covered everyone's concerns in setting the eight NSF standards. Age discrimination in the NHS will be outlawed and quality of care for elderly people vastly improved. The sooner the government now listens to those same organisations' concerns about more funding for primary care the sooner these long awaited improvements can be implemented.

Evidence of action on another listening exercise is given by Dr David Carson on the Review of Out of Hours Care in England (see page 2). And the National Association of Lay People in Primary Care is about to tell the newly appointed chair of the newly set up Appointments Commission that he needs to listen to them (see page 3).

Jenny Sims, Editor

NEWS IN BRIEF

Learning Disabilities

Key initiatives designed to tackle the social exclusion and discrimination experienced by many people with learning disabilities and their families are set out in the White Paper *Valuing People: A new strategy for learning disability for the 21st Century*. Available from www.doh.gov.uk/learningdisabilities

Mind the Gap

The first annual intermediate care partnership event, *Mind the Gap – intermediate care in health & social services*, will be held on 27-28 June, National Motorcycle Museum, Birmingham. For details contact Health Links on 0121 248 3399.

N.A.P.P. conference

The National Association for Patient Participation (N.A.P.P.) will hold its annual conference, *'Patient Participation – The Way Forward?'* on June 9 at Hartlands Hospital Education Centre, Birmingham. Details from Edith Todd. Email: etodd@napp.freeserve.co.uk

Team work

David Fillingham, Chief Executive, North Staffordshire Hospital NHS Trust, appointed director of the NHS Modernisation Agency which started work last month (April), said: 'I know the existing parts of the Agency, NPAT, the collaboratives, the Primary Care Development Team, the Clinical Governance Team and the Leadership Programme have delivered tremendous results so far. My job will be to get those teams working together and to add value so that the whole is greater than the sum of the parts.'

British Heart Week

The British Heart Foundation will be raising awareness during British Heart Week (9-16 June) that five times as many women die of coronary heart disease as from breast cancer. They have produced two new guides for patients, *Women and Heart Disease* and *So you want to lose weight for good* which are available free on 020 7935 0185.

Statin therapy

In England, only 30% of patients with established coronary heart disease and raised serum lipids, and fewer than 4% of individuals eligible for primary prevention, receive lipid-lowering therapy. Target total cholesterol concentrations are achieved in fewer than 50% of patients who do receive such treatment. *Drug and Therapeutics Bulletin, Vol 39 No 3 March 2001* reviews the use of statin therapy in the prevention of CHD events.

Review of GP out-of-hours services in England

By Dr David Carson



On the 2nd March 2000, the Minister of State for Health, John Denham, announced a Review of all arrangements of GP out-of-hours provision across England. The aim of the Review was to identify ways of bringing the standards of all out-of-hours' services up to the standard of the very best, and to make recommendations to the minister on any priority actions needed to be taken in order to improve those services. The Review Team tackled this by undertaking an extensive series of site visits; this consisted of 21 visits to Co-operatives, 17 visits to GP surgeries, NHS Direct sites, NHS Trusts, Walk-in-Centres and PCG/Ts, and four visits to Health Authorities. The Review Team, from the initial stages onwards, has incorporated the work and views of the Royal College of General Practitioners, General Practice Council and the National Association of GP Co-operatives.

The aim of the Review was to provide patients with the right service at the right time, delivering high quality treatment, irrespective of which part of the country a patient lives or the particular GP practice with which they are registered; together with the right number and type of health professionals working together and in partnership, across the rest of the emergency care network, including A&E, Walk-in-Centres and Social Services.

The Report recommended an integrated model of out-of-hours provision, delivering a seamless service to patients enabling fast, fair and convenient access for all, achieved through the development of an improved single point of access. Thus, the patient either calls NHS Direct or the GP practice where, out-of-hours, the call is automatically routed to NHS Direct. Once the call is answered, the patients need is assessed, and the patient is directed to the most appropriate service to meet their need out-of-hours. This may be a GP or nurse consultation at a Primary Care Centre or a home visit, but may be delivered by another part of the local healthcare provision. The evidence suggests that up to half of all requests for assistance currently being responded to by GPs can be safely directed to self-care or a non-GP response.

The final report was approved by the minister, who launched it at the National Association of Primary Care Conference on the 31st October 2000, adopting all 22 recommendations, and his response to the Out-of-Hours Review was to commit to the establishment of an exemplar programme for the implementation of the principle of single-call access to out-of-hours care through NHS Direct. The purpose of the exemplars is to enable NHS Direct and out-of-hours providers to build up experience of

developing integrated services and the benefits of partnerships working. The exemplar programme will provide a formative and academic evaluation for establishing a successful integrated model of out-of-hours provision. This evaluation will take account of the benefits, including financial, accruing to both local health economies and out-of-hours providers arising out of their recruitment to the exemplar programme.

NHS Direct and the National Association of GP Co-operatives have established a strategic partnership to support the development of the exemplar sites. It is proposed to use the new joint working with the NAGPC and other providers to identify a best practice template which all the exemplar sites will be expected to follow. This will cover issues such as the content and monitoring of Service Level Agreements, joint clinical governance and peak load management arrangements. It is also proposed to undertake some joint peer review visits to integrated sites to benchmark the quality of implementation. The exemplar programme is the first phase of the implementation process.

The report recommended the formulation of a set of national standards which all out-of-hour providers will be required to meet, covering the three distinct areas of Clinical Governance, Service and Organisational models and Access and Triage.

An accountability framework has been developed with Service Level Agreements between NHS Direct and local out-of-hours providers, and between local providers and GPs. PCGs will have the role of ensuring all GP arrangements in each local health economy integrate with other aspects of the emergency care service out-of-hours. Health Authorities will accredit and monitor all out-of-hour providers in a given locality. Subject to the necessary legislation and regulations being in place, Health Authorities are expected to be accrediting out-of-hour providers from April 2002. The accreditation process presently being developed is building on the work of the NAGPC and RCGP. There are plans to pilot the accreditation process in the late spring and early summer. The reporting of standards will be tried in the exemplar sites. Effective reporting systems will then be introduced in 2002 across the NHS in England.

Whilst not all areas will be involved in the exemplar projects, plans are being formulated for each area to begin to plan how it is to provide accredited out-of-hour services in the future. Later this year, health economies will be asked to submit reports identifying where investment will be needed to support the new service and to

continued on back page

Up and running: NHS Appointments Commission



Nicholas Reeves, Chair of the National Association of Lay People in Primary Care (NALPPC) comments on the appointment of the new commission's chair and voices his concerns over the appointments' system as it affects lay members.

It was made clear in the NHS Plan that responsibility for the appointment of Chairs and Non-Executive Directors to the Boards of NHS Trusts, Health Authorities and Primary Care Trusts would, in future, be given to a new NHS Appointments Commission. At the end of March, health minister Gisela Stuart announced that Sir William Wells (currently Chairman of the South East Region of the NHSE) had been appointed as the first Chairman of the Appointments Commission. Sir William will head a team of eight Regional Commissioners whose task will be, in his own words, to 'give the NHS the local leaders that it needs'.

At present, Chairs and Non-Executive Directors of PCT Boards (along with members of all other NHS Trust Boards) are appointed by Regional Offices of the NHSE and, with some notable exceptions, that process has resulted in the appointment of the 'usual suspects': predominantly white, professional, middle-aged and middle-class, often quite unrepresentative of the local communities that NHS Trusts seek to serve. In contrast, the Lay Members of Primary Care Group Boards were appointed by Health Authorities, invariably with the active participation of PCG Chairs and representatives of the local community,

and one of the most striking features of the PCG experiment has been the way in which this 'new generation' of lay people have worked co-operatively and collaboratively alongside clinicians as full members of the same Boards.

As soon as it became clear that PCTs would adopt a very different structure, in which the lay representation would be confined to the Trust Board, with an Executive Committee made up entirely of clinicians and managers, PCG Lay Members began to voice their misgivings. Not only would we lose the invaluable collaborative working resulting from lay people and clinicians working side by side as members of the same Board, but the lay presence on the PCT Board would be in the form of the Chair and the Non-Executive Directors. By definition, a Non-Executive Director of a Trust Board looks like a very different person to a Lay Member of a PCG Board, and up and down the country it is clear that this is just how NHSE Regional Offices are interpreting the new guidance.

In essence, there are two major problems with the new situation. First and most obvious, every appointment has to be agreed by the Secretary of State, with all the potential problems of undue politicisation which last year's report from the Commissioner for Public Appointments so

clearly demonstrated. But secondly, many Regional Offices are taking the view that the skills and expertise that have enabled Lay Members of PCG Boards to make such a vital contribution to the work of the Boards, are not in fact the skills and expertise that are required of a Non-Executive Director. Thus, PCG Lay Members who have applied to become Chairs or Non-Executive Directors have not been appointed – indeed, in some cases they have had to wait many months before discovering that their application was rejected, often with no explanation as to why they were deemed unsuitable.

At the time of his appointment, Sir William Wells indicated that he was looking forward to 'developing recruitment and appointments procedures in which everyone can have confidence', and if that will indeed be the role of the new Appointments Commission, then the sooner it starts work the better. Certainly the National Association of Lay People in Primary Care (NALPPC) will be making early representations to Sir William. We will point out just how badly the current system is working, and explain our members' fears that the dream of a new kind of primary care organisation, truly in touch with and serving its local communities, may in the end be lost as a result both of the way in which the roles of lay people in PCTs are defined, and the manner in which they are recruited.

NALPPC and Primary Care Network would like to hear from readers about their experiences of Board applications, selection and/or rejection.

Please contact NALPPC at:

St James Medical Centre, St James Street,
Taunton, Somerset TA1 1JP
Tel: 01823-259258
Or email PCN's Editor at:
jennysims@compuserve.com

Election health check

What has New Labour done for Primary Care?

With the general election next month, Stephen Gillam and colleagues at the King's Fund have produced an analysis of what New Labour has done so far for Primary Care.

While many of the Government's reforms will take some years to affect people's health, they have already had a major effect on the working practices of primary care professionals. They have also made primary care more accessible.

If the new services and structures surrounding general practice are harnessed properly, they need not damage what is most valuable about primary care, and may even enhance its ability to support the nation's health for the foreseeable future.

Rudolph Klein in the introduction says: 'The rhetoric of a primary care-led NHS - inherited from the Conservative government - has been translated into action.'

Gillam says: 'The out-going Conservative government presented the new Labour administration with many of the tools it has wielded in its quest for modernisation. The internal market has been adapted in gradualist fashion within a framework of mandatory collective funding. In other respects this government's first four years have proved unexpectedly radical. Least clearly foreseen was the series of initiatives designed to change the nature of first contact and to free up access to health care.'

He says: 'Not-so-new Labour is worth a second term, but could yet break the NHS under the weight of its good intentions.'

Table 1 Chronology of events

April 1997	The NHS Primary Care Act passed	Oct. 1999	NICE publishes first recommendation on Relenza
May 1997	New Labour government elected	Oct 1999	Second wave PMS pilots go live
Dec. 1997	The new NHS: modern, dependable published	Nov. 1999	First healthy living centres launched
April 1998	85 first wave PMS pilots go live	Nov. 1999	Supporting doctors, protecting patients published
June 1998	A first class service published	Dec. 1999	Coverage of NHS Direct extends across the country
Aug. 1998	Beacon practices announced	Jan. 2000	Harold convicted
Mar 1999	First NHS Direct pilot evaluation reported	Feb 2000	Commission for Health Improvement launched
April 1999	PCGs go live	April 2000	17 first wave primary care trusts go live
April 1999	20 first wave walk-in centres announced	May 2000	Third wave of PMS pilots announced for April 2001 - up to 25% of GPs subsequently express interest
May 1999	Frank Dobson announces restrictions on Viagra prescribing	July 2000	The NHS Plan published

**What Has New Labour Done for Primary Care? A balance sheet*

Edited by Stephen Gillam

ISBN 1-85717-445-3 £10.99 Available from the King's Fund Bookshop on 020 7307 2591

continued from page 2

enable the reporting of the new quality standards.

The Government is backing both the exemplar programme and the planning process with new investment. The Minister of State for Health, John Denham, at the NAGPC Conference on the 8th March 2001, announced that there would be an implementation fund of £28 million in addition to the £45.5 million out-of-hours development fund. Approximately £20 million will provide additional NHS Direct nurse triage, create electronic links between NHS Direct and out-of-hours providers, and a further £8 million will be available, through regional offices, to support local plans drawn-up with primary care organisations and health authorities for further development of accredited integrated out-of-hours services for next year.

The development of a new system of out-of-hours provision is firstly designed with the patient in mind. It is to provide a model of service that meets the needs of the patient as opposed to the patient being required to meet the needs of the model of service, and secondly it is designed to reduce the burden on GPs in providing 24 hours care. Evidence suggests that half of all calls can be effectively and safely directed to more appropriate forms of care, with the rate of referral to acute services dropping to one third of its previous level, and that co-ops linked with NHS Direct are able to operate with reduced numbers of duty doctors on call in the out-of-hours period without the loss of quality or responsiveness, with the visiting rate down from 46% to 12%.



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Bringing back matron

Lynn Young, Community Health Adviser, RCN, comments on the move to bring back matron after 30 years' absence from the NHS.



The public has demanded the return of Matron and Secretary of State Alan Milburn has promised that a modern type will be alive and kicking in our hospitals by next April (2002). The term Matron may not be appropriate in the 21st century, but there is little doubt that a number of senior nurses with a high level of authority in hospitals will bring substantial benefits to both staff and patients.

The target is brave, but also realistic. Two thousand modern matrons within the next three years will be given new powers and influence to help achieve a number of developments described in *The NHS Plan*. Mr Milburn recently described some of Modern Matron's responsibilities on Radio 4 - it is all about the fundamentals of care. Hospitals must be radically cleansed and kept clean, food and the feeding of vulnerable patients has to improve and the very best of nursing care must become the norm, rather than the unusual. These issues are of paramount importance to patients and aid recovery if coupled with the right treatment.

Being a patient in hospital can be pretty scary and at worst a major health hazard! People need the confidence to be absolutely assured that when ill they know the person in charge, that they are being nursed in hygienic conditions and that all essential care needs are provided with care and compassion. It is possible for a hospital experience to be a positive one for both patient and carers.

The point is that the internal market was pretty efficient at reducing the level and capacity of strong and powerful nursing. Patient care suffered as a result and the nation is still paying the price of the destructive and damaging market forces

dogma. Nursing is now deemed to be important. Hospitals, are above all else nursing organisations - patients need hospital beds when nursing is essential to recovery (or a decent death). Patients also need hospitals

when carers can no longer cope.

Respect, privacy, dignity, consideration and much improved communication are essential elements of a modern and effective health care system. The huge hope is that the NHS has, at last turned an almighty corner. We all want hospital care to be transformed and although no one would be so foolish as to think that 'Modern Matron' is about to deliver miracles, many of us strongly believe that real progress lies ahead.

Modern Matron should be given the powers which will enable resources to be focussed around patient need and comfort. She/he must be a public exemplar to all health care employees - regardless of discipline and inspire staff to reach beyond their personal potential. These are awesome responsibilities, but many energetic and talented nurses have the motivation to go for these new posts and by doing so will have the golden opportunity to improve patient care.

NHS Confederation comment

While welcoming the announcement on modern matrons, the NHS Confederation has called for the same level of management investment in outpatients and primary care - 'where the majority of people come into contact with the NHS and nurses.'

Stephen Thornton, Confederation chief executive, said: 'We should remember that the majority of patients are not treated on hospital wards today.'

*DoH guidance on establishing the new Matron posts is available at: www.doh.gov.uk

PCG TIPS: Books and reports

The Primary Care Trust Handbook

Edited by Pete Smith

This is a practical guide which will support primary care members through the process of change towards PCT status and assist those with PCT status. The contributors present real solutions to many problems.

Radcliffe Medical Press Ltd Tel: 01235 528820
ISBN 1-85775-467-0 £19.95

Good People: Good Practice

a practical guide to managing personnel in the new primary care organisations

By Hilary Hamana and Sally Irvine

This is a comprehensive guide to all aspects of personnel management containing case studies and practical examples which illustrate common problems and dilemmas. Written without legal or complex jargon it clarifies legislation and how it applies to primary care.

Radcliffe Medical Press Ltd Tel: 01235 528820
ISBN 1-85775-417-4 £19.95

Cancer Research Campaign's Educational Pack for Doctors

By Drs Deborah Kirklin, Richard Meakin, Margaret Lloyd and Surinder Singh

The pack, which is based on a pioneering new course run at University College London, includes the late John Diamond's book, *C: Because Cowards Get Cancer Too*, as essential reading to help doctors feel empathy for patients with cancer.

Further information from CRC on 020 7487 3768 or 0836 229208.

New Beginnings: Towards patient and public involvement in primary health care

Edited by Stephen Gillam and Fiona Brooks

Case studies show the impact user involvement can have on primary care. Essential reading for health professionals and managers, it will also be of interest to lay board members and service users who want to have an effective voice in health care decision-making and service planning.

Available from the King's Fund Bookshop on 020 7307 2591 ISBN 1-85717-439-9 £14.99