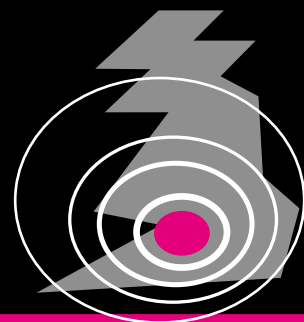


# PRIMARY CARE NETWORK



Making YOUR PCG & PCT work

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## Health and Social Care Act creates confusion over future of Care Trusts

**Last minute changes to the Health and Social Care Bill over compulsory government powers to set up Care Trusts will not be restored. Although outgoing government ministers pledged to reverse amendments on clauses on patient representation and the abolition of community health councils (CHCs) once they were returned to power, the Department of Health said that no such commitments have been made in relation to Care Trusts and ministers 'would look for other means' to achieve their objectives.**



Lynn Young

Despite the publicity given to the fight to retain CHCs, the continued dispute between the government and organisations such as the Local Government Association (LGA) over the development of Care Trusts is likely to have greater implications for primary care boards. By giving up compulsory powers to establish Care Trusts the government has lost one of the most important sanctions over local health and social services which are perceived to have failed to establish effective working partnerships.

The continued tension over Care Trusts could threaten the implementation of the formidable policy agenda including intermediate care and implementing the National Service Framework for Older People which are highly dependent on very close collaboration between health and social services. In addition to the organisational difficulties there may also be confusion over charges for delivering intermediate care.

Lynn Young of the RCN said that Care Trusts were the prime organisations to deliver seamless care. The dilemmas were how to deal with organisational issues and charging. The decision to charge for personal care would create futile organisational debates over problems around deciding what people should be charged for. Reversing the decision to charge for personal care would 'resolve everything' she said.

Ms Young acknowledged local government anxiety over the way that services would be jointly managed under Care Trusts. 'How do you expect both parties to agree when the organisations will have NHS in the title?' she asked.

'The idea is so right in terms of seamless care and it makes sense in terms of delivering

initiatives such as the National Service Framework for Older People. It did not make sense as far as the organisational arrangements and the lack of clarity over charging' she said.

Dr Michael Dixon of the Primary Care Alliance thought the NHS should be concerned with delivering healthcare before talking about Care Trusts. 'I think we are in danger of losing the plot' he said.

Before health could talk about working with social services it needed to demonstrate that it could work with itself, he added. Developments such as all PCTs working with unified health budgets and all health professionals working with each other could take maybe five to ten years.

'It is premature to start talking about Care Trusts at this stage. We first need to get PCTs working effectively otherwise there is a danger that we would carry the muddle through' he said.

Nigel Edwards of the NHS Confederation said that the important thing was good working relationships between health and social services rather than structural changes.

A lot of people in the Health Service think that organisational change will be a panacea or a  
**continued on back page**

## EDITORIAL COMMENT

The election over, NHS managers and health professionals as well as patients' representatives will be watching carefully to see that the government now delivers its promises on health over the next four years. Delivering the NHS Plan on Care Trusts is another matter, following failure to get the necessary legislation through parliament to enable them to be set up. It may well have a detrimental effect on intermediate care and implementing the NSF for Older People as some organisations fear, or it could focus minds on getting PCTs to work effectively, as others suggest.

PCTs need strengthened management capacity to drive change and modernisation, Janice Miles, NHS Confederation Policy Manager argues in her Opinion article on page four, pointing out that partnerships are no longer an 'add on'. And Dr Satinder Badyal reveals how partnership with a local school is helping to improve teenage health and will hopefully reduce teenage pregnancy rates (see page three). Partnership is also a theme in Rob Greig's article on *Valuing People*, the government's recently published White Paper on learning disabilities (see page two). PCN would like your views and news on all these topics.

**Jenny Sims, Editor**

NEWS IN BRIEF

**Lay members wanted**

Primary Care Network is seeking to recruit new PCT and PCG lay members to our panel of readers who provide us with regular feedback on each issue. If you are interested please email the editor: jennysims@compuserve.com for details or telephone Becky Perry, Medical Management Services, on 01225 333711.

**30th June deadline HAZ fellowships**

A third wave of Health Action Zone (HAZ) Fellowships has been launched focusing on cancer, winter and emergency pressures and waiting lists/times. Fellowship status gives staff the opportunity to be seconded out of their posts for six months (or equivalent part-time) to develop new ideas or implement innovative services they have developed. Guidance on how to apply has been sent to HAZ project managers. The deadline for applications is 30th June. Further information at <http://www.haznet.org.uk>

**Green light for nurse prescribing**

Health minister Lord Philip Hunt has given the green light for more nurses to prescribe a wider range of medicines including:

- Minor injuries such as burns, cuts or sprains
- Minor ailments such as hayfever or ear infections
- Promoting healthier lifestyles/ providing vitamins for women planning pregnancy, and
- Palliative care.

The first nurses to be able to prescribe this broader range are likely to complete training in Spring 2002.

**Patient Safety Agency**

A new agency is to be set up to boost patient safety in the NHS. The National Patient Safety Agency will run a mandatory reporting system for logging all failures, mistakes, errors and near-misses and ensure that lessons are learnt and spread throughout the health service. Details can be found in the report, Building A Safer NHS For Patients, available on the internet at [www.doh.gov.uk/buildsafenh](http://www.doh.gov.uk/buildsafenh)

**Review role of non-execs**

The NHS Confederation Council agreed to press government to review the role of non-executive directors in the NHS. The confederation's policy paper *The role of non-executives in NHS authorities and boards* is available at [www.nhsconfed.net](http://www.nhsconfed.net) in its council papers.



# Primary Care and the Learning Disability Agenda

*'Because mainstream health services have been slow at developing the capacity and skills to meet the needs of people with learning disabilities, some NHS specialist learning disability services have sought to provide all encompassing services on their own. As a result, the wider NHS has failed to consider the needs of people with learning disabilities. This (the development of mainstream competence) is the single most important issue that the NHS needs to address for people with learning disabilities'*

*'For most people, GPs, practice nurses and other members of primary care teams provide the main contact with the NHS. In future, we expect this to be the same for people with learning disabilities.'*

These quotes are taken from Valuing People, the Government's recently published White Paper on learning disabilities. It presents a radical agenda for public services as a whole, but in particular for the NHS. The evidence of poor general health amongst people with learning disabilities persuaded the Government that a radical overhaul was needed of the focus of NHS work.

A year ago, the Department of Health part-funded the Community Care Development Centre (CCDC) to undertake a three-year project concerned with this very issue. Specifically, the objective is to help understand how to support Primary Care Trusts, and through them primary and mainstream services can become positively engaged in the learning disability health agenda.

Central to this project is work with twelve pilot sites. (See Box 1).

CCDC are working with each site on a locally defined programme of action. The themes and learning that emerge from this work are then taken into National Network meetings and informal links between the sites are pursuing a number of areas of common interest. (See Box 2).

An initial discussion paper has identified seven broad challenges in engaging mainstream health services in this agenda, with 26 specific issues within them. These are being used as the basis for designing development and action plans within each site. The broad themes are:

- The role of the PCT in the wider partnership arrangements
- An understanding of and use of the evidence base
- Primary/General healthcare's knowledge of and interest in learning disabilities
- Linking the mainstream agenda of the PCT/primary care to the health priorities of people with learning disabilities

**Box 1. National Pilot Sites for the PCT/LD Project**

- Manchester
- Kirklees
- Durham and Darlington
- York
- Birmingham
- Brentwood
- Peterborough
- North Somerset
- Hampshire (part)
- Bracknell
- Barnet
- Hammersmith and Fulham.

**Box 2. Common Interest Work Themes**

- Supporting people to use primary care effectively
- The costs and quality of prescribing
- Positive health as part of person centred planning
- Care pathways
- Training and education for primary care personnel
- The impact of strategic reconfiguration
- The evidence base on the health of people with learning disabilities
- Information systems and strategies
- Clinical governance
- Dentistry.

- The specialist learning disability field's knowledge and awareness of general health issues
- Changing traditional working practices to improve access and equality
- The development of a strategically coherent programme of work.

Underpinning this is the key question of what are realistic expectations of a hard-pressed primary care system. The paper describes this as:

'Mainstream health services are being asked to work in partnership with specialist services to help achieve this (positive health outcomes) in order that they can ensure equitable health provision for people with learning disabilities by strengthening and developing their: (i) knowledge of the additional health conditions and risks faced by people with learning disabilities (ii) understanding of the communicative issues involved, and (iii) knowledge of and links with the specialist learning disability resources that they can call upon for additional support.'

If you would like a copy of the discussion paper, or further information about the project, please contact:

**Rob Greig**  
 Director, Community Care Development Centre  
 Institute for Applied Health and Social Policy  
 King's College, 5th Floor, Waterloo Bridge Wing, 150 Stamford Street, London SE1 9NN Tel. 0207 848 3770

## HIMP & CHD Awards of Excellence - Hit a new record

This years PCN & University of Durham HIMP Award for England and the CHD Awards for Scotland & Wales have achieved a record response. Nearly 20% of Health Authorities have submitted entries for the English HIMP. The panel of judges will be reviewing the entries this month so the winners can be announced in July. The winner of the English HIMP will be presented with their Award by the Health Minister and Dr Roger Boyle, the National Director of Heart Disease at this years NHS Confederation Conference in Manchester on Wednesday July 4th.



# Promoting teenage health in a comprehensive school

Dr Satinder Badyal, a County Durham GP, describes a local initiative to promote teenage health and reduce high teenage pregnancy rates.

**The idea for liaising with our local secondary school came at a condom launch meeting. Targeting the increasing problem of teenage pregnancies in our area, the aim was to introduce these condoms into local GP surgeries. I was concerned that unless we actively promoted our practice to the local kids, the condoms would not be accessed by this age group.**

We are a four and one half partner rural practice in Weardale, County Durham. Our incidence of teenage pregnancy is above the national average. As the only female (part-time) partner I already had some dealings with local teenage girls through our family planning clinic.

I was always interested in liaising with our local secondary school as a way of promoting preventative health care to a population with low attendance at surgery. Growing concerns regarding childhood obesity, eating disorders, depression, substance misuse, pregnancy and sexual relations suggest this group may remain under-targeted by GPs and other health professionals. I suspected this was probably a reflection of a lack of understanding by teenagers of the appropriate use of local health services and possibly their concerns regarding approachability and confidentiality. Approaching them in person seemed the most direct way of relaying relevant information and assessing their needs.

Having liaised with the school's biology teacher, school nurse and Dales PCG health promotion department I decided to:

- Hold an event where all children aged 13 to 14 years could be targeted in one day to avoid misinformation passing to subsequent groups, and to create an instant buzz.
- Prime the children the week before with a simple questionnaire based on current perceptions of topical teenage health problems.
- Prime parents the week before with a letter and information leaflets from myself, outlining the aims and content of the one-day programme. This was with a view to avoiding any misinterpretation of the day's event; and to use it as an opportunity to educate

## Government steps to reduce teenage pregnancies

Teenage conception rates have fallen seven per cent among under 16s and four per cent in under 18s since 1999, according to recent Office of National Statistics figures.

Public health minister Yvette Cooper said the figures were encouraging but remained 'far too high.'

The government is soon to launch a new initiative to involve teenagers themselves in new campaigns and advice services to prevent teenage pregnancies.

It is also to publish national guidance on programmes such as peer mentoring and strategies to involve teenagers, both boys & girls, in local projects.

parents regarding the statistics surrounding key controversial topics: including drug and alcohol abuse, teenage sexual habits, depression, obesity, and eating disorders.

■ Bring in 'Role Play North' actors to set the scene with an interactive play. The idea behind this approach was to maintain audience interest; encourage participation and embed the most useful information.

■ Follow on with short talks from relevant local health professionals. The common theme was: to promote what we do; emphasise our approachability and establish the importance we all place on confidentiality.

■ Encourage follow up from the event by providing a bag full of useful teenage orientated health promotion leaflets for each child, as well as our own teenage-orientated practice leaflet. These would include contact numbers, surgery opening times and website numbers covering relevant teenage health issues. (We intend to incorporate the teenage leaflet into our main practice leaflet).

The 'Role Play North' actors were funded by our local PCG. They had previous health authority experience working on, for example, smoking cessation projects, and providing patient role-play scenarios for GP trainers.

The story we used was based around a 13-year-old virgin having sex with her 13-year-old boyfriend; subsequently being dumped and having sex on the rebound with his best mate, whilst drunk at a party.

After a short break, five health profes-

sionals: our two practice nurses, health visitor, midwife, adolescent psychiatric nurse and myself, gave short presentations. My colleagues outlined their job descriptions and were surprised at how misinformed the teenagers were. For example, they thought our 'practice' nurses were trainees and that midwives primarily gave injections. In my presentation I explained the steps required to make an appointment and our commitment to confidentiality from reception and health staff, and emphasised our approachability and the varied services we offer, from dealing with acne to eating disorders and contraception.

Asked where they would prefer to access health care, the overwhelming response was for a weekly lunchtime drop-in service at the school. As a result, we are planning to set this up shortly as a nurse-led weekly school service. I will be available at surgery during this time for prescription queries, emergency contraception or to offer advice on any urgent queries. Our nurses will be able to perform pregnancy tests, advise on contraception and provide information on asthma regimes. They will also supply the condom card service but not the condoms themselves. Teenagers will need to collect these from our surgery reception on presentation of the card. The school nurse is happy for us to run these additional services alongside her own.

As a result of this health promotion project the profile of our surgery has been raised, teenagers have been made aware how we can meet their needs, and three other comprehensives in another town are planning to run similar schemes.

We now hope to run this programme on a yearly basis, possibly covering more years and including the Sixth Form College.

(For further information contact Stanhope Health Centre, telephone 01388 528555)

A conference organised by Professor Ruth Chambers, Leader of Teenwise, entitled "Effective ways to reduce teenage pregnancy rates" is to be held on the 19th & 20th June at Staffordshire University, Stoke-on-Trent. For more details please telephone: 01782 294019

## LETTER

In response to PCN's May article by Nick Reeves on appointments to NHS Trusts, while I understand the need for change and the introduction of new blood over a period of time I question whether some people appointed are truly representative of the wider public of which we are all part.

Appointed to a PCG in 1998 for a term of two years my role finished in March this year with the

advent of a PCT. In August last year I applied and was interviewed by three members from Regional Office for a position on that Trust and also for other NHS Trusts as they become available. Some months later I was informed that my name was included on the list for such appointments.

In March I learned that two people only had been appointed non-executives of the new Board and the remainder were still being considered. The only way I discovered that I was not part of the new PCT was some

time during April when I discovered on the Internet the names of the remaining people.

The GPs on the original PCG (five of the original seven are now part of the Executive Committee) had little awareness and even less experience of facts and areas of life outside of the NHS and health and the need for involvement of more non health professionals was obvious. I still hope there will be a role for me in the future but if the present situation is typical I fear it is unlikely.

(Name and address withheld on request)

continued from front page

magic bullet that will change everything' he said.

Mr Edwards was also more concerned about the current workload for PCG/PCTs which he said was 'far outstripping the managerial resources at their disposal'. There are serious questions about whether they can deliver all these tasks he said.

Mr Edwards added that because the NHS Confederation was so concerned about the disparity between workloads and resources it was launching an investigation into how PCGs were currently coping. He said they would be interested to hear from any members of PCG/PCT boards about their capacity to carry through their workloads.

The government climbdown over patient representation and the abolition of CHCs will almost certainly be reversed at the earliest opportunity. This might still take some time as it would have to jostle in the queue for early legislation in a new parliament. This could mean much of the government's patient participation agenda could be placed on hold for several months and unless further changes are made would still include Patients' Councils in every NHS body. One initiative not held up is the development of Patient Advocacy and Liaison Services (PALS) which does not require legislation to move forward.

The other Health and Social Care Bill concessions were over the use of information. The government withdrew clauses enabling it to control the use of anonymised data by pharmaceutical companies after it received assurances from the industry over the use of the data. There was however, no government climbdown over the use of confidential patient information where it was in the public interest such as being used for cancer registries.

Stephen Halpern



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## OPINION

**Partnerships are no longer an 'add on' but PCTs need strengthened management capacity to make them work, says Janice Miles, NHS Confederation Policy Manager.**



The concept of partnership has become a cornerstone of a range of recent shifts in policy aimed at modernising institutions across the whole field of civil and public life. It is one of ten core principles for the NHS established by the NHS Plan and new partnership arrangements are a central feature of the new health and social care policy landscape.

The same preoccupation with the development of effective partnership arrangements can also be seen in the areas of crime, education, legal services, housing, regeneration and community development, skills and workforce development.

For many people working in primary care, partnerships focused on the commissioning and provision of services to ensure a more integrated approach for users of services will be familiar, particularly through the use of the flexibilities in the Health Act 1999.

The NHS Plan set out a much stronger role for the NHS in reducing inequalities and social exclusion through joint working with local government and other local agencies.

There have been a number of initiatives which are focused on improving peoples' lives and so enhancing their overall level of health. These include Health Improvement Programmes, Health Action Zones, Supporting People, Neighbourhood Renewal and Local Strategic Partnerships.

Primary care organisations should be involved with the development of the local health improvement programme and depending on the area may be linked into a Health Action Zone. The Supporting People initiative, which aims to bring major improvements in the quality of housing related support services for older people and other vulnerable groups is getting off the ground now. There are also implications for the primary care in the recently published Neighbourhood Renewal Action Plan.

Local Strategic Partnerships are to be the overarching local co-ordination framework. Their purpose is to enable local stakeholders to address issues that really matter to local people. LSPs will prepare and implement both community and neighbourhood renewal strategies and rational local partnerships. Guidance from the DoH stresses that NHS and social services plans, including HImPs, need to be developed alongside local authorities' community strategies and integrated within LSPs.

Partnership is therefore no longer an add on in policy and service development but the fundamental characteristic of the public sector modernisation endeavour. This holds out the promise of exciting and radical developments which will significantly transform the experience of those who use or work within public services. BUT as new structure and systems struggle to impose themselves on the legacy of old arrangements, there is certain to be some confusion at local level.

Finally PCTs need strengthened management capacity to drive this and other much needed change and modernisation, and to engage the enthusiasm and skills of hard pressed staff in the partnership agenda. However, the ambitions for PCTs are rapidly outstripping the management capacity to handle that agenda.

**For further information:**

<http://www.supportingpeople.detr.gov.uk>

<http://www.regeneration.detr.gov.uk/neighbourhood>

## PCG TIPS: Books and reports

**Harnessing Health Libraries** By Bruce Madge

From the Harnessing Health Information series it shows the reader how to find the exact article quickly and efficiently. Fully referenced, it includes handy information such as acronyms with full descriptions and the available search tools. It looks at how novice users can find information in a straightforward and friendly way.

Available from Radcliffe Medical Press Tel: 01235 528820 £17.95

**Medical Humanities: A practical introduction**

Edited by Deborah Kirklin and Ruth Richardson

The authors say their aim is to encourage fuller understanding between patients and those who care for them. They show how the use of literature, art, film, creative writing, drama, medical history and philosophy in medical education can improve understanding of the human impact of illness.

Available from the Publications Unit of the Royal College of Physicians Tel: 020 7935 1174 ext. 358 Price £19.50 inc. p&p

**Nurse-led Primary Care**

**Learning from PMS pilots** By Richard Lewis

Personal medical services (PMS) pilots in primary care have been an opportunity to do things differently. This report explores the experiences of nine pioneer nurses. Against a background of the development of PMS and the evolution of nursing roles in primary care, it analyses data collected through two focus groups of nurse leads. The nature and characteristics of nurse-led pilots are described and the nurses explore their value systems, model of care, and relationships with other professionals and hospital services.

Available from the King's Fund Bookshop Tel: 020 7307 2591 ISBN 1 85717 447 X £5.99 +59p p&p

**Clinical governance - a practical guide for managers** By Lesley Hallet and Maura Thompson

This book and CD-ROM toolkit has been produced by the publishers of Health Service Journal in conjunction with the NHS clinical governance support team. Reflecting the NHS CGST development training, it is divided into easy-to-follow, logical chapters, including: clinical governance in context, creating a new culture, project planning, securing quality improvement gains and ensuring a learning organisation.

Published by EMAP Public Sector Management. To order the toolkit (ISBN 1-903369-06-1, unit price £85) contact BMS, Tel: 01483 303017.