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Ambitious HImP award winner Sheffield sees 'the big picture' on coronary heart disease

Sheffield Health Authority beat a record number of entries to win the Primary Care Network and University of Durham's 2001 HImP Award of Excellence by preventing 100 premature deaths from coronary heart disease in a year and providing 2,500 more patients with preventive cardiac care.



Clive Johnstone, James Barbour, Kathryn Riddle, Lord Hunt, Dr Charles Price, Mike Mallinson and Professor Hunter

The Sheffield HImP also resulted in a 5% rise in people from deprived parts of the city getting revascularisations and showed many improvements in services.

These included speeding up the arrival of ambulances, providing psychology services to people following heart attacks, setting up new smoking cessation services and providing home insulation for cardiac patients. In addition, all general practices in Sheffield began a systematic approach to delivering preventive services.

The panel of judges chaired by Prof. David Hunter of Durham University, comprised most of the PCN Editorial Board & Geof Rayner, chair of the UKPHA, and Dr Roger Boyle, National Director of Heart Disease, said Sheffield's entry:

- Had evidence of strong and real partnership working with a good range of stakeholders
- Was very ambitious with a clear idea of the bigger picture
- Was comprehensive with a systematic, targeted approach on GP practices with above average prevalence of CHD
- Had impressive use of statistics and graphs that were clear and easy to understand.

Congratulating the winners on their 'remarkable achievement' health minister, Lord Hunt, presenting the award at the NHS Confederation's Annual Conference in Manchester, said:

'Part of the government's philosophy is to recognise achievement and say a "big thank you" to people who have worked hard and really gone the extra mile. I am absolutely certain this

will have a real impact on the people of Sheffield – which ultimately is what HImPs are really all about.

'HImPs are vital to implementing not only the NHS Plan but the all important National Service Frameworks which ensure standards of care across the NHS, so I am pleased to see that this year's award is around implementing the NSF for Coronary Heart Disease. This will underpin and reinforce the work of the Department and the NHS in providing the best possible care for patients with coronary heart disease.'

Lord Hunt said he had been to Sheffield a couple of times over the last year or so to visit the Health Action Zones which he found very impressive. Some of their innovative schemes such as the First Steps project for helping people with mental health problems find work, were very exciting.

He said: 'It is very important that we demonstrate the importance of the HImP process. We all know that the history of the NHS is to have strategic plans at one level which are disconnected to action and annual programmes of finance. I don't think with hand on heart we could say we've got the process right with HImPs yet, but we are moving in that direction. It does allow the essential public health elements to be brought into consideration alongside health service provision elements and of course the wider partnership with government and other key stakeholders.

'The challenge we still face is connecting that into agreed action linked to resources so that you actually can begin to see how HImPs really do shape change and improvement for the local community. It's clear Sheffield have gone further down that route than many people have. It's very good they've been recognised for that. It's also good that this award ceremony is not the end but the beginning because part of the whole programme is for Sheffield to be able to share their experience with other parts of the country, and I think that's a very important aspect of those schemes.'

Professor Hunter, said: 'The HImP has evolved quite a bit over the last three years and is about to undergo further repositioning in relation to what will happen in the new NHS, but HImPs are going to survive and we will continue to make an award annually.'

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NEWS IN BRIEF

Website for non-execs

Launched by Sir William Wells, chair of the NHS Appointments Commission at the NHS Confederation's annual conference, Nexus aims to help non-executives get up to speed quickly with the policy agenda and management issues and understand the 'bigger picture' of modernising public services. A key feature is the 'link' database allowing them to search for others with similar interests and experience. It will also help them to network with 'old hands' for advice. Sir William has also drawn up draft guidance on the appointment of non-executives. www.nhsconfed.net/nexus

Welcome pack for non-execs

Chairs and non-executives must be encouraged and supported said Dianne Jeffrey, NHS Confederation chair, speaking at the launch of a 'welcome pack' for non-executives at the NHS Confederation's annual conference. The pack includes a modern description of their role.

Free nursing care

Draft guidance on implementing free nursing care for elderly people in all settings in England from 1 October has been issued for consultation by health minister Jacqui Smith. Three cost bands based on the levels of nursing care are proposed. Implementation will be overseen and managed by lead nurse co-ordinators drawn from PCTs or Health Authorities. Available at www.doh.gov.uk/jointunit/freenursingcare

Important Series of FREE Meetings for ALL PCOs

With the abolition of local HAs, the DoH is committed to empowering PCOs to implement change and the NHS Plan. For effective and sustainable change to take place grass roots involvement from clinicians, managers and other stakeholders must take place. MMS are therefore organising for the DoH and the NHS Alliance a series of special meetings during September and October throughout the country. They will provide time out for you and colleagues to work together and develop an action plan for improving a service of YOUR choice. They will also help those PCGs becoming a PCT. The meetings are planned in the following regions for: South West - 13 Sep, West Midlands - 20 Sep, North West - 10 Oct, Northern & Yorkshire - 17 Oct, London - 25 Oct, Trent - 30 Oct, Eastern - 31 Oct. For further information please phone Clive Johnstone on 01225 333711.



Lord Philip Hunt



Professor Hunter

Continued from page 1

'HImPs remain important in the government's overall policy objective of improving health, and in particular, narrowing the health gap between different social groups. It's easy to forget that in light of all the re-organisation that's going on in the NHS, but the HImP is a very important glue and lubricant keeping the health service and other partners engaged in the important business of improving

the health of their local communities. The award is an attempt to recognise the considerable effort and energy that goes into producing the HImP each year.

'We have changed the criteria for the HImP as the years have gone by and this year we have reflected the emphasis on coronary heart disease since that is a key government priority through the NSF.

'We are pleased to report, as ever, an improving standard of entry and we have a record number of entries which is encouraging, particularly when there is a view that HImPs have lost their place in the scheme of things, and we are delighted that doesn't appear to be reflected in the number of entries we have received. There is still a lot of enthusiasm around for HImPs and that is encouraging. There is, interestingly, considerable variation among HImPs in relation to how they are presented, the language they use, style and so on, which makes the judging interesting, but there is no doubt that on this occasion we had a clear winner, and there was consensus among the panel of judges that Sheffield was undoubtedly the outstanding winner.

'We adopted two principal criteria in making the judgement. The first was that the HImP had to demonstrate it had achieved at least two of its targets for CHD and had clear plans to build on that success in the future.

'The second was that the HImP must demonstrate that it's successfully developing an integrated approach to primary and secondary prevention in CHD, that interface being quite critical to the NSF generally. It also had to demonstrate partnership working across health, local government and other agencies.'

Michael Mallinson, Head of Health Service and Policy Communications, Merck, Sharp & Dohme, said: 'MSD is proud to have sponsored these awards since they began in 1998. The principal objective of Health Improvement Programmes is to tackle health inequalities and narrow the health gap between rich and poor.'

'The award has evolved to reflect health policies. We are pleased to support the award because we believe we can play a facilitative role in encouraging autonomy and innovation at a local level. I think Sheffield have demonstrated, as clear winners, that they have that as an ambition, local partnership working across the total local health and social care economy is something they strive for. It is a very ambitious HImP. It's very well integrated, it's comprehensive, it's systematic. It's targeted at primary and secondary prevention and it has totally engaged all of the GP practices.

Kathryn Riddle, chair of Sheffield Health Authority, said: 'I am absolutely pleased and

Why Sheffield won and devolution to PCTs

Dr Charles Price, Consultant in Public Health, & John Soady, CHD Project Manager describe briefly the factors they believe contributed to achieving their targets and how CHD programmes will be handed over to PCTs.

Got off to a good start

Sheffield began to develop action on CHD a year before the NSF was published. PCG boards gave excellent support and prioritised work on registers.

Targeted funding

A Health Action Zone funded the establishment of a City-wide Initiative for Reducing Cardiovascular Disease (CIRC) programme aimed at developing the capacity of primary care to provide complete packages of preventive care.

PCT based multidisciplinary teams

The CIRC programme has established, through PCG/Ts, multidisciplinary teams to improve care for people with CHD.

Additional investment in secondary care

Rapid access services have been expanded, new diagnostic equipment purchased and an open access echocardiography service set up which have markedly improved access to secondary care diagnosis and treatments.

Handing over to PCTs

A process of devolution of HImP and public health functions has already begun, with health promotion and public health staff having been transferred to PCTs. Each PCT has an attached public health consultant. In these new working arrangements some of these functions will be located within one PCT with a city-wide remit across all four PCTs. Each PCT will be putting in place a director of health improvement and partnership.

delighted to receive the award. On behalf of Sheffield Health, Charles Price, his CHD Implementation team, all the doctors and nurses, PCT and other staff who are providing services to people with heart disease and our partners both inside and outside the NHS. It's a wonderful success story for Sheffield.

'We are able to report solid progress since we began our implementation of the National Service Framework in March last year.'

However, Ms Riddle said there were no grounds for complacency, adding: 'Sheffield still has some of the highest rates of heart disease in Western Europe and heart disease is more than twice as common and causes twice as many premature deaths in some parts of the city than in others. We have made an excellent start with the finest year of our heart disease programme and with the continued support of our partners and the people of Sheffield we intend to make the next nine years even better.'

*The HImP Awards of Excellence are organised by the publishers of Primary Care Network, Medical Management Services in association with the NHS Alliance, BMM, UKPHA and the RCN.

Report from Connecting: The NHS Confederation's 2001 annual conference

'Sleeping with the enemy? The relationship between the pharmaceutical industry and the NHS'

Chairing the session, Professor Peter Noyce, chair in pharmacy practice, Manchester University, said because of 'some irritation' between the industry and government at the end of 1999 largely over the establishment of NICE, the prime minister set up a task force to look at partnership between industry and government. The Pharmaceutical Industry Competitiveness Task Force published its final report in March this year.

Issues of interest in the summary included:

- industry involvement in NSFs
- the potential for the industry and the NHS to work together to improve research into medicines ie greater availability of patient information
- a drug task force on concordance, and
- developing a market for medicines outside the NHS.

Keith Houghton, on secondment to West Midlands Regional Office, giving a national picture, said historically there had been inherent mistrust between the industry and NHS managements. 'The challenge was to get away from that. We have to identify the common aims together.'

He said partnerships got off to a bad start at a time when the government wanted to introduce cash limits and it was clear there were appalling differences in prescribing.

However, claiming there had been too much emphasis on prescribing, he suggested in future it might be possible to take prescribing away from GPs, leaving it to pharmacists and nurses to do electronically following the GP's diagnosis.

Many PCTs were involved with the pharmaceutical industry locally in medicines management. On a personal level, he had once written to pharmaceutical chief executives asking how they might advise him on helping to cut a drugs budget by £3 million. Meetings and relationships were at first 'uncomfortable' but partnerships developed.

David Panter, chief executive, Hillingdon PCT, said he had formerly been seen as 'tainted' by the DoH because of his pro-industry approach, which was strange considering the government's encouragement of NHS chairs and chief execs to foster partnerships.

He said he and his colleagues couldn't serve the health needs of their local population unless they had good partnerships with a range of organisations including the pharmaceutical industry. But clear protocols and policies were in place. They had a website describing which pharmaceutical partnerships they were involved in and why.

'We do want to engage with the industry in areas such as our approach to delivering the

targets within the National Service Frameworks, but we will do that in a collective way with the industry. The basis for that is we now have a quarterly forum for the industry to come into Hillingdon to hear about our plans for developing the HImP etc., see whether there is synergy and whether we can work with the industry. In the early days those were very difficult meetings, with 50 or 60 representatives of different companies sitting together.' But out of the meetings have come a whole range of projects.

He also felt it important to have good relationships with the pharmaceutical industry as he ran a business with an annual turnover of £220 million, at least 15% of which was spent on drugs, and he had a duty to see that it was spent effectively.

Mike Wallace, Association of the British Pharmaceutical Industry, said the reason the industry was regarded as the enemy was because it was constantly measured by profit not by the benefits it brought to patients.

He said: 'Partnership is easy to say and hard to do. Its success requires hard work and constant endeavour. It also requires clarity about the terms of the relationship.'

But looking at other industries, close working partnership co-operative arrangements were common. 'Airline manufacturers work with engine manufactures. They work with the airlines, they even work with passenger groups to design new airlines. In the car industry the same happens. If it works in other industries surely it can work in ours.'

He added: 'We still feel selection of products for NICE should involve the industry because we feel we can contribute to that discussion. We feel there should be industry representation on the therapeutic assessment group which makes recommendations to NICE.'

'We feel there are examples where we feel things have gone wrong just as the NHS might think things have gone wrong. I'm happy to say there are far more examples of where things have gone right. The Pharmaceutical Industry Competitiveness Task Force (PICTF) is an example.'

He said the report itself was longer on declarations of intent than actions but there was now a clear understanding of what needed to be done and in some areas like animal testing and clinical research, real progress has already been made.

'But PICTF is an ongoing process it is not a one-off report, it and we on the industry side are determined it will not gather dust here is a clear example of partnership working, hardly "sleeping with the enemy"' he suggested.

Strong partnerships win Welsh Award

Ynys Môn Local Health Group (LHG) has won the first Primary Care Network and University of Durham Award of Excellence in CHD for Wales.

Presenting the award at the launch of the Welsh National Service Framework for Coronary Heart Disease in Mold, Jane Hutt, Minister for Health and Social Services, Children and Justice, National Assembly for Wales, said: 'Coronary heart disease is the major cause of premature death in Wales with one in five adults being treated for the disease.'

'The Ynys Môn scheme shows what can be achieved in tackling this disease through partnership. Congratulations to all those involved.'

Dr Gillian Todd, Director, SHSCW, NSF Implementation Plan Project Leader, jointly presenting the award via video link, said: 'The work done on Anglesey is of particular importance because it has shown how a group of General Practitioners can work together to achieve a lot in a very short period of time.'

The panel of judges included the PCN Editorial Board, Professor David Hunter, Chair of the Panel, Professor of Health Policy and Management, University of Durham and Council Member of the UKPHA, Dr Gillian Todd, Director, SHSCW, Dr Anthony Calland, GP & Chairman GPC Wales BMA, and Paul Barnett, Chief Executive, Ceredigion and Mid Wales NHS Trust.

The judges said Ynys Môn's entry:

- Was very clear and well presented
- Had evidence of strong and real partnership working in their primary and secondary prevention programme
- Had clear measurable targets.

Dr Medwyn Williams, GP and Clinical Governance Lead on behalf of Dr William Roberts, Chairman of Ynys Môn said: 'On behalf of Ynys Môn LHG I want to say how very pleased we all are to accept this important award. Winning first prize reflects the hard work, dedication and effort that has been made by all members of the LHG team.'

'We consider that we have succeeded in formulating a plan which will address the problem of Coronary Heart Disease in North West Wales and which has been adopted as the National Service Framework. We have already seen benefits to patients as a result of our work. We are grateful to Merck Sharp and Dohme for sponsoring the award.'

Bernard Holton, Health Care Development Manager, Merck Sharp & Dohme, said: 'I am extremely pleased to be here at the presentation of this award. Ynys Môn has demonstrated how important it is to have all organisations working together to develop an integrated approach to primary and secondary prevention. We, at MSD, hope we can play our part in helping establish such partnership working'.

Scottish Award

Borders Health Board has won the Scottish Award of Excellence. Details in next issue of PCN.

A new contract for GPs

Health Secretary Alan Milburn has opened the door to a new contract for GPs. Speaking at the NHS Confederation's annual conference in Manchester he said: 'The BMA, the NHS and the Government all want to see a new contract for GPs. I have come to the view that the process of negotiation will be helped if the NHS rather than a government department or government minister speaks for the employers side of the table. I have therefore asked the NHS Confederation if it would lead the negotiations.'

Stephen Thornton, Confederation chief executive, said: 'Agreeing a new contract is vital to improve the quality of service provision to patients and to help restore GP morale. We can see the potential benefit of putting in the driving seat of negotiations on the employer side those who actually manage primary health care on the ground. This could well be a radical step to overcome the current delays in the negotiations.'

On the difference the contract should make to patients, he said: 'It must recognise and reward high quality modern services. It must help us achieve a more flexible, accessible primary care service which would begin to address capacity and workload issues. It must enable GPs and Primary Care Trusts (PCTs) to tailor services better to meet local needs and develop more flexible staffing arrangements. It must help restore GP morale through a new contract which reflects quality, not the past obsession with quantity.'

On how it would approach the task, Mr Thornton said: 'We would draw on the very best of NHS management to lead the process. There is huge expertise out there. We would work in partnership with our member Primary Care Trusts who have direct experience of the issues.'



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Primary Care 'hamstrung' by funding controls says survey



Dr Michael Dixon

Primary Care is hamstrung by blockages in the funding system and by rigid controls on how it spends money allocated to it, according to an NHS Alliance survey into how unified budgets are working.

Nearly half (47%) of the 404 PCGs/PCTs and 43% of the 98 Health Authorities in England responded to the survey requested by Health Secretary Alan Milburn. But a minority of PCGs/PCTs disagreed with their Health Authorities over the amounts they said were delegated to them, in some cases by as much as 40%.

Alliance chair, Dr Michael Dixon, commented: 'Whatever the reason for the different views of Primary Care and Health Authorities, we cannot hope to achieve any worthwhile progress while there is such a huge chasm between them. How can government or professionals be confident they know what is really going on? How can anyone direct policy when there are two such different accounts?'

More than one in six (18%) PCOs said that less than 60% of the total budget allocated for their area was delegated to them. Of these, four are PCTs. Two PCTs and two PCGs said no money was delegated. Seven said less than 25% was delegated. All (100%) Health Authorities said 60% or more of the total allocation was delegated to PCG/Ts. Dr Dixon said the government's announcement that it would channel funding directly to Primary Care was an optimistic sign.

But he warned: 'We need action swiftly.'

On behalf of the Alliance, he has written to the Health Secretary urging him to implement direct funding as soon as possible. He also asked Mr Milburn to 'make sure that every level within the NHS structure understands that decisions must be made at the frontline of the Health Service, not in remote committees who have no day to day contact with patients.'

Other key findings:

- All HAs (100% of respondents) said Primary Care (PC) had at least 'some' flexibility in spending decisions, and half said PCs had 'as much flexibility as necessary.'
- Half (52%) of the PCTs/PCGs said they had 'little' or 'no' flexibility.
- Three quarters (74%) of PCTs/PCGs said they had not been able to change the way patients received diagnosis and treatments, but two thirds (67%) of HAs said local PCTs/PCGs had been able to do so.
- Seven out of 10 (70%) PCTs/PCGs said they could not identify new resources, but seven out of 10 (71%) HAs said that they could.
- Most PCGs/PCTs (71%) and HAs (67%) agreed that overspend by hospitals were the main reason for restricting funds for family doctor and other primary care services.

The full survey is available from the NHS Alliance on 01777 869080, fax 01777 869081.

PCG TIPS: Books and reports

***The National Tracker Survey of Primary Care Groups and Trusts 2000/2001: Modernising the NHS?* Edited by David Wilkin, Steve Gillam and Anna Coleman**

This three year longitudinal survey of a nationally representative sample of 72 PCGs has been carried out by the National Primary Care Research and Development Centre (NPCRDC) and the King's Fund with DoH funding. Some PCTs and Health Authorities have also contributed. Its aims were to describe how PCGs/PCTs tackle their core functions, evaluate achievements against national and local policy goals and identify features associated with success.

ISBN 1 901805 18 2 Available from NPCRDC Publications Order Line on 0161 275 7126 or at www.npcrdc.man.ac.uk

***When Things Go Wrong in Primary Care – a workbook for medical managers* Produced by BAMM**

As a workbook and guide this is an easily accessible 'First Aid Kit' aimed at helping medical leads in PCTs/PCGs make sensible decisions about colleagues experiencing problems. The pack is in loose-leaf format so that it can be easily updated. It includes advice on decision-making, information on the essentials of an investigation and its conduct,

confidentiality and key principles and crisis guidance. Available from the British Association of Medical Managers on 0161 474 1141

Clinical networks - a discussion paper

By Nigel Edwards and Prof Sarah W Fraser

This is part of a larger NHS Confederation project to publish documents aimed at speeding up modernisation by promoting new and best practice widely throughout the health service. Nigel Edwards, Confederation policy director, said: 'We are very positive about the opportunities that networks provide for improving care. But applied unthinkingly, we could easily create a situation similar to the railways in the NHS, with services that don't fit together and have conflicting objectives.' Available on 0870 444 5841 £8.50

Prescription Cost Analysis: England 2000

National statistics about prescription items dispensed in the community in England during 2000 and their cost published by the Department of Health. A statistical bulletin detailing changes in dispensing between 1990 and 2000 is due to be published early August.

Available from the Department of Health on 08701 555 455 £12 or at www.statistics.gov.uk/products/p1426.asp