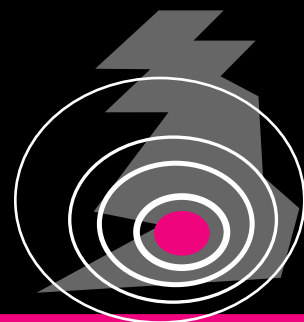


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*Creating Successful
Partnerships*

Government launches health inequalities consultation



Yvette Cooper

PCTs and PCGs are invited to respond to the government's newly launched consultation document *Tackling Health Inequalities: Consultation on a plan for delivery*.

The report sets out six priorities for addressing the national health inequalities targets promised in the NHS Plan. These are:

- Providing a sure foundation through healthy pregnancy and early childhood;
- Improving opportunity for children and young people;
- Improving NHS primary care services;
- Tackling the major killers, coronary heart disease and cancer;
- Strengthening disadvantaged communities;
- Tackling the wider determinants of health inequalities.

The consultation aims to build on existing government achievements on health inequalities by focusing attention on what should be done and how to get it done, building on existing good practice. The document therefore offers examples of a variety of successful programmes including Falmouth (disadvantaged communities), Shropshire (smoking), Coventry (teenage pregnancy) and North Cheshire (primary care).

Public Health Minister, Yvette Cooper, in her introduction to the report asked: 'What greater inequity can there be than to die younger and suffer more illness throughout your life as a result of where you live, what job you do and how much your parents earned?'

Ms Cooper promised the results of the consultation would inform the government's Cross Cutting Spending Review on Health Inequalities announced by the Treasury in June. The review will produce an implementation plan, due to be published in the New Year.

The consultation also invites views on a basket of indicators to help monitor progress across government and link with other relevant initiatives designed to achieve health benefit and reduce inequalities. It will:

- Identify where action is needed on inequalities through the use of equity, profiles and audits;
- Support the setting of specific local inequalities targets;
- Identify measure of success, nationally and locally, to support achievement of the national targets.

The report, *Tackling Health Inequalities* is a key part of the strategy to address national

health needs and a key strand of the government's modernisation programme designed to develop responsive, effective public services.

It is aimed at anyone with a responsibility for or interest in tackling health inequalities in the NHS, social services, local government, schools, the emergency services, community and voluntary sector organisations, academics, employers, trade unions, central and local government policy makers and regional agencies.

TARGETS

The national health inequalities targets – a core part of the consultation document – were announced by Health Secretary Alan Milburn in February. They are:

- Starting with children under one year, by 2010 to reduce by at least 10 per cent the gap in mortality between manual groups and the population as a whole;
- Starting with health authorities, by 2010 to reduce by at least 10 per cent the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole.

The consultation process runs until 9 November 2001. Send responses to: healthinequalities@doh.gsi.gov.uk.

Regional workshops to support the consultation process, organised by the Health Development Agency, are being held throughout September and October. For details call Jeff French at the HDA on 020 7413 1926.

The DoH also published its public health report *From Vision to Reality* on the same day as the inequalities consultation report. It highlights the progress in public health since the publication of the White Paper, *Saving Lives: Our Healthier Nation* in July 1999 and outlines the new programmes that will sustain and continue these improvements, particularly in smoking cessation, diet and nutrition.

From Vision to Reality is being circulated with *The NHS Plan Technical Supplement* on target setting for health improvements. This technical supplement provides background on health outcome targets and is intended to help target

continued on back page

NEWS IN BRIEF

Lay members' panel

Primary Care Network is seeking new recruits to its panel of lay board members to replace some members lost through their PCGs becoming trusts. The panel provides invaluable feedback on each issue and suggests ideas for articles. For more information please email the editor, jennysims@compuserve.com or call Helen Calley at Medical Management Services on 01225 333711.

Asian tobacco campaign

A major campaign has been launched to reduce the high level of smoking and chewing tobacco in Asian communities and to make Asian people more aware of the serious health risks from tobacco use. It includes specialist Asian languages helplines, these are: 0800 169 0881 (Urdu), 0800 169 0882 (Punjabi), 0800 169 0883 (Hindi), 0800 169 0884 (Gujarati), and 0800 169 0885 (Bengali).

NICE new programme

New drugs for colorectal cancer, breast cancer and epilepsy and treatments for diabetes and kidney patients are being referred to the National Institute for Clinical Excellence (NICE) as part of its sixth wave of topics for investigation. NICE will also produce and update guidelines to help spread best practice and equal access to care throughout the health service. There will also be an appraisal of the use of home dialysis and guidance on the use of catheters for the intravenous feeding of sick newborn babies.

Workplace health

The Health Development Agency's report *Workplace Health is Good Practice: Framework for Action in Primary Care* is designed to help GPs and other practice staff improve and maintain a healthier workplace. A series of orientation workshops will be held in October throughout England to launch it.

Birmingham 3rd, Leeds 9th, Plymouth 17th, Cambridge 24th and London 31st October, ORT House, Camden. For further details call Jane Chambers, Health at Work in Primary Care on 020 7413 1817.

Royal seal of approval

Excellence in intermediate care will be highlighted in the new Health and Social Care Awards. Details about how to apply for the Queen Mother Awards will be published next month (October).

Commissioning workshop report

How partnership commissioning can turn vision into reality



Fiona Richardson

PCTs need to develop planning systems which focus on patient need first, quality of outcomes second, and activity and finance third to meet the challenge of partnership commissioning.

This was the message from Dr Paul Rice, Section Head, PCT and Commissioning Development, NHS Executive speaking in Windsor at the first of a series of regional commissioning workshops organised by Medical Management Services for the Department of Health.*

Commissioning had been characterised by low trust between organisations and weak links between health needs assessment, commissioning decisions and service developments. A whole systems approach was needed and PCTs were key to leading commissioning based on implementing national and local health policies based on need.

'PCTs are uniquely placed to be the fulcrum around which the different forces of the local health and social care system can be rebalanced to achieve the right direction of travel' he said.

Dr David Colin Thomé, GP and National Director for Primary Care, said PCTs were now the most sustainable part of the NHS. If they were going to manage healthcare successfully they would pull self-care, primary care and hospital services together and they would have to start thinking laterally to provide a range of access to patients.

In their commissioning of primary care, he warned PCTs not to expect every practice to do everything and that PCGs and PCTs should identify a small number of priorities and one or two areas where they could work across the interface. For example, his own practice in a socially deprived ward in the north of England, had achieved a 47% fall in death rates and 27% fall in significant myocardial events by systematically providing CHD care through statins and aspirin. This was now being rolled out to the whole PCG.

He also reminded delegates to begin to look at the social determinants of health including: stress, early life, unemployment, work, food and transport.

Jenny Williams, Director of HlMps and Commissioning, Milton Keynes PCT focused on utilising unified budgets and SaFFs to create change. She advised: 'Be realistic, be opportunistic, and try not to be frustrated by the guidance you get.'

Milton Keynes became a PCT in October last year as a result of a joint application between a PCT and a community trust. The community trust only lost a small proportion of its services on becoming a PCT, maintaining mental health services. The downside was they had two quite developed cultures they have had to blend

together. Relationships were complicated and they were still working through them.

On the new culture in commissioning she said: 'We think HlMps and SaFFs are one process.' In the past commissioning had been a Health Authority led process with little interagency planning locally and little user/carer involvement.

Partnership arrangements now took account of a Milton Keynes Health Forum, the HlM Steering Group including SAFF, the Partnership Project Team, Joint Planning Groups, a Demand Management Group (Access), Patient Involvement Group, IMT Group and the Workforce Planning System.

On money problems and opportunities she said some money had been removed. On prescribing they had employed a pharmacy adviser and switched discharge prescribing to the acute trust.

On hypothecated funding she advised:

- Try and stay positive
- Have plans ready and move the order round if need be
- Be flexible and opportunistic
- Be creative and sometimes bold.

They were aiming for: a focus on the patient right through the system, fast local solutions, break down of old glass walls and involvement to bring about change.

Fiona Richardson, Associate Director of Modernisation, Southampton City PCT said they had a vision in which they were aiming to plan and develop a much more patient and clinically sensitive service.

She cited the city's changed commissioning of orthopaedics services as a practical example of successful collective effort between primary and secondary care.

In the past there was no match between capacity and demand. There were 170 GP referrals a week to outpatients but only 100 appointments a week could be seen and long waiting lists had developed.

They developed multi professional triage teams who screen all referrals, referring on if necessary or treating themselves. The scheme is resourced from secondary care but the win for them is that orthopaedics can now manage their outpatients list better.

The win for primary care is they have greater access to treatment options and wins for patients include assessment and treatment closer to home and avoidance of operations in some cases.

'We have an opportunity with the changes taking place to redefine commissioning,' said Ms Richardson.

* Details about further workshops on 'Improving Healthcare, Implementing Change, But How?' available from MMS on 01225 333711.

OPINION: Primary Care and Public Health

David Hunter, Professor of Health Policy and Management at the University of Durham, comments on the Health Committee's report on public health and what it could mean for primary care.



Public health has three key purposes and primary care has a pivotal role in all of them but especially the first two:

- Health promotion and disease prevention
- Reduction in health inequalities
- The protection of the public's health.

In March, the House of Commons' Health Committee published a detailed, wide-ranging and hard-hitting critique of the public health function. Among its 63 conclusions and recommendations two stand out:

- The NHS Plan gives only a half-hearted nod in the direction of public health - it is preoccupied with acute care and related issues.
- 'In the race for resources (public health) runs the risk of trailing well behind fix and mend medical services'. Although PCTs are charged with the task of improving the health of their

populations and addressing inequalities, the Health Committee acknowledged that the role of primary care in public health 'is a fraught issue'. Members were anxious to ensure that an assessment was made of primary care's capacity to take on public health responsibilities. The government would need to introduce effective performance management arrangements. Appropriate training and support should be provided to all PCTs. The committee also recommended that PCTs should have an additional designated officer from the local authority with a broader remit for public health.

In its response to the report, the government is confident that public health will be strengthened with the arrival of PCTs. They will in future become the focus for delivery of public health programmes and tackling health inequalities.

Both the Health Committee and government foresee a key role for GPs in public health, with many specialising in

particular areas. The role of health visitors is also seen as critical, especially in their work with children, elderly people and other needy groups. The government, echoing the Health Committee, also believes that community pharmacists could play a more active role in public health.

Whether the aspirations for public health can be realised by PCTs depends on their capacity/ability to deliver. Arguably, the failure of public health hitherto has been a consequence of a lack of leadership, a readiness to be sidetracked into a narrow health care agenda and a focus on acquiring knowledge rather than on its application. Public health practitioners need to become effective change managers. With PCTs in place a real opportunity exists to bring about a paradigm shift whereby attention and resources move from a downstream to an upstream focus.

All Party Group on Primary Care and Public Health: What is it doing?



Tom Barker, Parliamentary Officer at the NHS Confederation which supports the All Party Parliamentary Group for Primary Care and Public Health examines the group's role.

The All Party Group on Primary Care and Public Health was set up in January 1998 under the co-chairmanship of Dr Howard Stoate MP and Baroness Hooper to improve primary care and public health services throughout the UK and to inform members of both houses of parliament. In the last session the group enquired into the implementation of Primary Care Groups, the development of health improvement programmes and the use of the MMR vaccine. Currently the group is focusing on an agenda for the new parliament and will meet immediately after the summer recess to advance its ambitious work programme.

One of the first pieces of work to be undertaken by the group will be an investigation into how the public health function

of PCTs will work in light of the Health Committee's report into public health (published in March). In the Labour Party's General Election manifesto, there is a promise to devolve power to the frontline through Primary Care Trusts (PCTs) and the enabling legislation which will appear in the NHS Reform Bill shortly, will offer an important opportunity to push public health up the political agenda.

We all know that health care should be as much about prevention as it is about treatment but the NHS still tends to focus on acute care. While there is no doubt that this is extremely important, a more even-handed approach is required. The Department of Health's recent paper, *Shifting the Balance of Power*, recognises the need for a strengthened public health function in PCTs but there are many issues that still need to be resolved.

It is also clear that public health leadership needs to be strengthened. The delegation of 75 per cent of the NHS' spending power to primary care should be welcomed but cannot be achieved without a significant investment in management resources in PCTs. This does not simply mean an investment in more 'red tape' but getting money to the frontline. It is the doctors and nurses on the management boards of PCTs that make the spending decisions and to do the job properly, they must be backed up by proper information, financial and human resources.

The All Party Group on Primary Care and Public Health, led by a reconfigured executive, hopes to build upon the excellent work of the Health Committee's inquiry into public health. The group acknowledges the government's commitment to the area and believes that the empowerment of PCTs can reinforce public health issues and push them up the agenda.

Recruits wanted for Health and Regeneration Learning Network 2002

The King's Fund is recruiting for the 2002 Health and Regeneration Learning Network. The Network forms part of the Health and Regeneration Programme managed by Teresa Edmans. The Network meeting consists of a two-day residential module followed by seven one-day Network meetings over the year.

The Network aims to:

- Increase the understanding of the capacity of regeneration to improve health
- Promote and improve the health of Londoners, reduce health inequalities and promote social inclusion
- Develop a strong focus on health in regeneration programmes across London
- Network meetings will include presentations and discussions with leading academics, practitioners, policy makers and opinion formers. There will be opportunities to learn from each other.

Who should apply? Anyone responsible for managing and delivering regeneration activities from fields such as health, social care, community development, spatial planning and economic development.

For further information and an application form contact Sue Lloyd-Evelyn on 020 7307 2675 or email s.lloyd-evelyn@kingsfund.org.uk

The closing date for applications is 16 November 2001.

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setting and assessing progress across the diverse range of influences on health and health inequalities.

* The three reports are all available from the Department of Health, PO Box 777, London SE1 6XH. They are also available on the following websites:
<http://www.doh.gov.uk/healthinequalities> (consultation document)
<http://www.ohn.gov.uk> (From Vision to Reality)
<http://www.doh.gov.uk/nhsplantechnical> supplement/index/htm



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Building the information core: Can targets be met by 2005

Gary Fereday, Policy Manager at the NHS Confederation, suggests the targets may be too ambitious.



The Department of Health's report, *Building the Information Core**, sets out an ambitious set of targets for the health service by 2005. These include: every GP practice to have a connection to the NHS network with an electronic booking system and electronic transfer of records within primary care; level three Electronic Patient Records within acute trusts and the development of first generation Electronic Health Records.

These new information systems should dramatically change the way general practice works, have the potential to improve the patient journey and change the relationship between the primary care health professional and patients. GPs will be able to access clinical information and book out patient appointments online, test results and prescriptions will be sent electronically, and Electronic Health Records should enable relevant health professionals 24-hour access.

However, there is cause for concern about the ability to deliver this ambitious agenda within the time scale set by the government. There are a number of barriers which could slow or even prevent the full realisation of the information agenda.

There would appear to be something of a gap between the policy aspirations and the actual implementation on the ground with insufficient co-ordination of activity at both national and local levels. There is a clear need for much more

robust guidance for local implementation and there have been widespread calls for this. Of particular concern are issues around confidentiality and who owns the record.

We have seen funding, intended for IM&T investment as part of the modernisation process, being diverted into other competing priorities. While we would all recognise the reasons for the diversion of funds, it has the effect of creating a climate where there is a reluctance to commit the necessary R&D investment both within the NHS and by suppliers. Consequently, a number of suppliers have already withdrawn. NHS organisations are also finding the retention and recruitment of IT staff difficult, given the salaries available in the private sector.

The establishment of new organisations in the shape of Strategic Health Authorities, by changing the structures that the information strategy is being implemented in, further complicate the process of local implementation. Restructuring seriously threatens the time scale of the implementation plans.

The vision set out in *Building the Information Core* is one that most people support but implementation within the time scale set appears, at best, ambitious. We must address these barriers to implementation as a matter of urgency if the vision is to be met.

*DoH (2001) *Building the Information Core – Implementing the NHS Plan*

PCG TIPS: Books and reports

Making it Happen

Published by the Department of Health

Commissioned by the DoH, this guide has been produced by Mentality, the first-ever mental health charity dedicated to promoting mental health. It is designed to provide practical advice to help health and social services.

Available at

www.doh.gov.uk/mentalhealth/makingithappen.htm

Modernising Regulation in the Health Professions

Published by the Department of Health

This consultation document outlines government proposals for the creation of the Council for the Regulation of Health Care Professionals - an overarching body which will aim to improve accountability and greater openness in the NHS.

Available at

www.doh.gov.uk/modernisingregulation

The Doctor's Communication Handbook, third edition

By Peter Tate

Previous editions are an established key text for all doctors, whatever their experience and wherever

they practice and is of particular value to candidates sitting the MRCGP exam. Now completely revised, updated and expanded, this new edition contains updated material on summative assessment and a new section on quick steps to improve communication skills.

Radcliffe Medical Press Ltd £19.95
ISBN 1-85775-550 Tel 01235 528820

FWA's Well Family Service: Evaluation Report

By Karen Clarke, Sophie Sarre, Caroline Glendinning and Jessica Datta

The Well Family Service Model: A Practice Guide

By Lonica Vanclay

These two reports from the Family Welfare Association (FWA) aim to back the association's call for a 'one-stop approach to improving health care'. They say: 'Including a Well Family service within the government's proposed walk-in centres and in GP practices would ensure the social and emotional needs of people are assessed and responded to alongside their physical health needs, ensuring a one-stop approach to improving health care.'

For further information call the Family Welfare Association on 020 7254 6251