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Think big focus small: PCTs urged to concern local partnerships in improving health

Think big but focus small is the key message in a new NHS Alliance document aimed at PCTs struggling to implement a raft of government reports on public health and health improvement.

PCTs and Health Improvement has been drawn up by Alliance public health lead, Dr Chris Drinkwater in response to the government's *Shifting the Balance of Power within the NHS*, which says 'PCTs will become the lead NHS organisation in assessing need, planning and securing all health services and improving health.'



Dr Chris Drinkwater

The main thrust of the Alliance report is that good public health needs good public involvement. This is best developed at relatively small local area levels through effective partnerships between local communities and frontline staff.

Dr Drinkwater said: 'We have seen numerous, often unsung, examples of successful health improvement initiatives around the country. They all have one thing in common. They are based on communities and geographic areas that are relatively small and make sense to local people.'

He added: 'It is vital that the new PCTs retain the locality focus achieved by Primary Care Groups. While there are arguments in favour of larger PCTs, human-sized localities are critical if front line professionals and the public are to be fully involved.'

His report points out that a number of PCGs and Health Action Zones have developed innovative approaches to public and community involvement, and that the Alliance's own recommendations are based on them. These include:

- PCTs should focus on geographical areas which make sense to local people and take account of their local circumstances.
 - PCTs should engage with existing structures and groups rather than create a new infrastructure for public involvement.
 - PCTs must be seen to be responding to views and concerns of local people if they are not to become disillusioned and disenchanted.
 - Public representation on all PCT committees should be the rule rather than the exception.
- The report says: 'Ensuring PCTs take local views into account will be essential to their success.' But it suggests that to avoid 'duplication, consultation fatigue and confusion' steps should

be taken through Local Strategic Partnerships (LSPs) to ensure co-ordination of community involvement and community development initiatives between PCTs and Local Authorities.

Following on from *Shifting the Balance's* statement that 'Staff need to be involved in decisions which effect service delivery - empowerment comes when staff own the policies and are able to bring about real change,' the Alliance says frontline staff should be supported in developing systematic approaches to public involvement.

Other recommendations include:

- Establishing primary care fellowships at SHA level to build capacity and support performance improvement.
- Investing resources in health improvement at the level of localities.

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EDITORIAL COMMENT

With the publication of the government's report last month, *Involving Patients and the Public in Healthcare*, the subject has again moved higher up everyone's agenda.

Nicholas Reeves, Chair of the National Association of Lay People in Primary Care welcomes the report's proposed new independent national organisation, VOICE: the Commission for Patient and Public Involvement, but points out there are some 'real weaknesses' in the approach. See Opinion on page three.

In the same week, the NHS Alliance published its report, *PCTs and Health Improvement*, which proclaims the same message - improving health is possible only with the active involvement of the public. It may be simple common sense, but finding effective ways of realistically involving patients has not been simple, which is why the Alliance's practical and pragmatic approach is also to be welcomed.

The NHS Confederation's comments are also practical. 'It will be critical for primary care to garner local public support for the modernisation agenda and for the difficult decisions that lie ahead, but this will only be achieved with.....' See Janice Miles' article on page four.

Jenny Sims, Editor

NEWS IN BRIEF

Top job share

Sue Osborn and Susan Williams, currently Joint Chief Executives of Barking and Havering Health Authority have been appointed Joint Chief Executives of the National Patient Safety Agency (NPSA).

Launched in July, the independent NPSA will run a new national reporting system for logging all mistakes, adverse incidents and near misses across the health service. It will deal with errors in clinical incidents and ensure lessons are learnt throughout the NHS.

The implementation document *Building a Safer NHS for Patients* is available at www.doh.gov.uk/buildsafenhs

Arthritis Care web launch

A new web site designed to bring the most up to date information and help to people with arthritis, with a direct link to a young person's helpline, is launched this month by the national charity Arthritis Care on the eve of World Arthritis Day (October 11). The web site address is www.arthritiscare.org.uk

Recruit, Retain, Return

Launching a £1million recruitment campaign for more allied health professionals, health minister John Hutton said: 'Caring for a sick patient requires a team effort. We need more radiographers, physiotherapists, speech and language therapists, biomedical scientists and occupational therapists - as well as more doctors and nurses.'

More nurse consultants

Health minister John Hutton has announced that 124 new nurse, midwife and health visitor consultants' posts are being established in the NHS this year as part of the government's drive to empower front line staff. The NHS Plan promised 1,000 of these posts by 2004. This latest tranche brings the total to over 570.

Thornton to leave Confederation

Stephen Thornton, Chief Executive of the NHS Confederation for the past four years is leaving to become Chief Executive of PPP Healthcare Medical Trust, one of the UK's biggest health-care grant-making charitable trusts.

Confederation Chair Dianne Jeffrey said: 'Under Stephen's leadership the Confederation has gone from strength to strength. We are sorry to see him go and wish him well in his new career.'



Are Primary Care Organisations improving services for older people?

Margaret Edwards, King's Fund Project Manager for PCGs and Older People and author of a new report, summarises her findings.*

For two years the King's Fund has been studying five primary care organisations (PCOs) to assess their capacity to improve services for older people. We chose PCOs who had made older people's services a priority and represented a range of circumstances in terms of population size, urban/suburban/rural and deprivation levels. We also drew on experience working with other PCOs and relevant research. This article summarises some of the main findings.

National policy places great emphasis on involving older people in local discussions about the performance of existing services and the needs for future development. The majority of sites had made good progress and over the two years they had built up continuity of involvement by combining specific consultation events with recruiting people onto planning groups, organising focus groups and setting up GP practice linked patient groups.

The services that had been developed, often by PCOs working in partnership with other services, were usually small but were beneficial to older people. Examples include the recruitment of specialist community nurse posts, small increases in intermediate care, a new bus route and extension of a handyman scheme.

After two years the PCOs knew more about the services in their locality and the problem areas. Much of this knowledge came from contact with statutory and voluntary organisations that provided or commissioned services and from the involvement of older people. Small pieces of research had also been commissioned to look at certain services such as community hospitals and assessment processes.

The partnerships between PCOs and both social services and community health services had developed well with more examples of jointly funded posts and inter agency planning. Acute trusts had been virtually absent from local planning on older people's services in the first year and this had started to change, albeit slowly, in the second year.

A continuing problem was the fact that many of the developing services, such as rapid response were funded on a short term basis, which presented problems in recruiting and retaining staff and planning for the future. In most places the wider PCO membership in the form of primary health care teams were not very involved in discussions about services or new initiatives for older people. All the PCOs were affected by the move to primary care trust status because of the work involved and tension

created between organisations in anticipation of changes in influence.

Two years is very little time for PCOs to prove themselves and they came into being at a time of enormous change and expectation. They have certainly not yet become major commissioners of services. They do however have much potential. There are opportunities for PCOs to help develop integrated services at a locality level within their catchment areas. This will mean considering the potential for devolved pooled budgets. There is untapped information at GP practice level that could assist with service planning, for example in setting up effective preventive case finding.

The direction of change suggested in national policy should improve outcomes for older people and carers but the anticipated pace set does not match experience on the ground. The implementation of the NSF for older people will need to be tempered by the reality of what can be achieved by committed people working co-operatively to resolve intractable problems that have existed for many years.

**Copies of the King's Fund report, Primary Care Organisations and Older People: The pace of change, are available from the King's Fund bookshop on 020 7307 2591. To order online visit: www.kingsfundbookshop.org.uk.*

PCT in first roll-out of NHS Staff Agency

NHS Professionals, the NHS Staff Agency was launched this month (October) to relieve reliability on commercial recruitment firms for temporary staff. One PCT, Bath & North East Somerset is among the 52 sites in England involved in the first phase of the roll-out.

Other Trusts will join in a rolling programme until every Trust in the country is covered by April 2003, by which time it will cover all types of NHS staff.

The Prime Minister announced the introduction of NHS Professionals in November last year. In April 2001 the scheme was piloted in 15 areas. The service will be self-sustaining in the long term.

NHS Professionals has been developed into a national service to match healthcare staff seeking temporary work with Trusts which need them. Staff remain NHS employees but work as agency staff which means: they will be able to choose to work as many shifts as they like; they will receive holiday pay and remain in the NHS pension scheme; their training needs will be assessed and their professional development supported.

OPINION: Involving patients and the public in healthcare

Nicholas Reeves, Chair of the National Association of Lay People in Primary Care, comments on the government's recently published report on involving patients and the public in healthcare.



In *The NHS Plan*, the government signalled its intention to abolish Community Health Councils (CHCs), dividing their roles between a number of different agencies including local authorities and two new organisations in every NHS Trust – a Patient Advocacy and Liaison Service (PALS) and a Patients' Forum. In the event, the proposal to abolish CHCs was dropped from the Health and Social Care Bill, and the government has now looked again at its strategy for more effectively involving public and patients in the work of the NHS, setting out its new thinking in *Involving Patients and the Public in Healthcare*, www.doh.gov.uk/publications.

The new document certainly demonstrates that the government has listened. Much of the criticism of its earlier approach focused on the lack of any national organisation to take the place of the Association of Community Health Councils, not least because its absence would deny PALS and Patient Forums access to any frame of reference outside their own Trust. In the new proposals, a new, independent national organisation – *Voice: the Commission for Patient and Public Involvement in Health* – will be given responsibility for ensuring the effective delivery of patient and public involvement. *Voice* will develop explicit quality standards for patient and public involvement, initiate training and support to enable those standards to be achieved, and report to the Secretary of State and parliament on how well the new arrangements are working.

At the same time, local *Voice* organisations in every Strategic Health Authority (SHA) will strengthen and support commu-

nity/voluntary/user organisations, enabling them more effectively to make their voices heard. These local organisations will also be charged with working closely with the Patients Forums in their area, supporting them in their day-to-day work and developing strategic views about the way in which health services might best be planned in their SHA area.

Involving Patients also proposes a new and strengthened role for Patients Forums. They will be statutory independent bodies, one in every NHS Trust, responsible for identifying and articulating the views of the local community about the manner in which its local health services are being delivered, and with extensive powers to inspect every service that NHS patients use, including primary care services. Members will be appointed by the new independent NHS Appointments Commission, and every forum will elect one member to serve as a Non-Executive Member of the Trust Board. They will not be paid a salary, but expenses will be paid, and appropriate training and support will be provided, developed and accredited by *Voice*.

Involving Patients sets out a more persuasive strategy for strengthening public and patient involvement in the NHS than Chapter 10 of *The NHS Plan*. The decision to establish *Voice* is especially welcome, its all-important independence providing for the first time a believable guarantee that all NHS Trusts will have to deliver on this critically important part of their agenda, both by auditing the work that is done, and by developing the training and support without which public and patient involvement will never be effective. But, there are some real weaknesses in the new approach.

Firstly, it is extraordinarily complex, proposing a web of overlapping and separate organisations that may serve only to confuse patients and the public. Indeed, without real clarity from the outset, there is a real danger that much energy will be diverted into sterile competition as these different organisations jockey for position within their local communities.

Secondly, what will these services cost and where will that money come from? While members of Patients Forums will not be paid a salary, their expenses will be met, and each Patients Forum will be given administrative and secretarial support. Even more striking, there will be significant staff and other costs associated with PALS and the new *Voice* (locally and nationally) and unless and until these costs are quantified, and it is made clear where these resources will come from, doubts will remain as to how serious the government really is. Finally, a huge amount of work remains to be done to put flesh on the bones of these proposals. Almost every aspect of the strategy raises as many questions as it answers, and the document itself ends by posing no less than 38 specific questions on which comments are sought by October 12!

Yet, while some might see that timescale as absurdly compressed, I welcome the sense of urgency that it implies. Too much time has already been wasted. *Involving Patients* addresses many of the problems with the government's earlier approach; if the very many of us who are committed to achieving effective public and patient involvement take up the challenge and respond constructively then, between us, we really can develop a strategy that will put patients at the very heart of the NHS.

PCG TIPS: Books and reports

The Expert Patient - A new approach to chronic disease management for the 21st Century

Published by the Chief Medical Officer, Professor Liam Donaldson

This report sets out how the NHS will empower those living with chronic long-term medical conditions such as asthma, diabetes mellitus and arthritis to become key decision-makers in their own care. It is based on the work of an expert panel of patients groups and health care professionals.

Available on the People and Communities' section of the Our Healthier Nation website www.ohn.gov.uk

Cardiovascular Disease Matters in Primary Care

By Ruth Chambers, Gill Wakley and Zafar Iqbal

'This book will prove to be of huge value to the many doctors, nurses and other disciplines who have a collective determination to improve the primary and secondary prevention and treatment of cardiovascular disease' says Lynn Young in her foreword. Practical advice, information and case studies help narrow the gap between theory and practice.

Radcliffe Medical Press Ltd £17.95

ISBN 1-85775-419-0

Online ordering at www.radcliffe-oxford.com

Musculoskeletal Matters in Primary Care

By Gill Wakley, Ruth Chambers & Paul Dieppe

One in seven visits to primary care are for musculoskeletal disorders. This practical guide for doctors, nurses, practice managers and other members of the primary care team

shows how reviewing current practice and learning more about applying best practice in the management of these disorders can be incorporated into personal and practice development plans.

Radcliffe Medical Press Ltd £17.95

ISBN 1-85775-434-4

Online ordering at www.radcliffe-oxford.com

Brief Encounters - Getting the best from temporary nursing staff

The NHS spent £810 million on temporary nursing cover last year says this Audit Commission report. While recognising their contribution, the report says unnecessary costs are being incurred and sometimes quality of patient care is undermined, but it offers practical examples of how services are tackling problems.

Available from Audit Commission publications on 0800 502030 £20 ISBN 1 86240 293 0

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The report points out: 'Effective partnerships don't just happen, they need leadership, good processes and an agreed remit which is shared by all participants.'

It recognises a significant number of initiatives have already been established to encourage partnership work at local level, particularly in areas of social disadvantage, including LSPs, New Deal for Communities, the Neighbourhood Renewal Fund and Sure Start.

But to avoid confusion and repetition it suggests PCTs and LAs develop joint appointments with a specific remit for key partnership themes such as regeneration, housing, community involvement and health improvement.

In response to *Shifting the Balance's* suggestion that each PCT should have a public health team with a board level appointment, the Alliance says that within large PCTs 'there will be a need for a Health Improvement delivery team at a smaller locality level.'

It points out public health skills are in short supply and PCTs will need to engage with all the professional groups and agencies to develop the capacity to address important health issues.

'The agenda is enormous and all of these groups need to be effectively and systematically engaged if the PCT is to improve the health of the local population,' it concludes.

Dr Drinkwater said: 'The perception is that some PCTs are floundering. Everyone's a bit overwhelmed by the changes and confused by the multiplication of agencies concerned with accountability. My view is that we should look at the local models that work, such as West Newcastle PCG's Community Action on Health and take a "bottom up" approach.'



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Shifting the Balance of Power: How will it happen?



Janice Miles, Policy Manager at the NHS Confederation, says time and more investment will be needed to make it work.

Time to make structural change work

Shifting the Balance of Power, the document outlining the latest structural change in the NHS, will have a profound effect on the way that primary care works in England and it is encouraging that the government is devolving more power to local health services. These changes will happen by April 2002 – a speedy implementation in anyone's book – so it is important that the questions raised by the report are worked out properly and fast.

Working differently

Delivering the NHS Plan is dependent on changing culture and behaviour in the NHS. *Shifting the Balance of Power* talks about the importance of culture change but is vague about how it will happen. In primary care, we need to see a definition of what this means, an exploration of how to impact organisational culture and practical proposals to help organisations locally. The Confederation believes that there will also need to be significant investment in organisational development, capacity building, training and support, before the rhetoric in the document is turned into reality.

Similarly, the emphasis on empowering front line staff will only be realised if staff have sufficient time and support. If responsibility is delegated to front line staff, it needs to be accompanied by significant investment in organisational and personal development.

Roles, responsibilities and relationships

The document gives a strong new role to Primary Care Trusts. PCTs have enormous potential to successfully deliver change, but they need to be effectively resourced to do the job. PCTs need a clear commitment to invest in management resources. To this end, the NHS Confederation is currently working with the Department of Health and the PCT Development Team to strengthen PCT management capacity.

PCTs will also take on the commissioning of emergency ambulance services and patient transport services. This is at a time when the way that emergency care is provided is under review and the long awaited strategy document yet to be published. The

commissioning arrangements for the services that Ambulance Trusts provide will need to be considered alongside this new strategy. It will also be important to consider the commissioning of specialised services and we must not lose the expertise of the Regional Specialist Commissioning Groups.

Public Health

The strengthening of public health at PCT level is a welcome move, but there is a danger of confusion of roles between the different organisations in the new NHS. For instance, the proposal for Control of Communication Diseases accountability to be to the Regional DPH seems at odds with local ownership and the need for properly integrated local responses. Primary care will need to see the proposals on public health worked out well before April next year if it is to take an enhanced role with any success.

Patient and citizen involvement

The pace of change never falters! September saw the publication of the discussion document *Involving Patients and the Public in Healthcare*, in which the voices of patients, their carers and the public will be heard through every level of the service. It will be critical for primary care to garner local public support for the modernisation agenda and for the difficult decisions that lie ahead, but this will only be achieved with properly and professionally resourced systems and processes and with organisations that are geared up from the beginning to cope with this new agenda.

There is only a short time to implement the proposals to shift the balance of power within the NHS. It must be seen to lead to clear and demonstrable benefits for patients if they are not to lead to deeper cynicism amongst both patients and staff. The Confederation is asking lots of questions on behalf of the health service to ensure that the new system gives local organisations every chance of success.

This article covers a small proportion of the consultation document. For a copy of the NHS Confederation's briefing on *Shifting the Balance of Power*, call 0870 444 5841.