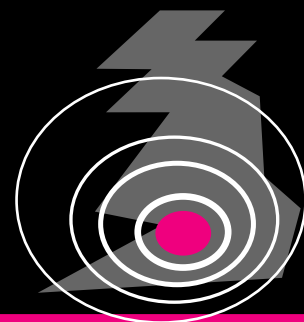


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Live the vision but get the balance right NHS Alliance conference told

Government Chief Medical Officer Prof Liam Donaldson urged delegates at the NHS Alliance's annual conference in Bournemouth, to adopt the spirit of its title, *Living the Vision*. Nigel Crisp, NHS Chief Executive warned that getting the balance right between delivering the national frameworks and responding to local needs was the biggest challenge facing everyone.



Professor Liam Donaldson

Prof Donaldson said: 'We need a vision of strong public health teams in every primary care trust, but we should also have a dream of truly engaging with local people to unlock the potential of regeneration of health in disadvantaged neighbourhoods - closing the health gap for the first time in 100 years.'

'We need a vision of successful clinical governance in every local primary care service. We can dream of a day when we transform organisations within the NHS so that high quality, safe care is woven right through their very fabric. We can have a vision of a highly-skilled, well-resourced workforce but also, we can and should dream of each one of our staff coming to work every day feeling positive because they belong to a great team.'

'Finally, we should have a vision of the best of 21st century technology saving lives and relieving human suffering, but we could also have a dream that the human side of medicine and healthcare will be rediscovered in all corners of the NHS and not just in some of them.'

Prof Donaldson began his speech by reeling off a grim list of health statistics to illustrate how much needs to be improved in healthcare, eg 17.5 million people in Britain today are carrying the burden of chronic disease. While praising the NHS's strengths he pointed out a weakness was that it had had little impact on health inequalities. This would be a big challenge for new PCOs.

'Traditionally primary care's contribution to health care in the population was by the delivery of preventive services, but increasingly we are seeing primary care engaging with disadvantaged communities to try and tackle some of the root causes of ill-health.'

We need to build on the strengths of the areas where this is happening,' he said.

In addition, he drew attention to 'safety' which he said was moving up the agenda internationally to become an important part of

health care quality.

'In any complex system like a health service human error and mistakes are inevitable. A programme to improve patient safety in the NHS can't be based on eliminating errors and mistakes - that would be impossible. But the NHS can reduce the occurrence of human error and minimise its impact on the patient,' he said.

For example, current pilots on adverse reaction reporting, including some in primary care, were generating great excitement among participating teams.

Prof Donaldson stressed 'the intangibles count' and that the human side of healthcare needed to be rediscovered. Healthcare in the 21st century

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EDITORIAL COMMENT

The patient experience was the main focus of the NHS Alliance's annual conference, *Living the Vision*, held recently in Bournemouth. Speeches were interspersed with dramatic sketches which offered serious food for thought as well as entertainment. But one patient stole the show.

Welsh guardsman Simon Weston OBE who suffered devastating burns when his ship was bombed during the Falklands war in 1982 described his road back to physical, spiritual and mental recovery.

He's had the best treatment in military and NHS hospitals, he said. But he reminded doctors and nurses that patients can be very lonely and afraid when no-one speaks to them. It is the human face of medicine that counts.

The importance of interpersonal skills was also illustrated by Dr Michael Greco and Mary Carter of Exeter University in a workshop session describing how they are helping to empower the patient and getting doctors to listen to their views. See page two.

As Simon Weston said: 'A contented patient is an easy to treat patient.'

Jenny Sims, Editor

NEWS IN BRIEF

New challenge for Covey

Donna Covey, director of the Association of Community Health Councils for England and Wales (ACHCEW), leaves this month (November) to become chief executive of the National Asthma Campaign. Donna, a member of PCN's editorial board, has been with the association three years and has headed the campaign to save it. Her successor is to be appointed on a one-year contract.

£300 m for bed blocking

Health Secretary Alan Milburn and Local Government Secretary Stephen Byers have announced a £300 million cash investment over this year and next as part of a radical 'cash for change' programme designed to end widespread 'bed-blocking' by 2004. The agreement 'Building Capacity and Partnership in Care' published last month allows councils and the independent sector to enter into longer term agreements about placing older people in care homes or giving them other forms of support.

www.doh.gov.uk/buildingcapacity

No change on Viagra

Calls for restrictions on prescribing Viagra have failed. There will be no change to government guidance. Junior health minister Lord Hunt said: 'Regrettably, expenditure on these drugs, at £25m a year, is above what we expected and continues to increase'.

Charity title change

The National Asthma & Respiratory Training Centre has changed its name to the *National Respiratory Training Centre** to reflect its widening involvement in respiratory disease and allergy education.

Monica Fletcher, NRTC Chief Executive, said: 'While recognising asthma is still a priority, affecting 5.1 million people in the UK and becoming increasingly prevalent, it is vital that health professionals have a broad knowledge of respiratory disease.'

*The National Respiratory Training Centre is an impartial educational and research establishment for healthcare professionals, which aims to improve the care of patients with respiratory and allergic disease. NRTC, The Athenaeum, 10 Church Street, Warwick, CV34 4AB.

NHS Alliance Annual Conference

LIVING THE VISION -

Valuing local people, patients and the workforce

Empowering the public: active patient involvement within the GP practice

Patients can and are helping primary care staff improve health service delivery through patient questionnaires and feedback on implementation. Dr Michael Greco and Mary Carter of Exeter University and patient Dennis Canning described their IPQ project in a workshop session.



Michael Greco

'Outcomes are extremely important, but it's how you do your medicine that counts. Patient experience is everything. If you really value your patients you need to ask them what they think of the system and you need to act on it'

Dr Michael Greco told doctors and nurses.

Dr Greco, of Exeter University's School of Postgraduate Medicine and Health Sciences, has been heading a pilot project in GP practices which gives patients a questionnaire about all aspects of the practice including the GPs' communication skills. These are followed up with an analysis and feedback report which allows doctors to compare their performance against their peers.

As part of the project, Mary Carter, of the University's Research and Development Support Unit, has set up Critical Friends Groups of patients which follow up from the questionnaire and feedback reports to try and help implement change.

Patients are chosen by the practice staff because they have to feel they are dealing with people they trust. Dennis Canning, a patient at a mid-Devon practice which took part in the pilot project, said he had been invited to participate 18 months ago to represent elderly people because he was an advocate for Age Concern.

'I felt at the beginning there might be a "them and us" attitude, but it hasn't been like that. Staff have been able to criticise their own practices in front of us,' he said.

After a slow start 18 months ago there had been an 'explosion of ideas.' They had helped staff look at 'deficiencies' revealed by the questionnaire, and brought about some successful changes. For example, one practice had solved the 'Basil Fawley reception syndrome' by sending staff on a course.

Dr Greco, who started his work in changing medical practice in his native Australia, admitted he had initially encountered 'flak' as well as encouragement there.

'If you really value patients you need to ask them what they think of the practice and to act on it' said Dr Greco.

To truly engage patients in a dialogue which is practical and feasible and leads to tangible patient-centred changes in service quality, two things were needed: a technical tool and a

social process.

The drivers for change included:

- Clinical governance
- The NHS Plan
- The GMC's emphasis on good relationships with patients
- Annual appraisal mapped on the GMC's document, Good Medical Practice, and Revalidation built on annual appraisals.

The IPQ project examined 'capacity' and 'capability' items in practices. Capacity included:

- Satisfaction with appointment
- Telephone access to doctor
- Ease of home visiting
- Satisfaction with out-of-hours
- Chances of seeing doctor of choice
- Comfort level of waiting room
- Adequacy of privacy
- Length of time waiting to see doctor
- Manner in which treated by reception staff
- Opportunity to make complaint
- Information on prevention supplied by practice
- Reminder systems for health checks
- Right to obtain second opinion
- Overall satisfaction with practice.

Capability items included:

- Overall satisfaction
- Listening ability
- Explanations
- Reassurance
- Confidence in ability
- Opportunity to express concerns
- Respect
- Amount of time
- Consideration of personal situation
- Concern for patient as a person.

The capability questions 'packed a punch' and the replies sometimes shocked doctors. But interpersonal skills really mattered to patients and were sometimes valued more than technical expertise. 'Being nice is what it's all about' said Dr Greco.

Interpersonal skills could be linked to health outcomes such as symptom resolution, physiological and psychological well-being, better recall of information, more adherence to treatment and advice, less complaints and reduced convalescent periods.

The IPQ project has now been implemented with over 300 UK practices, has involved 1500 GPs and nurses and 70,000 patients. Some have been PGEA approved and they have been linked to CHI's review visits of PCOs.

Further information from:
<http://latis.ex.ac.uk/cfep>



Dr Steve Cushing Helen Skerritt

LIVING THE VISION -

Blackpool lights up the way

It was no surprise to learn that the seaside resort of Blackpool has a high number of residential and nursing home beds, that 19% of the population are aged over 65 and that it has a high transient population. However, it also has high unemployment, the highest male heroin user death rate in the country, is the 30th most deprived town in England and Wales and can't recruit enough GPs. Yet it is still 'upbeat' about 'living the vision' and is succeeding through the combined efforts of clinicians and managers. Dr Steve Cushing, chair of Blackpool PCG and Helen Skerritt, clinical governance professional facilitator explained how.

Blackpool's vision is:

- To improve the health of the community and address health inequalities
- To develop primary and community health services
- To commission hospital services to appropriately meet patients' needs

The process of 'implementing the vision' has involved: listening exercises involving all GP practices, private, community and acute sectors and integrated initiatives, said Dr Cushing.

Practices said IM&T was a key problem. The PCG decided it was essential they addressed the problem to get the infrastructure in place to achieve their aims. And in 2000-2001 80% of what was traditionally GMS development money was spent on IM&T development.

Dr Cushing said: 'It was felt that the process should not be dominated by managers. Local specialist IM&T support was provided by the Community Trust IM&T department. The main work was done by a multi-disciplinary group including GPs, practice nurses, practice managers and LMC representatives. The group undertook an in-depth assessment of five main suppliers. This included site visits by clinicians to observe the systems in action with a GP, a practice nurse and a practice manager attending each visit. Assessments of the companies were also carried out looking at their financial position, their level of support, their proposals for development and potential costs and discounts for purchasing across the PCG.

'As a result two systems were recommended and are now installed and used in all practices, 100% funding was made available for migration to the new systems and at the same time all practices were linked to the internet. The mechanics of purchasing and installation were handled by the Community Trust IM&T reducing pressures on Practice Managers.

'The advantages are numerous but

include financial savings on purchase and maintenance to the PCG and to practices. The limitation to two compatible systems will make ongoing developments such as installation of standard templates and training much easier.

'Practices were not mainly interested in the hardware and the software. We have involved practices through a modified Delphi process in which over half took part in developing at their request a Read Code formulary covering basic, intermediate and advanced data recording. We have developed a mentorship scheme involving GPs, practice nurses and practice managers and have a dedicated, highly equipped central training suite. We have also been working on assessing the IM&T needs of individual clinicians and administrative staff particularly looking at their ability to access information via the internet.'

Commissioning is another area where the PCG has tried to implement the vision. Instead of trying to get more of the same with the same or less resources, but to develop primary care services. A revised ophthalmology service is one success of the process.

Helen Skerritt said the PCG had involved clinicians in the very early decision making decisions and many projects and developments came directly from them. These included setting up a Citizens Advice Bureau in a GP practice to tackle inequalities and an osteoporosis screening project.

GPs told the PCG many patients were attending surgeries because of social problems they felt unable to deal with. As a result, a pilot project was set up involving five GP practices in deprived inner city areas where CAB staff held 'clinics' at the premises. Health professionals could refer patients or patients could self refer to the sessions.

Outcomes

An evaluation by the University of Central Lancs found:

- 50 new cases referred every month
- over £100,000 extra was recovered in the form of successful claims
- improved relationships between practice and CAB staff with CAB staff starting to attend practice meetings
- wider (new) client profile of most vulnerable and with multiple problems
- plan to roll out the scheme to other areas in Blackpool, nine practices currently involved
- the PCG has been awarded Beacon status and held workshops to disseminate its learning.

In addition, said Ms Skerritt: 'GPs feel their appointments have become

"unclogged," every practice involved felt the scheme had benefited them and wants to continue with it, patients like it because they feel the surgery provides a safe, anonymous and familiar environment.

Preventative approach - an osteoporosis screening project

This arose from the local HIMP to reduce accidents and involved the local branch of the National Osteoporosis Society which funded the purchase of a heel scan. Started 18 months ago the aim was to reduce the development of the disease and prevent complications. A nurse was recruited based initially at the Blackpool Victoria Hospital to carry out a risk assessment and heel scan on patients with low trauma fractures. She also carried out life style surveys and offered lifestyle advice on diet, exercise and smoking. Patients found to have low bone density were referred directly for a DEXA scan. The project has now been rolled out to a pilot GP practice where patients with high risk factors have been targeted and invited for heel scanning in the surgery.

Outcomes so far include:

- An audit trail has been integrated
- Approximately 50% of those heel scanned also showed low bone density measures indicative of osteoporotic changes at DEXA scans
- Patients liked screening within the fracture clinic because it gave them something to do while waiting
- Partners of patients have rung the surgery to find out when they may be scanned.

Developing Primary Care

This is being done through two combined approaches: Quality Team Development in collaboration with the RCGP and Collective Learning Sets and a protected action learning scheme in collaboration with the Revans Institute at Salford University.

'This wasn't an approach for the faint hearted because this was a huge leap into the unknown' Ms Skerritt admitted.

Be courageous

Dr Cushing advised: 'Be courageous. The NHS tends to be an organisation which does not encourage risk taking. We believe that some of the decisions that we have taken have included an element of risk and needed courage. In particular, using 80% of GMS development money for IM&T in one year and planning our collective learning set scheme at a cost of £700,000 which was dependent upon GP practices working collaboratively and sharing ideas and information.'

continued from page 1

will require a new kind of health professional. Someone who is able to transcend the traditional professional/patient relationship and reach a level of partnership with patients, who can also lead and manage effectively.

Nigel Crisp told delegates PCTs would be key to the success of the three big transformations currently underway in the NHS: re-focusing and designing services around the patient (the NHS Plan targets), the patient's treatment journey (the networks of primary, secondary and tertiary care), and shifting power from Whitehall to local levels.

He hoped PCTs were not going to be Health Authorities in miniature but network organisations which pulled in people from the private and voluntary sector, getting them working alongside and planning the future.

There would be difficulties but also opportunities, and delegates should tell the DoH what they needed. Some said they wanted more guidance, others not.

He said, 'This is difficult but there are opportunities. I would be very surprised if you were sitting here not feeling a bit worried and nervous about the things you are taking on, but also excited about the opportunity to make a difference.'

Consultation was underway about new Health Authority boundaries and the DoH hoped they would be drawn up by Christmas. The most critical aspect would be human resources and how they got started. Getting staff from HAS into primary care would be critical.

'Delivering the vision will be about what you think it needs to be as well as what the Department thinks it needs to be' he told the conference.



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NHS Alliance *Living the Vision* conference report

Doctors and nurses are not in the driving seat of the new NHS according to a poll of 700 delegates at the NHS Alliance's annual conference in Bournemouth.

Despite government assurances, fewer than 2% of delegates said they believed doctors, nurses and managers were 'in the driving seat' and only 8% said managers. 35% said politicians and 33% said the central NHS, but 21% did not believe anyone was in charge.

Dr Michael Dixon, NHS Alliance chair, said he hoped views would be different when delegates were asked the same question next year.

'The government have the right policies and have put the right structures in place with Primary Care Trusts. They must now have the courage of their own convictions and let us get on with the job,' he said.

Dr Dixon said they didn't need endless guidelines, incentives and regulations. Restoring morale, belief and hope among the workforce was the key to delivering for patients. And there needed to be a greater value placed on continuity of care, especially for elderly patients, allowing frontline workers to take on extended roles.

But he told delegates: 'It is not enough to have the right principles and the right ideas. Like our world leaders at this difficult time, we must be effective and practical.'

He reminded delegates the Prime Minister had promised 'empower local doctors and nurses to make changes necessary to drive forward progress in the NHS. Putting doctors and nurses in the driving seat was itself the driving force behind the creation of Primary Care Groups.'

Dr Dixon assured them (doctors, nurses and managers) that they were in the driving seat.

He said the time had come for primary care to provide the vision and the practical leadership the NHS desperately needed, to show a collective resolve to dispel the gloom of a demoralised workforce, and 'cut through the fog of central directives and targets.'

'Only if we do these things and do them together can we properly empower the frontline to clear away the obstacles and to deliver' he concluded.



Dr Michael Dixon

PCG TIPS: Books and reports

Passing the Baton

By Emma Regen, Nick Goodwin et al

Birmingham University's Health Services Management Centre's report echoes the findings of a recent survey by the National Primary Care Research and Development Centre that PCTs will need to strengthen management and leadership capacity if they are to deliver the government's plans.

Available from HSMC on 0121-414-7050 £15

Going Paperless: a guide to computerisation in primary care

By Nicola Shaw

This is a comprehensive and practical guide on how to successfully achieve a fully computerised system in primary care. It shows how to source a primary care clinical system that does what you need it to do, and how to use it effectively. Easy to read, it has many examples and copies of useful documents.

Radcliffe Medical Press Ltd Tel 01235 528820
Online ordering at www.radcliffe-oxford.com
ISBN 1-85775-519-7 £19.95

Inspection of Social Care Services for Older People

Social Services Inspectorate (SSI) report

Improvements in social care services for older people have been made across the country according to this report. Based on a study of how 21 councils' social services were responding to the national policy agenda for improving older people's care set

out in Modernising Social Services and the recent NSF for Older People, it showed close strategic partnership between social services and the NHS locally was at its best when senior managers became part of one strategic network to tackle issues that crossed traditional dividing lines.

Available at www.doh.gov.uk/scg/improvingops.htm

Improving Services for Older People

By Nigel Jones

Nigel Jones, Director, Community Care Division, Nuffield Institute for Health, University of Leeds, puts forward a 'Six Step' development programme for PCOs to improve the integration of health and social care services for older people. The plan is based on work carried out in Mansfield and South Manchester PCTs.

Supported by an educational grant from Merck Sharp & Dohme the report is available free from: Medical Management Services on 01225 333711.

Public-Private Partnerships in Primary Care

Edited by Michael Dixon and Steve Gillam

Primary care trusts should only embark on partnerships with the private sector if they can be sure they will benefit patients without harming staff or other health services, says a policy paper published by the NHS Alliance and the King's Fund.

Available free from the NHS Alliance on 01777 869080.