

Primary Care Partnerships

NOV 2002 • ISSUE 4

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IN ASSOCIATION WITH:


Modernisation Agency
The National Primary & Care
Trust Development Programme

nhsalliance



British Association
of Medical Managers



Royal College
of Nursing



Local Government Association

SUPPORTED BY AN EDUCATIONAL GRANT FROM:

Lloydspharmacy



PUBLISHED BY:



Medical
Management
Services

Creating Successful Partnerships

NHS 'make or break' time starts now

Health Secretary Alan Milburn and NHS Alliance Chair Dr Mike Dixon OBE agreed it is 'make or break' time for the NHS as Primary Care Trusts (PCTs) are given three year instead of annual planning budgets.



Alan Milburn



Dr Mike Dixon

In a keynote speech to the NHS Alliance's annual conference in Harrogate Mr Milburn spelled out to PCTs that from April they would be in charge of three-quarters of the NHS budget – and would have to put their money where their mouths were.

PCTs will still have to deliver national targets for waiting times, cancer, coronary heart disease, etc, but there will be less government ringfencing for these in the budgets – giving PCTs more freedom to prioritise local health improvements.

PCTs would also have more freedom to purchase care from the most appropriate provider – 'whether public, private, voluntary or not for profit,' said Mr Milburn.

He promised 'By the end of 2005 we aim to have all patients needing a hospital operation in every part of the country having a choice over the hospital, the time and even the consultant that's best for them.'

The government planned to help PCTs build up their commissioning skills through the PCT development programme and the new NHS University. It would also introduce a common tariff system for hospital operations to ease contracting negotiations.

Mr Milburn said in the years since the NHS Alliance was founded it had become a force to be reckoned with arguing the case for

primary care. Though there were real pressures and problems, he believed there has never been a better opportunity for primary care.

He said 'There is a long way to go but I firmly believe the NHS has turned the corner. The NHS Plan is on course to be delivered and we should now be confident we can move up a gear.'

He added 'No-one should doubt the significance of the next few years. It really is 'make or break' time. Either we prove that the NHS can become a service where the interests and choices of patients always come first, or we reconcile ourselves to the fact that the NHS – great in principle – simply could not cut the mustard in practice in today's world. Bold steps to radically reform the health service are now needed.'

The Health Secretary stressed that PCTs should be 'helped and enabled not commanded or controlled' by Strategic Health Authorities and central government.

Dr Dixon reported that Prime Minister Tony Blair had asked him to tell delegates he also wanted to know whenever the centre was failing to support them. 'Just pen a message to us and we'll make sure he gets the message,' he said.

Continued on Page 2

Editorial

Overall the mood was optimistic. Government leaders came to deliver praise and rally enthusiasm for the reforms and redesigns yet to come. But no-one at the NHS Alliance Conference was left in any doubt that the bounty about to be bestowed on PCTs with the start of three year budget planning, must transform services through radical commissioning – or the consequences could be dire.

Power is to be devolved to PCTs and the frontline, pledged Health Secretary Alan Milburn. Even the Prime Minister is keeping a watchful eye to see that StHAs are supportive not interfering.

It's a pity that at the same conference Sir William Wells, Chair of the NHS Appointments Commission appeared determined to interfere with the role and responsibilities of Non-Executive Directors because they are "too involved in PCTs." Hopefully he will listen to the growing opposition to plans to cut their time to 2.5 days a month. It isn't likely to have the effect he desires according to an Alliance survey (see page 3).

Jenny Sims, Editor

Social Services shake-up

Children's Trusts and Care Trusts for older people are to be set up in a move to break up the 'one size fits all' structure of social services, Health Secretary Alan Milburn has announced. The Children's Trusts, based in local council offices, will jointly plan, commission, finance and 'where it makes sense' deliver children's services. They will also, for the first time, commission health as well as social care.

Home dialysis guidance

NICE guidance for people with end stage renal failure recommends that all existing patients and new patients be assessed for home haemodialysis and, if suitable, offered the choice between haemodialysis at home or in a hospital/satellite unit.

Available at: www.nice.org.uk

Extending patient choice

Following the success of allowing patients to choose where to have heart surgery to cut waiting lists, the government has launched a pilot scheme in London for cataract surgery. Patients who have been waiting more than six months can choose treatment at different hospitals where they can be done more quickly. By spring this will be extended to: orthopaedic operations; ear, nose and throat treatments; general surgery and other specialities.

Women's mental health

A wide ranging strategy aimed at improving services and addressing the specific needs of women with mental health problems has been issued by the government for consultation. It includes guidance on what community day services should look like. The deadline for responses is 31 December.

Available at:

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

Consultant physicians' census

Consultants currently work an average 29 hours more than their contracts according to the Royal College of Physicians' annual census. It says a 10-15% increase in consultants is needed to cover the 48-hour week of the European Working Time Directive, and predicts elective clinical activity in general medicine specialties will fall 10% because of the directive and could fall to 40% if consultants work only contracted hours.

Reforming NHS Financial Flows – Payment by Results?**Guidance**

Medical Management Services has been asked by a number of StHAs and NatPaCT to organise some workshops. They will provide PCTs & Trusts with an opportunity to consider the issues, impact & implementation of the new financial flows guidance. Aimed at Finance Directors, Chief Executives of StHAs, Trusts & PCTs and PCT Leads on Commissioning and Modernisation. For further details please ring MMS on 01225 333711.



Prof Sir George Alberti

Redesigning the interface between primary and secondary care

About half acute hospitals could shut if services were developed in community hospitals and primary care centres and walk-in centres were increased from the

current 43 to about 1,000, said Professor Sir George Alberti, Emergency Services Czar.

Prof Alberti suggested: 'Virtually all outpatient services do not need to be done in acute care. The community hospital or centre should be the focal point of services – one step up from general medical services – all the things which don't need to be in a hospital.'

Before redesigning services, health planners should start with asking patients what they actually wanted.

'They don't care where they're treated so long as it's close to home, quick, seen by a specialist where necessary and 100 per cent successful' Prof. Alberti said.

Problems to be overcome included:

- Dislocation of services
- Institutional silos
- Professional silos
- Resources
- Buildings
- Too many acute hospitals and
- Fear of change.

A new model of healthcare should include the 'peripatetic paramedic.' Much more use should be made of the skills of people working in the emergency services. Motorbike paramedics, used in some areas, could do a great deal.

Specialists should be working more in the community, not tied to acute hospitals. More GPs are needed with specialist interests such as emergency care.

He pleaded for healthcare professionals to be given 'geographical responsibility' and not to be tied to Trusts.

'People are beginning to accept continuity of care by a team rather than by a GP and we need to build multidisciplinary teams across primary and secondary care.'

He told delegates: 'We can do an awful lot with existing buildings and staff. We don't want any more pilots. We've had enough in the last five years. We want to get on with it. If we work together on this we can do it.'

Redesigning Primary Care

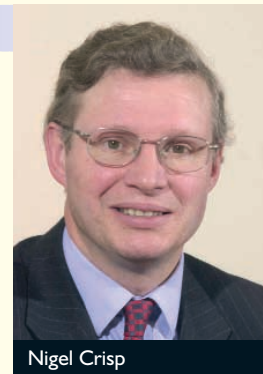
PCTs will have the money to achieve change but they must grow capacity and be radical, said Nigel Crisp, Permanent Secretary at the Department of Health.

He told delegates: 'Modernising the NHS is the biggest healthcare project in the world.'

Redesign and reform were happening everywhere in the NHS. There was no single model, and PCTs should be ambitious in their plans, he said.

Cliff Prior, Chief Executive, Rethink Mental Illness, said PCTs and everyone else redesigning services needed to listen more to patients and make them partners in consultation and decision-making.

'We want to see the redesign of patient care – but from the patient up' he said.



Nigel Crisp

NHS 'make or break' time starts now (Cont'd from Page 1)

PCTs were trying to be radical, especially with commissioning. Alliance research revealed many of the 800 doctors, managers and board members attending the conference had reported StHAs were blocking change – and had also top-sliced funds that should have gone into local services.

Dr Dixon said: 'I believe we can produce clearly visible results within three years, but only if we are allowed to do so.'

'Delivering a new, modern NHS depends on the three year plans we are making over the next six months, and that – lets face it – may be the 'make or break' of PCTs – and the 'make or break' of the NHS.'

into Practice - are we getting better?

Patient and public involvement

Proposal to cut non-executive directors' time opposed by delegates

Sir William Wells, chair of the NHS Appointments Committee, heard strong opposition to his proposal to cut the paid time of non-executive directors from five days to two and a half days a month.

Government plans to reduce the time commitment of non-executive members to encourage younger employed people and ethnic minorities were revealed by Sir William in a recent round of 14 national roadshows. They also want non-executives to be less involved in committees.

'Too many people are getting too involved – and I'm hearing this from the executive side across the country,' said Sir William.

An Alliance survey* published during the conference showed strong opposition to the plans from chairs and non-executive members in 300 Trusts.

Delegates at the conference also spoke up to defend the 'brilliant job' many non-executives were doing, many working much more than five days a month. And non-executives themselves said it was at small committee meetings that they were best able to challenge boards, not at main board meetings when there wasn't the time.

One PCT board member and clinician suggested Sir William appeared not to want non-execs to be the experts they could be.

He said 'As a clinician I get more searching questions. I am no longer asked why is our prescribing overspent but "Why do you prescribe statins to that group of patients and not another? How do you justify that?" They really have taken the time to get under the skin of the problem.

'If we keep them at arm's length and don't let them get under the skin of the organisation we won't really get the benefits of those people.'

Sir William said: 'We are not stopping people doing more than two and a half days a month. What we are saying is that we are very concerned that we do not have nearly as diverse a group serving on boards as we need.

'They are not representative. We don't

have many young people or people from ethnic minorities and we don't have nearly enough people in full time employment. All of those people would bring views which are crucial to the role of the board.

'We know we will not get people in full time employment if we require them to do five days a month. Employers have told me they will not allow people that much time off.'

However, Sir William admitted he would still expect new non-executives to do more than two and a half days – but without pay.

He said 'Candidly, I would be very disappointed if non-execs didn't put in more time than two and a half days a month, but out of their own time.'

He added 'We intend in the next two months to set up a number of groups across the country in order to hear the views of people who have experience of the front line. We feel it's important we sketch out a role for non-executives so we have something about which to debate. We will listen, and it's possible the proposals may change.'

Harry Cayton, Director for Patient Experience and Public Involvement pointed out the NHS has very few normal systems for collecting user information.

He said 'If you go to any other business sector, including the voluntary sector, we collect information about what our users want and need and what they think about us through customer surveys.'

'Patient and public involvement is easy, it is not a science that we are inventing. It's actually about talking to patients and listening, then using that as management information and using it to improve services. What we must not do is turn it into a complicated pseudo science and an add-on'.

William Butler, Chief Executive, Arthritis

Care, said it was important the health service took notice of the knowledge and expertise of patients and drew on their skills to develop services. The Expert Patients Programme set up by the government was a step in the right direction, but there was a long way to go.

* NHS Alliance survey of PCT chairs and non-executive board members

An email questionnaire about the proposed time cut received 300 responses from PCT chairs and non-executive directors. Findings included:

- 77% said NEDs could not maintain their roles and responsibilities if the time was cut to 2.5 days a month
- 89% said NEDs were not compromised in their independence and ability to challenge decisions by involvement in functional areas, or by acting as chairs or leads of working groups and/or committees
- 80% said NEDs were not equivalent to non-executive directors of private sector companies or charity trustees and had a new role that included challenging orthodoxies.

A message from our new sponsors

Lloydspharmacy is the leading community pharmacy chain in the UK. With over 1350 pharmacies in health centres, community shopping parades and on high streets, our pharmacists are well placed to deliver healthcare to communities through their management of medicines, services and advice and through relationships with other local healthcare professionals.

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CONFERENCE NEWS IN BRIEF

Re-focusing Commissioning for Primary Care Trusts

By Dr Chris James, Dr Michael Dixon and Michael Sobanja

This NHS Alliance discussion paper builds on the NHS Alliance publication Vision in Practice in reinforcing the need to develop robust commissioning processes in a changing NHS. Available at www.nhsalliance.org

Designing People-Centred Services

A Guide for PCOs

This practical guide with key messages and an action checklist will be available this month (November). For a copy call **Medical Management Services on 01225 333711** or email enquiries@medman.co.uk

Investment, Expansion and Reform

This key DoH document introduces a new system of three year planning and allocations and sets nine national priorities for the NHS and social services: waiting; booking and choice; emergency care; cancer; coronary heart disease; mental health; older people; life chances for vulnerable children; patient experience and public accountability and tackling health inequalities.

Available at:

www.doh.gov.uk/planning2003-2006/index.htm

Managing for Excellence in the NHS and NHS Management Code of Conduct

Ambitious plans to strengthen and develop leadership and management in the NHS are set out in the above two documents aimed at doctors, nurses and other healthcare staff as well as managers.

Both available at:

www.doh.gov.uk/managingforexcellence

Developing Intermediate Care

By Jan Stevenson and Linda Spencer

This guide has been produced following a three-year King's Fund Rehabilitation Programme which worked with pilot sites across England to develop intermediate care for older people. It says intermediate care should fit as an integral part of a wide range of health, social care and housing services.

Price £18. Available from the King's Fund Bookshop on 020 7307 2591 or at: www.kingsfundbookshop.org.uk

Using the Internet in Healthcare, Second Edition

By Stuart Tyrrell

The new edition explains each aspect of the internet in a straightforward way and reflects the recent changes in this fast-moving field. It contains all the latest developments, as well as reviewing and refreshing all the online resources cited, and a beginner's guide to website design and identifying useful sites.

Radcliffe Medical Press Ltd £19.95
ISBN 1-85775-997-4

Available at: www.radcliffe-oxford.com or call 01235 528820

Public Interest, Private Decisions

By Anthony Harrison and Bill New

The NHS lacks the knowledge it needs to deliver better services to the public because of biases in the research economy, claim the authors. They show that the majority of the £4 billion spent every year on health-related research is driven by commercial imperatives rather than the public interest.

Price £17 ISBN 1-85717-467-4 Available from the King's Fund Bookshop on 020 7307 2591 or at: www.kingsfundbookshop.org.uk



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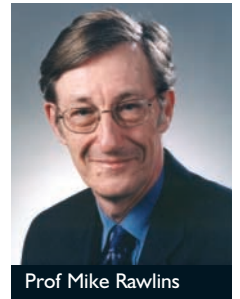
Creating Successful Partnerships

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Vision into Practice - are we getting better?

NICE striving to end postcode prescribing

Trusts which fail to fund treatments recommended by the National Institute of Clinical Excellence (NICE) are breaking the law and could face a judicial review, chairman Professor Mike Rawlins warned.



Prof Mike Rawlins

Doctors are not legally obliged to prescribe treatments recommended by NICE, but if they do, Trusts are legally obliged to fund them, Professor Rawlins told a conference meeting.

He added: 'I think they (Trusts) are acting extremely unwisely. It is no secret that a federation of patients' organisations are itching for a judicial review – and I have not discouraged them.'

He also warned doctors 'Write down why you are not following NICE guidance in prescribing. There may be valid reasons.'

He suggested a written record of reasons could become a useful defence if a writ came in five years after the event, particularly as NICE guidance could replace the Bolam test (used in legal cases where doctors are accused of clinical negligence) in time.

Prof. Rawlins said he had a vision that eventually there would be NICE guidelines for most areas. Meanwhile they were working at speeding up appraisals and looking at possible collaborations with agencies in other countries to produce joint guidelines, possibly including cost effectiveness.

'The grave problem with 95% of guidelines which have ever been produced is that they do not take into account cost effectiveness. They all tend to have aspirational elements which are quite impractical and often reflect more the composition of the guidelines development group than the real world,' he said.

NICE so far has completed five clinical practice guidelines and eleven referral guidelines. 'We don't plan on producing any more referral guidelines - we hope the clinical practice guidelines will include them.'

The object of guidelines was to assist patients in treatment choice as well as doctors, he reminded delegates. 'Patient access to guidelines has tremendous impact on their uptake,' he added.

For the future, NICE hoped to increase its capacity by creating more collaboration centres, to 'shave a little bit off the appraisal

time – currently about a year, to do earlier appraisals – before drugs came on the market, and to take greater account of patients views.'

'We also need to take a careful look again at the development of consensus guidelines. There are some conditions for which there is no real evidence base. Doctors do need some help with, for example, chronic fatigue syndrome, where there is little hard evidence comparable to many other diseases. They need help and advice on how to handle this,' he said.

On reactions of people to NICE, he said 'The pharmaceutical industry wished we had never been invented and that we would go away. I think there is a general acceptance we are around to stay and generally we are not as awful as the original prognostications suggested.'

Nevertheless the industry had many concerns about NICE, some of which are not so much to do with what impact NICE had on the UK but elsewhere in the world.

He said NICE was being watched very carefully by many countries including Japan and America, and many healthcare systems were contemplating building equivalent organisations. The Swedes and Norwegians had already set up analogous organisations.

To his surprise they were being acted on by many other healthcare systems. 'We now know that many Health Maintenance Organisations in the US click into our website and base their decisions on what we have recommended.'

In an average day the NICE website gets 15,000 hits, 60,000 when something of special interest comes along. Twenty per cent of hits come from servers in North America.

In general, NICE found healthcare professionals had been extremely helpful and co-operative, but there were 'niggles' sometimes.

'We can't please all the people all the time, if we did we wouldn't be doing our job properly,' Prof. Rawlins concluded.

No funding access for many PCT lead nurses

Fewer than half PCT lead nurses have been able to access resources from the annual budget round according to a recent NHS Alliance survey published during the conference.

Only 43% of the lead nurses in 302 PCTs in England succeeded in obtaining funding from SAFF (the Service and Financial Framework), 28% had relied on efficiency savings to get funding for improving services, and one in five had depended on support

from the pharmaceutical industry.

NHS Alliance nurse lead Lorna Potter, who carried out the survey, said there was so much optimism among PCT lead nurses it was disappointing so many were struggling for essential funding, training and support.

'Adequate time, backfill cover, managerial support and professional mentorship are all issues PCTs need to address urgently if nurses are to play their full role in implementing the NHS Plan,' she said.