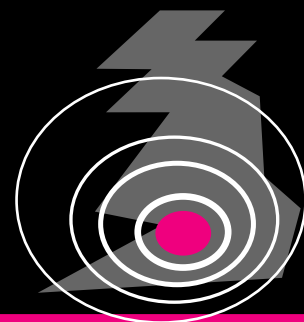


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Top performing hospitals and PCTs to be run independently in new NHS reforms

Health Secretary Alan Milburn has proposed that best performing hospitals and primary care trusts are run on a 'Foundation' basis and set free from Whitehall financial and management control.

The government will be assessing the details of the Foundation scheme over the next few months, but the NHS Confederation has already said the proposals do not go far enough. It has called on the DoH to 'be courageous' and liberate the whole NHS from Whitehall.

Failing organisations, top organisations and average organisations all need more freedom, they say.

Mr Milburn outlined his proposals in a recent speech to the New Health Network. They are the result of meetings with managers of the top hospitals in England which earned three stars in the government's NHS performance ratings published last year.

He said: 'Our reforms are about redefining what we mean by the NHS. Changing it from a monolithic, centrally run, monopoly provider of services to a values-based system where different health care providers - in the public, private and voluntary sectors - provide comprehensive services to NHS patients within a common ethos; care free at the point of delivery, based on patient need and their informed choice and not on ability to pay.'

'Who provides the service becomes less important than the service that is provided. Within a framework of clear national standards subject to common independent inspection, power will be devolved to locally run services so they have the freedom to innovate and improve care for NHS patients.'

The DoH say the proposals will mean:

- Greater freedom for the best performing hospitals and PCTs
- Franchising the management of persistently failing NHS hospitals - potentially including charities and the private sector over time, as well as the public sector
- A reduced role for Whitehall in running the NHS and the devolution of day-to-day management responsibility to the new Strategic Health Authorities
- Strengthened independent inspection of all

bodies providing NHS services

- Informed patient choice becoming enshrined as a fundamental principle of the way the NHS works.

The DoH also claims

Foundation hospitals would have a much greater range of freedoms to manage local services, with benefits such as:



Health Secretary Alan Milburn

Mr Milburn said: 'The better the performance of the organisation, the greater freedom it will enjoy. The first wave of three star hospitals will be able to establish joint venture companies, get automatic access to capital resources and be subject to less monitoring and inspection. In order to encourage greater innovation and responsiveness in local services these existing freedoms will need to be extended.'

But Nigel Edwards, NHS Confederation acting chief executive warned: 'The government will need the courage of its convictions - history tells us that politicians set out such intentions to free up the NHS but quickly get nervous and fail to provide the necessary freedoms e.g. borrow money, retain reserves, take risks and be entrepreneurial, and to determine local pay.'

On bringing in private sector management, he said: 'There will be no magic bullet provided by different managers from outside the NHS if the framework within which NHS managers have been working is not changed. Managers seeking to turn around failing organisations will arguably need more freedom than those who aren't doing as well.'

NEWS IN BRIEF

Modernisation Board's first annual report

Putting the patient first is starting to happen in the NHS and innovative approaches to patient empowerment are being developed according to the Modernisation Board's first annual report.

Available at www.doh.gov.uk

NHS Alliance Events

February-June

Venues in each StHA area

'How Will YOU and Your PCOs Deliver the NSFs, Health Improvement and Build Capacity? Learning from Local Initiatives'

Details from www.medman.co.uk

February 20

Northern Ireland Health Forum
Stormont Hotel, Belfast

Details from val@catchon.co.uk

March 21 - Spring Conference with RCGP, RCN, GPC & Allied Professionals. *Directors, leading players or backstage hands? Clinical professionals in PCTs*

The Barbican Cinema, London
Details from yhunter@health-links.fsnet.co.uk

March 27

Complementary Medicine in Primary Care - Time to Decide

Royal Society of Medicine, London
Details from yhunter as above

April-June

Half day workshops at UK-wide venues
GP Appraisal - Making it work for GPs and Patients

Details from enquiries@medman.co.uk

May 7

Three at the Top

Church House, London

Details from yhunter as above

BAMM events

The British Association of Medical Managers will hold a one day event, *New Roles in Primary Care*, 6 March. *Liberating Leaders*, its International Conference Annual Summer School and AGM will be held at Victoria Park Plaza, London. Details of both from 0161 474 1141 or bamm@bamm.co.uk

Contact annual conference will be held in June.

Strategic Health Authorities

How important will they be?

No-one reading the next steps guidance on Shifting the Balance of Power can be in any doubt about the importance of the role of Strategic Health Authorities. The StHA will be the leader of the NHS locally and will manage the NHS on behalf of the Department of Health.



Ken Jarrold

The three key functions are creating a coherent strategic framework, agreeing annual performance agreements & performance management and building capacity & supporting performance improvement.

StHAs will be expected to fulfil these formidable

responsibilities with a style that is focused on delivery, committed to service quality and patient safety, empowering, facilitative, developmental, involving and leading.

This will be a complex and difficult role requiring commitment, ability, experience and a sophisticated understanding of the NHS, social care and of the management of change, people and process. StHAs will in the main be responsible for ensuring that PCTs as the cornerstones of the modernised NHS, and NHS Trusts as the providers of hospital services, do what is expected of them. StHAs will be ensuring rather than doing directly.

There will be plenty of what Professor Stewart calls the "wicked issues". How will the whole system transform itself to secure public and patient participation? How will the NHS hierarchy respond to PALs, Patient Forums, independent advocacy and the new Commission?

The challenge to clinical and managerial power is clear. Will StHAs be able to move public and patient involvement from the periphery to the mainstream?

Will front line organisations be able to transfer power to front line staff and clinical teams? Will Chief Executives, Directors and middle managers let go enabling front line staff to have an effective role in how services are delivered and resources are allocated?

Can the NHS learn to be a true partner for Local Authorities other statutory organisations and the voluntary sector? Will the Criminal Justice system feel the benefit of an active and involved NHS in Community Safety, Youth Offending, substance misuse, child protection and prison health?

Will NHS Trusts work ever more closely in partnership with PCTs and other local partners? Will the partnership extend to accepting that 'both the mutual aid arrangements and the end of year control arrangements will require NHS Trusts and PCTs to temper their individual financial aims and objectives in the interest of the wider health economy to which they belong and of the NHS as a whole?' Will clinical networks and statutory organisations learn to live with each other achieving clinical change by crossing organisational boundaries and respecting the role of accountable officers?

StHAs will need to develop the right relationships to serve and lead, to earn trust by what they do as well as what they say. StHAs will need expertise and integrity, determination and empathy.

Ken Jarrold CBE

Chief Executive (Designate)

County Durham and Tees Valley Health Authority

DEVOLUTION Tackling inequalities high on Primary Care agenda in Wales



With the establishment of the National Assembly for Wales, the political paradigm of power in specified areas will ultimately bring differences in methods of achieving policy goals between the constituent parts of the UK - this is as true in the case of health issues, including primary care, as it is in other policy areas.

With health being one of the specified areas of policy that is devolved to the National Assembly for Wales, the primary care community in Wales is increasingly focusing on Cardiff rather than Westminster as the arena to which it relates

in the first instance.

The idea of Welsh solutions to Welsh problems is one that is now gathering momentum and has manifested itself in the form of our own NHS Plan. The signs coming from the National Assembly are very positive for primary care. In the recent Primary Care Strategy, Health and Social Services Minister Jane Hutt described a vision of a primary care led NHS in Wales. So far there have been no substantial differences in approach from what's happening across the UK. However, when it comes to turning this aspiration into reality, clear differences start to emerge.

In the last few months the National Assembly

The state of the NHS – A case of the meek shall inherit the NHS?



When PCGs appeared there was reasonable stability elsewhere in the NHS. Not so with PCTs as they grow in number and assume responsibility for 75 per cent of the NHS budget. With the possible exception of acute trusts, the rest of the NHS from the top down is in turmoil. In line with *Shifting the Balance of Power*, PCTs will inherit a service that is changing dramatically both structurally and in the way it is managed. Nobody is entirely clear how or where it will all end up. Hold on for the white knuckle ride.

Once upon a time the concern was that health authorities would hang on and not let go of the new primary care organisations. With 95 health authorities being replaced by 28 new authorities on 1 April this problem has been solved at a stroke. The risk now is the reverse – PCTs will be parentless. How will they fare?

The creation of PCTs with the aim of putting primary care in the driving seat of the NHS and serving as the natural leaders of better health in their local communities is laudable. They are to have a central role in leading the modernisation programme and reshaping services.

But let's get real. The overriding issue facing the new PCTs is not whether they are a good thing but whether they can meet the complex challenge facing them at a time when the very future of the NHS hangs in the balance. It is not a propitious start for these new and untested organisations. Are they fit for purpose?

The environment PCTs are being launched into is fraught with opportunity. Many will fail, either because they are too

small to make a difference or because there is insufficient managerial talent available to ensure that all can prosper. Continued instability over the next year or two seems unavoidable as PCTs merge and reconfigure themselves. A form of social Darwinism will weed out the survivors but at what risk to the local health community? PCTs will remain distracted by internal organisational matters at a time when more than ever they need to focus on local health needs.

What of the key challenges PCTs will face? Possibly the greatest is the poor image and performance of the NHS as perceived both by the media and the public. PCTs must quickly acquire well-honed communication skills in order to manage this agenda rather than be swept along by it.

With the NHS in such a parlous state, the expectations of what PCTs can achieve are mixed. Some observers see them as the saviour of the service. Others are less optimistic and assert that the fledgling organisations will simply be devoured by those rapacious acute trusts quietly waiting in the wings to pounce. After all, these behemoths have been around a long time and are savvy and street-wise operators. Into the fray come new and largely inexperienced, if enthusiastic, newcomers. Who would you put your money on?

Yet, unless PCTs can disturb the status quo and do things differently why go to all the bother of setting them up? Belatedly, important and necessary development opportunities are being put in place but it is a race against time. PCTs do not have the luxury of demonstrating their worth several years from now. They have got to

make a difference quickly and certainly over the next year or two as the imperatives of the electoral cycle begin to kick in. The political stakes are high – unreasonably so given the complex and long-term nature of the task.

The NHS Plan and national service frameworks provide the route map. But whatever the rhetoric about improving the health of local communities and devolving responsibility, PCTs will be judged, as were health authorities before them, on their ability to deliver on the 'must do's'. These are: meeting waiting list targets, ensuring that access to hospital beds presents no disasters, and remaining within budget. In an NHS creaking at the seams with no slack anywhere it will be a miracle if no serious mishaps occur.

None of this is, of course, the fault of PCTs. They inherit a sick and seriously demoralised organisation suffering from underfunding, severe staff shortages, and a skills deficit that cannot be made good overnight regardless of the money flung at it. However smart they prove to be they will be unable to deliver major change for some time. None of this will, of course, prevent PCTs being blamed in the event of things going wrong.

PCTs face a tough time ahead in an unforgiving political climate. They will only succeed if they are realistic about what they can achieve, especially at the outset. Talking up their abilities in that macho 'can do' style so common among NHS managers is unhelpful. PCTs must learn to walk before they can run.

David Hunter is Professor of Health Policy and Management at the University of Durham

Devolution (continued from page 2) has been debating proposals for re-structuring the NHS in Wales. These proposals were recently passed and mean that from April 2003 Health Authorities in Wales will be abolished and replaced with 22 Local Health Boards. These LHBs will be co-terminous with the 22 Local Authority areas in Wales and will have a statutory requirement placed upon them to have strengthened working relationships with local government through the formation of 12 partnership boards on which key stakeholders including NHS Trusts will be represented. LHBs will build on the working of the existing 22 Local Health Groups in Wales, currently sub

committees of the Health Authorities.

The primary care challenges faced by the re-structured NHS in Wales are substantially the same as those faced in other areas of the UK. Issues such as recruitment and retention of staff, improving access, implementing NSF and NICE guidelines, meeting the recommendation of CHI, managing demand and meeting the ever-rising expectations of patients are all common to primary care throughout Britain. In Wales there is one issue that has risen far higher up the agenda than it has elsewhere. The problem of how to tackle inequalities in health is now an issue that the National Assembly has given the highest priority for solving in Wales. Primary care has a key

role in improving community health and helping to tackle inequalities.

The Welsh NHS Confederation has been heavily involved in many of the issues outlined in this article. As an organisation it submitted a strong response to the Primary Care consultation document, where they emphasised the need for both new resources and the development of new ways of working in primary care in Wales.

Over the coming months the new LHBs will become increasingly active in Wales and will strive to provide new solutions to old problems in primary care in Wales.

Judith Paget

*General Manager Caerphilly Local Health Group/
Welsh NHS Confederation Primary Care Policy Lead*

Priorities for StHAs

Engaging local people and professionals must be a top priority for the new Strategic Health Authorities, the NHS Alliance has told the government.

'They will have to ensure that Primary Care Trusts genuinely carry local professionals and the public with them in making strategic decisions and carrying them out', said NHS Alliance chairman Dr Michael Dixon.

'The danger is that some might go into "acute trust mode", reverting to management hierarchies and central decision making that exclude front line professionals and the public,' he warned.

In a letter to Health Secretary Alan Milburn, Dr Dixon said that NHS modernisation depends on the support of front line professionals and local people. That will rapidly disappear if the new structure is nothing more than another top down management system.

The Alliance says there should be two other priorities for the StHAs:

- Helping PCTs balance top-down instructions with bottom-up aspirations - and if necessary insulating them from the former. That means acting as a 'critical friend' and a respected arbiter when one or more Trusts have mutually exclusive proposals.

- Putting in place effective performance management systems that are focused on developing quality - and helping PCTs to achieve that - in place of the tick box systems of the past.

'StHAs and PCTs must both see themselves as corporate members of a system that delivers healthcare rather than in opposition, as some district and regional Health Authorities in the past'. Said Dr Dixon.



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PCG pioneers good employment practices

Briony Sloper



Making the NHS a place where people want to work is essential if the NHS is to have enough staff to deliver services, attract the next generation of healthcare professionals and be able to modernise services, says Briony Sloper, project manager of the DoH's Improving Working Lives (IWL) initiative which helped develop a Good Employment Practices Handbook for use in a London PCG.

Methods for tackling recruitment and retention are at the top of every manager's agenda. The continuity of care and sustainability of services can be undermined where there is evidence of worrying levels of sickness absence, low morale and burnout.

Understaffing and high turnover can affect the quality of care for users and impact on service delivery. Research evidence clearly links poor employment practices with poor retention and recruitment, poor morale, reduced standards of care and patient dissatisfaction.

With an increasingly competitive labour market the NHS needs to establish a strong image as a good employer and should aim to become the 'employer of choice' within the local community.

The Improving Working Lives (IWL) initiative was launched by the DoH in September 1999. The key aims of the campaign are identifying & sharing good practice and translating policies into action.

Quality of care for patients, their families and carers, goes hand-in-hand with the quality of working life we provide for our employees. Improving the working lives of staff can be seen to contribute directly to better patient care, through improved recruitment and retention - and because patients want to be treated by well-

motivated fairly rewarded staff.

As part of the IWL initiative across the London region we were able to support the development of a Good Employment Practices Handbook for use within Southall and West Ealing PCG.

The development was driven locally by a large number of practices experiencing considerable difficulty in recruiting and retaining practice staff from all disciplines and at all grades. Close examination of the terms and conditions of employment adopted by some practices was felt to be a significant contributory factor. In some cases it was probable that the GP did not fully appreciate the employment disincentive or that the statement breaches current employment law. With all employees now more aware of their rights, a claim for unfair dismissal now possible after only one year of employment and the level of compensation increased to £50,000 it is essential that GP practices, as employers, are fully aware of employment law and best practice guidelines.

Following the success of the Southall and West Ealing PCG project, every GP practice in London was recently sent a copy of *The Good Employment Practice Handbook* by their health authority. Accompanied by a CD, it contains a wide range of information including a brief overview of current legislation relevant to employment, advice on recruitment, defining a contract, advice on developing local/practice policies, introducing appraisal schemes, Practice Health & Safety Policies and developing Personal Development Profiles.

*Free copies of *The Good Employment Practices Handbook* for General Practice are available from Briony Sloper on 020 7725 5560 or e-mail: briony.sloper@doh.gsi.gov.uk.

PCG TIPS: Books and reports

Referral Advice - A guide to appropriate referral from general to specialist services

By the National Institute for Clinical Excellence

Commissioned by the DoH in 1999, NICE finally published its GP referral guidelines just before Christmas. They cover 11 common conditions including acute low back pain, acne, psoriasis, varicose veins and osteoarthritis of the hip and knee. Not formal guidance, NICE says it is an 'educational resource' to stimulate local health communities to discuss referral issues and develop local referral protocols. **Available at www.nice.org.uk**

Obesity and Overweight Matters in Primary Care By Ruth Chambers and Gill Wakley

The UK has the fastest growing rate of obesity in Europe with one in five adults classified as obese. This is another practical guide for GPs, practice and community nurses and other health professionals in primary care. Topics include effective interventions,

motivation and influence, adult and child diets, myths and co-existing conditions.

Radcliffe Medical Press Ltd £19.95

ISBN 1-85775-514-6

Online ordering at www.radcliffe-oxford.com

The Guide to Mental Health for Nurses in Primary Care

Edited by Elizabeth Armstrong

A practical guide, this book describes what nurses can do on a daily basis to improve the care of people with mental health problems. It highlights the necessary tools and skills to identify those patients who need referral to a GP or community mental health nurse. Accessible yet comprehensive, it is essential reading for all healthcare professionals in this field.

Radcliffe Medical Press Ltd £17.95

ISBN 1-85775-435-2

Online ordering at www.radcliffe-oxford.com