continued from front page

months, with the creation of Strategic Health Authorities to get the performance management system right and focus on ensuring that hospitals make long term and sustained change that will prevent failure and genuinely benefit patients.'

Making the franchise announcement, Health Secretary Alan Milburn said: 'Rating the performance of NHS Trusts is already producing positive results. The majority of zero star Trusts are well on the road to recovery. Their staff and management deserve congratulations.

The progress of all zero star NHS Trusts, whether franchised or not, is to be kept under close review and, alongside all other NHS Trusts, subject to the annual performance rating process later in the year.

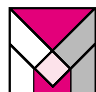
**Performance ratings are available at www.doh.gov.uk/performanceratings*

Are you developing good partnership working between Primary and Secondary care?

Primary Care Network and the University of Durham would like to hear from you if you think you are developing good partnership working between primary and secondary care

- Are you developing integrated services with your hospital clinicians and managers?
- Are resources being moved around to develop new services?
- Have you developed new intermediate care services?
- Have you learnt important lessons to overcome the primary and secondary care divide?

If you have and would like to share your experience in a study that will result in an "Action Plan for PCOs to Secure Integrated Care", please contact, as soon as possible, Clive Johnstone at Medical Management Services Ltd, details below.



Medical Management Services
Creating Successful Partnerships

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OPINION Nurses are returning but will need support and encouragement to stay

Lynn Young, RCN policy adviser on community care comments on the government's announcement last month that the NHS Plan's target of 20,000 more nurses and midwives by 2004 have been met ahead of schedule.*

Apparently, the new NHS is awash with nurses! According to Health Secretary Alan Milburn who spoke at a Nurses Summit last month we now have another 14,400 nurses in the care system – an almighty rise of 4.3% in the last 12 months.

This is, of course, splendid news and an honest acknowledgement that sometimes well thought out initiatives do the unexpected thing – of working! So, we have a result in the form of qualified and experienced nurses taking the positive decision of returning to nursing following a break in their chosen career. The fact that the NHS Plan's target has been met is good news for public health and patient care.

However, Mr Milburn also said: 'There is no room for complacency. We cannot have nurses coming into the NHS through the front door but find more leaving through the back.'

I agree. While we have cause to celebrate success, we should remember that recruitment has never been the nursing profession's overriding problem, but retention and morale and motivation have. It is in these domains that health organisations must now focus talent and energy.

Nurses, alongside other health and social care colleagues have a history of burnout, inertia and disillusion, all of which compromise the health of both patients and staff.

Congratulations are in order but attention must now be paid to implementing the worthy policies included in *Improving Working Lives* and *Agenda for Change*. It is in the latter, particularly, where progress is slow and, so far has not been felt by nurses.

A decent salary is crucial to nurse welfare as well as dedicated time out for continuing professional development, shared learning and an employer who listens and values them. Good will and commitment are too crucial to patient care to be taken for granted and need to be built into organisations as a cultural necessity, not a temporary whim or fancy.

This is an important time for Directors of Human Resources who have been charged by Mr Milburn to quickly implement *Improving Working Lives*. The RCN is committed to working with the new primary health care organisations and hospital trusts to help the modernisation process continue with the hope of bringing tangible benefits to all concerned.

We must warmly welcome our precious nurse returners and work hard to retain them by offering support, friendship, guidance and nurturing supervision.

* Figures from the NHS workforce census published 5 February, 2002.

PCG TIPS: Books and reports

Principles for Best Practice in Clinical Audit (with a CD-ROM)

Funded by NICE and written by experts from the Quality Improvement Programme at the Royal College of Nursing and the Clinical Governance Research and Development Unit at the University of Leicester, this book has been produced in response to demand from healthcare professionals. Its aim is to support staff leading clinical audit and clinical governance projects in the NHS. It describes the methods, tools, techniques and activities related to each stage of clinical audit - preparing for audit, selecting audit criteria, measuring level of performance, and making and sustaining improvements.

Radcliffe Medical Press Ltd 01235 528 820
www.radcliffe-oxford.com ISBN 1-85775-976-1
£29.95 or £19.95 for NHS employees

Target Cancer

By Dr Mike Hall

Vaccines could offer immunity to cancer, this report shows. It answers questions about the condition, explains the risk factors and screening methods, and highlights how the UK-based pharmaceutical industry is helping in the battle against cancer.

Available free from the ABPI's Publications Department on 020 7930 3477 ext 1446 or email mfleming@abpi.org.uk
Also available at www.abpi.org.uk

NHS Performance Indicators

Fewer NHS patients are dying following hospital surgery, more patients are getting heart operations and more are surviving cancer, according to these government figures. They also show progress has been made nationally against key areas of the NHS Plan including reductions in outpatient waiting times and falling death rates from all circulatory diseases.

Available at www.doh.gov.uk/nhsperformanceindicators/hlpi2002

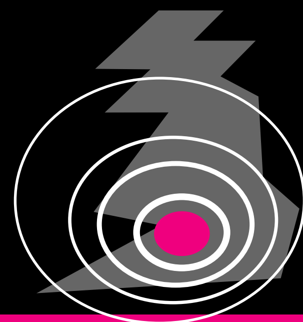
Tackling Obesity in England

House of Commons Committee of Public Accounts Ninth Report of Session 2001-2002-02-14

Most adults are overweight and one in five (eight million) is obese. In England obesity has trebled in the last 20 years. The most likely causes are an increasingly sedentary lifestyle combined with changes in eating patterns says this report which has recommendations on managing obesity in the NHS.

Available at www.parliament.uk/commons/selcom/pachome.htm

PRIMARY CARE NETWORK



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MARCH 2002
ISSUE 42

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Supported by an educational grant from

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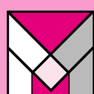

Medical Management Services
Creating Successful Partnerships

Failed trusts could have knock-on financial effect on PCOs warns NHS Alliance

Reactions to the government's announcement it is to franchise management of four failing Trusts has been mixed. The NHS alliance fears the move will result in more pressure on Primary Care Trusts and take money away from them to solve hospital problems.

It has called on the government to ensure PCTs are not 'accidentally penalised by switching resources to secondary care', and for the NHS to be managed as a 'joined up service'.

Mike Sobanja, Alliance Chief Executive, said: 'We can no longer afford to maintain the separation of primary and secondary care. We must make sure that improvements to hospitals do not make matters worse elsewhere.' He said new management in no-star hospitals was likely to want exactly what old management wanted: better resources to do the job properly.

'That means more money – which will come largely from Primary Care Trusts and if there are no resources then PCTs will be in trouble' said Mr Sobanja. The NHS Confederation, while agreeing bad management should be changed, has called on the government to put more effort into preventing hospital failures.

Twelve trusts were given a zero star rating in September. By last month, seven had made significant improvements, but four which had not, had their management franchised to other NHS organisations. One trust is still to be assessed by the Commission for Health Improvement.

The four trusts franchised are:

- Ashford and St.Peter's Hospitals NHS Trust
- Dartford and Gravesham NHS Trust
- Portsmouth Hospitals NHS Trust, and
- Barnet and Chase Farm NHS Trust.

The Trusts which have made improvements and have had their improvement plans accepted are:

- Medway NHS Trust
- Brighton Healthcare NHS Trust
- Stoke Mandeville Hospital NHS Trust
- Oxford Radcliffe Hospital NHS Trust
- United Bristol Health Care Trust
- Epsom and St Helier NHS Trust

The NHS Confederation pointed out that the underlying problem in many hospitals is staff shortages which may not be a problem new management can solve.

Dr Gill Morgan, Confederation Chief Executive said: 'The way we measure performance in the NHS does not diagnose why a hospital is failing, only that it has not met its targets.'

Mike Sobanja

She said where management had clearly failed, it was right to change it. But making changes without analysing why a hospital had failed risked ending up with the wrong solution to the wrong problem.

She added: 'The task for the NHS is not waiting until hospitals are in the position of failing, but putting more effort into the prevention of failure. We have a real opportunity in the next few

continued on back page

Eight new Teaching PCTs go live

A new wave of eight Teaching Primary Care Trusts will go live in April and share £3 million during 2002/3. Part of the drive to improve health services in disadvantaged and under-doctored areas, the aim is to attract more health professionals to the areas by offering them better career development and educational opportunities. They will act as bases and resource centres and be expected to work collaboratively with other local health organisations, including surrounding PCTs.

The new Teaching PCTs are: North Tees, Bristol North & Bristol South West, Slough, Lincolnshire South West, Haringey, Luton, Blackburn & Darwen and Heart of Birmingham.

HIMP Award of Excellence

Recognising the importance of HIMPs to:

- Tackle health inequalities
- Implement the NHS Plan and NSFs
- Encourage partnership working

This year PCN and the University of Durham are pleased to announce this Award also includes the involvement of the DoH and the Health Development Agency. Please find enclosed an entry form with this edition of PCN.

The Award is open to all Primary Care Organisations and the closing date is 26th April 2002. For further details please contact Medical Management Services, tel: 01225 333711.

NEWS IN BRIEF

Medicines management pilots

Pharmacists are to help patients get the best out of their medicines and tackle NHS waste. Forty new pilot sites in England have been announced as part of the collaborative Medicines Management programme hosted by the National Prescribing Centre. The first 26 pilots were announced in June last year. Further information about the programme available at www.npc.co.uk/medicines_mangmt.htm

Payment by results

From May this year patients with multiple sclerosis across the country are likely to benefit from treatment with the drugs beta interferon and glatiramer acetate on the NHS as part of a unique 'Payment by results' agreement between the DoH and five pharmaceutical companies.

NICE published its Final Appraisal Determination on the effectiveness of beta interferon and glatiramer acetate last month and found that on the basis of current prescribing mechanisms, these drugs are not cost-effective for use on the NHS.

However, in their initial findings, NICE recommended: '...the DoH...and manufacturers might usefully consider what actions could be taken , jointly, to enable any of the four medicines appraised in this guidance to be secured for patients in the NHS in England and Wales, in a manner which could be considered cost effective.'

Events

May 20 - Conference on welfare advice in GP surgeries, Bradford. Bradford City PCT's Health Plus scheme contracts with seven advice agencies to deliver benefit, debt, housing, employment and immigration advice sessions in over 30 GP practices. This conference will explain why we set the scheme up, how we got GPs on board, what services we offer and what service users get out of it. Please register your interest by contacting Nick Hodgkinson on:

- e-mail: nhodgkinson@bradford-ha.nhs.uk or
- fax: 01274 424781 or
- post: Health Plus Conference, Bradford City PCT, Joseph Brennan House, Sunbridge Road, Bradford BD1 2SY

Getting it right: Priorities for PCOs

Dr Gillian Morgan, who joined the NHS Confederation as Chief Executive last month, describes for PCN what she thinks are the priorities for primary care organisations.

Primary Care Organisations (PCOs) offer new opportunities to develop services that are sensitive to the needs of individual patients and to local communities. By engaging clinicians directly, they have the potential to release imagination and allow innovative solutions to some of the knotty problems of health care delivery. If not managed effectively however, they could lead to fragmentation and turf wars. The differing models for PCOs adopted by the four national health departments gives us the opportunity to learn what structures work best for patients. So what should the early priorities be?

Top priority

Top priority is getting internal relationships right. The triumvirate of Chair, Chief Executive and Professional Executive Chair offers a real opportunity for radicalism, combining the best of clinical thinking with effective modern management -- all tempered by a lay perspective. On the other hand, this relationship can be crowded and developing these effectively will take hard and continued effort. Without strong, shared leadership, PCOs will not deliver and will be weakened by internal power games. Getting the balance between the lay and professional input to the PCO is also critical for success and for real community governance.

Second priority

The second priority is getting the relationship with the acute sector right. Achieving real influence over ever rising demands requires PCOs to share sovereignty with other PCOs, acute trust clinicians and managers and key local government partners in social services. There can be no more sabre rattling about who is to blame. Patients need integrated care, delivered through coherent pathways and networks which cross organisational boundaries and in which players recognise and respect their own and others special contribution. Without real achievements here, there will be little space for primary care innovation and acute hospitals will slip to isolationism to the detriment of patients and the NHS.

Third priority

Many PCOs are now complex provider organisations, able to influence services not just through their commissioning agenda but by doing things differently at the interface between primary care and community services. The more radical will knock down some of the boundaries of custom and practice in the name of the patient. If management truly engages the front line, PCOs will be able to listen to imaginative voices for change rather than advocates of the status quo. Doing things differently at this interface offers the greatest opportunities to stop the NHS being overly focused on the acute hospital. This is the third priority.

We must be honest; investment in effective treatment services – for example statin prescription will have a more rapid and measurable impact on health outcome than strategies to improve diet. Health and health promotion are important and need investment of time and money but not at the expense of health care. If PCOs are to make a step change in patient outcomes and experience then their short-term efforts need to go into the delivery of 21st century health care.

Background

Dr Gill Morgan qualified in medicine in 1976 before training in general practice. During training she became interested in the impact of social factors on health, leading her to move into public health medicine. After several consultant and managerial posts she became Director of Public Health for Leicestershire in 1990. In 1995 she moved to North and East Devon HA as Chief Executive, one of only a handful of doctors to have undertaken this role.

Commenting on her appointment she said: 'I believe that my appointment to lead the group that represents NHS organisations shows how much the divide between professionals and managers has broken down. This reflects the position at the frontline where improvements in the NHS depends on the combined efforts of all staff.'

Dianne Jeffrey, NHS Confederation chair, said: 'Gill brings a fresh perspective coming directly from leading an NHS organisation.'

Have you started implementing Electronic Booking Systems?

PART 1 - Liz Fleck, Head of the NHS Plan Implementation, DoH Waiting & Booking Branch describes the benefits for primary care and offers advice on where to get help.

About 50 NHS sites are already doing some sort of electronic booking and a number of others are in the process of procuring them. According to the NHS Plan and the National Cancer Plan, Electronic Booking Systems (EBS) have to be in place by 31 December 2005.

Advice on implementing and procuring EBS can be obtained from Regional Office Booked Admission Leads, Service Improvement Managers and Regional Heads of Information (and their successors after April 1).

The likely benefits for Primary Care are:

- GPs will spend less time dealing with patients who feel they have been forgotten by the 'system' or who have been waiting a long time. Direct booking will provide confidence that patients will be seen within an appropriate time period. GPs will also spend less time rearranging appointments following cancellation by the hospital or the patient;
- Where GPs and/or their staff do not wish to book patients there is a genuine alternative: we know that some GPs are resistant to carrying out the booking themselves or through their staff. We believe that over time the number of resistant GPs will fall, particularly as electronic booking systems prove themselves. In the interim, we need to provide an alternative route. In this case call centre staff are able to book patients;
- Flexibility for when patients do not want to book on the spot because they might want to discuss dates with their families or need to make other arrangements (e.g. child-care) before agreeing a date. In this case they can call NHS Bookings – from home and at their own convenience – without having to go back to the GP;
- Capability for bookings to be changed after they have been made without the need to return to the GP;
- Ability to cope with 'complex cases' requiring greater effort in arranging the booking - for example an elderly person may wish to be treated closer to their family so they can better help them convalesce;
- Alternative routes for booking to guard against failure at any point in the system.

Electronic booking systems will support the wider adoption of booking throughout the NHS. Implementation is taking place alongside the 4th wave of the booked admissions programme, *Moving to Mainstream.*

The Department of Health has produced an Outline Business Case (OBC) which is a framework for electronic booking implementation. This allows local communities the freedom to adopt locally based solutions within a common national framework and builds on the national information and IT infrastructure.

The OBC sets out how Electronic Booking will fit in with organisational changes throughout the NHS and the requirements of the NHS Information Strategy, *Information for Health*. It is available on the DoH website at: www.doh.gov.uk/nhsplanbookingsystems/

For further information contact Deborah Harrison on 0113 2546110 deborah.harrison@doh.gsi.gov.uk or Martin Moffat on 0113 2545317 martin.moffat@doh.gsi.gov.uk

EBS targets

The NHS Plan

The NHS Plan says: 'By the end of 2005, waiting lists for hospital appointments and admission will be abolished and replaced with booking systems giving all patients choice and convenience'.

The NHS Cancer Plan

The NHS Cancer Plan says that every cancer patient must receive pre booked care by the end of 2004. It also says there will be electronic booking by 31 December 2005.

EBS and the Outline Business Case

PART 2 - Sue Cavill, Communications Manager, National Booked Admissions Programme, NHS Modernisation Agency, reports on progress so far and intitial feedback from GPs.

Sue Cavill

The Outline Business Case approved by the Department of Health for electronic booked admissions paves the way for patients eventually to be booked into hospital and other healthcare services such as dieticians, dentists and physiotherapists, with a few clicks of a mouse.

It is part of a wider strategy laid down in the NHS Plan, which says that by the end of 2005 every patient's hospital appointment and admission can be booked on a date convenient to them. Some of these bookings may be made via the electronic route.

The National Booked Admissions Programme has been helping trusts work on booking systems since 1998. So far there have been four 'waves' of development. In the first wave there were 24 pilots, including booking from general practice to outpatient clinics, day case surgery or diagnostic tests, and booking within hospitals for day case and inpatient admissions. Two further waves followed, and the fourth wave, 'Moving to Mainstream', launched last October, requires whole health communities to achieve a high volume of booked admissions and appointments.

Until now 'booked admissions' projects have not necessarily included an electronic element, although they have streamlined existing processes. In the past, as the NHS grew, systems developed which passed patients from person to person before they received the correct treatment. Many of the booked admissions pilots have eliminated these unnecessary 'hand-offs'. Other redesign of systems has involved centralising administration.

However, 50 projects are currently booking electronically, and an increasing number of primary care providers have started working with acute trusts to book appointments from the GP's surgery using computer technology. Already, there has been a significant amount of collaborative work between GPs and hospital consultants developing and testing joint protocols.

The Outline Business Case identifies a strategy for taking forward electronic booking. It was developed in consultation with a wide range of primary and secondary NHS staff and patient representatives.

Initial feedback from GPs is that to begin with extra time needs to be devoted to the introduction of electronic booking systems. However, subsequently that extra time is not needed. Early benefits have included significant reduction in the number of 'do not attends' and a greater choice for patients.

For further information about the National Booked Admissions Programme contact booked.admissions@npat.nhs.uk.