

# PRIMARY CARE NETWORK



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APRIL 2002  
ISSUE 43

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BRITISH ASSOCIATION OF  
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Professor Ian Philp

## Older Peoples' Champions get help to meet the NSF milestones and root out age discrimination

**One year on from the publication of the National Service Framework for Older People, the Government has launched an Information Strategy for Older People and a Champions website.\***

Speaking at a conference of Older Peoples' Champions at the Commonwealth Centre in London, Health Minister Jacqui Smith said: 'It is vital older people and their carers get better information about services and that the NHS and social care use information to develop, manage, assess and monitor those services.'

The strategy and website reflected the 'top priority' the Government was giving to 'putting the needs of older patients and carers at the centre of the care system,' she said.

'The first and most important principle underpinning implementation of the framework, is the need to deliver person-centred care; that's about ensuring older people are treated on the basis of their individual needs, circumstances and priorities,' Ms Smith added.

Ian Philp, National Director for Older People's Service, said he was looking forward to working with champions from around the country to implement a better deal for older people.

'I hope they will be particularly concerned to root out age discrimination in health and social care and increase the direct involvement of older people and their families in decisions that affect their care,' he said.

The conference organised jointly by the Department of Health and the ABPI brought together NSF champions including local councillors, health and social care professionals and non-executive directors of NHS Trusts to focus on how they could implement the NSF.

Dr Trevor Jones, Director General of the ABPI said because of the pharmaceutical industry's knowledge and expertise, it was also pleased to be playing a vital role in implementing the NSF.

Robert Wall, Chair of the North-West Regional Task Force for Older People, said: 'Older people do not want to be patronised, regarded as a problem or a burden. They want to be valued and respected.'

More than 'a quick fix' was needed to root

out discrimination and improve services, Older Peoples' Champions would need to ensure older users' views were at the centre of health and social care to make change happen, he said.

On the same day as the conference, the charity Age Concern published a report into age discrimination against older people which it said was 'rife in British society.' It also found that age is used to ration resources in the NHS.

The report said: 'Upper age limits exist for vital services like heart bypass operations, kidney dialysis and breast cancer screening.'

While paying tribute to the NSF as 'a positive step forward,' the report said: 'Changing ageist attitudes and behaviours at all levels of the health service will be a major challenge for an NHS relatively unused to involving older people in decisions about their care and the configuration of health services.'

**continued on back page**

## EDITORIAL COMMENT

No-one underestimates the huge challenges facing the new Primary Care Trusts in England which came into being on April 1 (and the existing PCTs), as they take on new roles and responsibilities, least of all, Dr Barbara Hakin, Head of the National Primary & Care Trust Development Programme - and a PCT Chief Executive. In her article on page two, she concedes there will be tensions around delivering national targets whilst being sensitive to local needs but claims this is 'the best opportunity primary care staff have ever had to take hold of the agenda and shape services.'

Professor June Huntington who has run the development programme, *Three at the Top*, says PCTs are 'the levers for modernisation of the NHS locally.' But in her article on page three, she expresses concern that we may be at risk of losing clinical leadership from PCTs.

On the same page Dr John Scudamore, a PCT Clinical Governance Lead, has already experienced the tensions of putting policy into practice and describes from personal experience some of the conflicts in a Clinical Governance Lead role.

**Jenny Sims, Editor**

NEWS IN BRIEF

**GP Appraisal Workshops**

The DoH and NHS Alliance are supporting a series of 14 FREE workshops entitled "GP Appraisal – Making it Work for GPs and Patients". These are being held across England from April to July. Visit [www.medman.co.uk](http://www.medman.co.uk) for further details.

**Thanks to sponsors**

Primary Care Network would like to thank, Merck, Sharp & Dohme Limited for its generous sponsorship of PCN since its launch in June 1998 while this is the last issue sponsored by MSD they will continue to sponsor the PCN and University of Durham HIMP Award of Excellence in England. Please note closing date for entries is 5pm on April 26 2002.

**Vision in Practice**

*Vision in Practice*, the third major policy document in the NHS Alliance series was published on March 25. Available at [www.nhsalliance.org](http://www.nhsalliance.org) or hard copies from [office@nhsalliance.org](mailto:office@nhsalliance.org)

**Creativity, Risk & Management**

BAMM are holding a conference with workshops, *Creativity, Risk & Management*, chaired by Prof. Denis Smith, Director of Liverpool School of Management, at Manchester Conference Centre, May 8. Details from [stefanie@bamm.co.uk](mailto:stefanie@bamm.co.uk)

**Liberating Leaders**

*Liberating Leaders*, BAMM's summer school and annual conference will be held at Victoria Park Plaza Hotel, London, 12-14 June. Call 0161 474 1141 for details or [stefanie@bamm.co.uk](mailto:stefanie@bamm.co.uk)

**Palliative care**

Palliative care providers, including PCTs, are being invited to apply for a share of a £70 million programme launched last month for palliative care services for adults and children with life-limiting illnesses. Applicants must demonstrate a flexible and innovative approach to provision of services.

**Mental health**

A major 18-month inquiry into London's mental health has been launched by the King's Fund. It will ask: Is enough being done to promote good mental health, to provide the right support for people with mental illness and to recruit and retain staff? More information about the inquiry and how to participate at [www.kingsfund.org.uk](http://www.kingsfund.org.uk)

# New challenges for PCTs

*Dr Barbara Hakin, Chief Executive, South & West Bradford Primary Care Trust and Head of the National Primary & Care Trust Development Programme looks at the problems and opportunities for PCTs from April 1.*



**The Government's Shifting the Balance of Power created new roles and responsibilities for Primary Care Trusts and as current Health Authorities disappear from 1 April, these new tasks will become a reality. PCTs will continue to be responsible for improving the health of the community, securing provision of high quality services and integrating health & social care. But they will now need to ensure the provision of the totality of care and services that their populations need, including all acute and specialised services, personal medical and dental services, all mental health services, Walk In centres, NHS Direct, emergency ambulance and patient transport services. By the Autumn they will undertake all aspects of FHS contracts, be responsible for implementation of population screening programmes and will have statutory responsibilities for safeguarding patients and the public in areas such as child protection and registration of professionals. As the health lead in their Local Strategic Partnership they will become key players in all community-based health and care initiatives.**

All this will seem daunting for staff in primary care and PCTs and there will be inevitable nervousness from frontline staff that influence and control will seep away. There is indeed a danger that PCTs, burdened with the responsibility of a new raft of management tasks and accountable for millions of pounds of public money, may lose their roots as clinically-driven organisations with empowered frontline staff in close touch with patients and communities. There will be significant tensions around delivering national targets whilst being sensitive to local needs, securing necessary healthcare whilst investing in improving health and meeting the enormous expectations placed on them when, for many, all their

resources may appear to have been committed.

I still believe, however, that this is the best opportunity primary care staff have ever had to take hold of the agenda and shape all the services for patients using their unique holistic perspective. Demonstrating probity and involving all stakeholders should not deter GPs and nurses from continuing to see PCTs as their organisations, wherein they can exert enormous influence.

The National Primary and Care Trust Development Programme has been designed to help PCTs through this difficult time. PCT networks have been created and a number of development and learning opportunities are available for staff at various levels in PCTs. Much of the early work has focused around the creation of a competency framework devised by PCGs and PCTs themselves in an attempt to describe the whole range of functions and the way in which PCTs can deliver these. The Competency Framework focuses on nine key areas covering:

- Organisational maturity
- Primary care development
- Service provision
- Securing service delivery
- Health improvement
- Community engagement
- Ensuring clinical quality
- Working in partnership
- Workforce support and development

The framework can be found on the NatPaCT website at [www.natpact.nhs.uk](http://www.natpact.nhs.uk).

The programme will run for the next three years and will be shaped by PCTs themselves.

Primary Care Trusts have been placed firmly at the heart of the modernisation agenda. We must work hard to demonstrate that such faith in us is well founded.

## GP Appraisal Launched

GP Appraisal was launched by the Government on April 1 following detailed consultation with the BMA's General Practitioners Committee.

PCTs are expected to establish local schemes as soon as possible after April 1. However, in a letter to Chief Executives of PCTs, StHAs and others, Kathy Doran at the DoH said: 'Many organisations and individual doctors will need time to build up knowledge and expertise in the operation of appraisal.'

She said the Department would be keeping

developments under review and would issue further guidance in the future.

Progress on the establishment of GP Appraisal schemes will form part of the Accountability Agreement between StHAs and PCTs and the information will feed into the star ratings for PCTs due to be published in the Summer.

An executive summary of the 12-page guidance says:

'Appraisal is a formative and developmental process. It is about identifying development needs, not performance management. It is a positive process, to give GPs feedback on their past performance, to chart continuing progress and identify development needs.'

Copies of the appraisal framework and documentation are available at: [www.doh.gov.uk/gpappraisal](http://www.doh.gov.uk/gpappraisal).

# The Conflicts in a Clinical Governance Lead Role



Dr John Scudamore

John Scudamore is the Clinical Governance (CG) Lead for Bedfordshire Heartlands PCT with over 250,000 patients. He has been a GP in Leighton Buzzard for 27 years and a GP Trainer for 10 years. His facilitation skills helped bring two towns together into one PCG and as a result was encouraged to be the Clinical Governance Lead. He is now responsible for the standards of 136 GPs in a PCT formed by amalgamating three PCGs and has just changed to working part-time in his GP Practice.

The organisational changes in the NHS have meant that the focus of management activities over the last two years has been on these changes. There are greater priorities in the annual SaFF round than funding CG. This is unfortunate when our PCT has just taken on responsibility for CG of dentists, optometrists and pharmacists. Our annual cost of GP appraisal will be over £200,000.

Although our CG committee co-

ordinates all CG activities, there is still a preponderance of uni-professional groups, all with differing interests and the significance of the importance of Primary Health Care Teams is developing only slowly. Education and Training has tended to be uni-professional with a bewildering number of funding sources.

Most GPs see the pursuit of quality as laudable but they see the lack of funding and lack of time as barriers to participation. Our practice CG plans help GPs prepare all the elements required for appraisal but GPs resist all the way despite Shipman and Bristol.

My GP partners were not prepared to let me do more than one session a week, although the job was three sessions. I enjoyed doing both and so for one year did two sessions of CG – one on my half day! This clearly was unsustainable so, since mine is not the only significant income at home, I went part-time two months ago and am already enjoying both jobs more.

Our CG achievements in Heartlands include: 135/136 GPs are involved in the CG programme; 36/37 practices have

CG folders ready for a CHI visit; IT is installed in all practices. Most are on NHS net and email and some practices are already accessing Evidence-Based Medicine and Decision Support software during consultations. Multi-disciplinary meetings are now a feature in almost all practices with Significant Event Audit being carried out. Many GPs have produced personal development plans. The GPAS-validated patient survey has been carried out in all practices. Our PCT-wide audits cover 250,000 patients. These are a powerful tool for change and identifying resource issues. This year we hope to start multi-disciplinary training events with practice closure.

In conclusion, the conflicts in a CG Lead role are: PCT priorities versus the CG agenda; differences between previous Community Trusts and GP practices; being the Champion of CG against GP resistance and conflicts with one's GP partners.



## Are PCTs in danger of losing clinical leadership?

June Huntington, Independent Consultant and Honorary Visiting Professor, Primary Care Development, Health Services Management Centre, University of Birmingham.

PCTs are the levers for modernisation of the NHS locally. Their triumvirate governance structure is ideally suited to this purpose, bringing together clinical leadership, managerial accountability and public stewardship. But as the last PCGs become PCTs and *Shifting the Balance of Power* takes effect, are we at risk of losing or diluting clinical leadership?

PCTs now manage multi-million pound budgets and several hundred staff as a result of their mergers with Community Trusts. *Shifting the Balance of Power*, which will transfer many current health authority functions to PCTs, will further change their nature. For many GPs these PCTs are not the organisations they feel they signed up to. To them, the PCT is looking increasingly like a health authority. Most of the formal NHS communications are now addressed to the Board Chair and/or the Chief Executive. The development of Board Chairs, Non-executive Directors and chief executives seems to take precedence over the development of Executive Committee Chairs. My experience in running the development programme, *Three at the Top* and as consultant to several PCTs suggests that Executive Committee Chairs vary greatly in their capacity to perform what is a very complex role. Some are still confused about the fundamental

distinction between PCGs and PCTs, about the nature of corporate governance and the role of clinical leadership within it and the distinction between representative and executive organisation. They are part-time and struggling with their PCT workload (often with too little secretarial/administrative support) while trying to maintain good relationships with their practice partners and patients.

Anxieties about potential loss of clinical skills accompany those of loss of power and influence in the shift from PCG Chair to PCT Executive Committee Chair. But their most serious issue is that of keeping local GPs on board in an environment they perceive as increasingly hostile. They speak of the difficulty of 'moving from GP meetings to strategic (PCT) meetings', experiencing these as two totally different worlds. As one said to me recently: 'What is "the health economy"? Can we still get local variations? How much should I be doing – locally, county-wide, new StHA area-wide?' In contrast, some EC chairs led local multi-practice organisations for some years prior to PCGs and had time to hone their skills gradually. They were the strategists, thinking about 'the local health economy' before the term was ever used.

This raises two issues. First, as a matter of urgency we need to ensure that the development needs of current EC chairs, and particularly those entering the role on April 1st, are identified and met. Second, we must address the issue of ensuring succession in PCT clinical leadership, for there will be fewer GPs and other clinicians who have experienced leading PCGs, let alone earlier multi-practice organisations.

If PCTs revert to the familiar NHS duopoly of Chair-Chief Executive and relegate Executive Committee Chairs to the role of clinical advisers, all the expense and effort of the past three years will be wasted. Clinical leadership does not accompany corporate governance of PCTs but is incorporated within it.

continued from front page

More than half of 2,000 people polled by the charity throughout the UK said they thought older people faced 'blatant discrimination' in health, social care and employment.

The minister also announced at the conference that an extra £66million has been allocated to provide extra intermediate care facilities for older people. The £66million capital fund is part of the intermediate care investment programme announced in the *NHS Plan* in the first phase of £46million. Capital funding has been allocated to a wide variety of intermediate care development schemes ranging from a new £2million unit at Aintree University Hospital to a £30,000 scheme to upgrade a residential home to provide additional intermediate care beds in Shopshire.

\*The website link for the information strategy is: [www.doh.gov.uk/upu/strategy/nsf/4.htm](http://www.doh.gov.uk/upu/strategy/nsf/4.htm)

\*The Champions website is available through the NSF for Older People web page which is: [www.doh.gov.uk/nsf/olderpeople.htm](http://www.doh.gov.uk/nsf/olderpeople.htm)

\*An executive summary of Help the Aged's report 'Age Discrimination in Public Policy A Review of Evidence' is available at [www.helptheaged.org.uk](http://www.helptheaged.org.uk)

#### Other useful sources

*Implementing the NSF* is a new publication from the Alzheimer's Society. It considers the implications of all the NSF Standards for people with dementia and their carers, includes case studies, examples of good practice and suggested action points. Call 020 7306 0606 or visit [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

*Guidance on the single assessment process for older people* This Health Service and Local Authority Circular is aimed at making the assessment process more efficient and effective as part of the implementation of the NSF. For use by HAs, PCTs and councils, HSC 2002/001:LAC (2002) 1 is available at [www.doh.gov.uk/publications/coinh.html](http://www.doh.gov.uk/publications/coinh.html)



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# Education & training

## Development of GPs and nurses with specialist interests

Ram Dhillon, Consultant Surgeon at Northwick Park Hospital, Harrow, comments on the role of postgraduate diplomas and outlines programmes offered by the Middlesex University, North London.



Ram Dhillon

The pressures on the NHS are primarily related to the inability of healthcare professionals to meet patient demand. This calls for, not only further resources, but also for improved and cost-effective delivery of care. The former is a political process but the latter can be initiated, devised and implemented at any level.

It is self-evident that individuals with enhanced clinical skills are better motivated and equipped to manage patients. Raising these skill levels, particularly in primary care healthcare professionals such as GPs and nurses, could assist in fulfilling many of the political and clinical priorities, eg, managing demand, improving access, blurring the primary/secondary care interface, implementing NSFs and retention of staff.

Since healthcare is not a pure science, rather science mixed with art, individuals need to be conversant not only with core knowledge such as anatomy, pathophysiology but also possess clinical skills. These latter skills are best learnt at the frontline and they need to be maintained, modified and enhanced as time and developments demand. This requires constant liaison with peer groups such as others with similar skills but more essentially with hospital consultants and departments in the same specialty area.

The Middlesex University in North London, together with an approved commercial organisation, Rila, have devised a variety of clinically-based Postgraduate Diploma programmes. These are aimed at GPs wishing to develop 'Special Skills'. Some diplomas, eg, cardiology, diabetes, are also open to nurses who have the requisite post registration experience to benefit from the programmes. The diplomas have Higher Professional Education accreditation from the Royal College of General Practitioners (RCGP) and are endorsed by the National Association of Primary Care (NAPC).

Each of these diplomas, awarded by the Middlesex University, run over an academic year,

approximately 11 months. Apart from two workshop days at the start and 2-3 days at the end, including the final examination, the courses are structured so as to be delivered local to the participant.

Teaching is by using distance learning techniques for the core knowledge, eg, specially written directed learning topics with assessments and submission of case studies. The allocation of a consultant mentor, in a local acute trust, enables the student to acquire the mandatory clinical skills, including history, taking examinations, relevant diagnostic procedures, etc.

The uniqueness of these diploma programmes is the axis between the student and the local consultant mentor. This ensures that the teaching is with the local specialty team, whose buy-in is essential for the future deployment of the GP and/or nurse. Clearly, the close working relationship built up over the duration of the diploma will enable better joint planning and delivery of care. Additionally the CPD, clinical governance and audit requirements will be more readily attained with this GP/nurse and mentor axis.

Diploma courses are available in the following clinical areas :

1. ENT - GPs only
2. Cardiology (includes coronary heart disease GPs and nurses)
3. Diabetes - GPs and nurses

Programmes in urology and ophthalmology are being developed.

**Ram Dhillon FRCS,**

Consultant Surgeon, Northwick Park Hospital, Harrow, Middlesex

#### Further information:

1. Ram Dhillon FRCS, email [ram.dhillon@talk21.com](mailto:ram.dhillon@talk21.com)
2. Rila (PGDips), 73, Newman St, London W1A 4PG, email: [pgdip@rila.co.uk](mailto:pgdip@rila.co.uk), website: [www.rila.co.uk](http://www.rila.co.uk) and click on PGDips

## PCG TIPS: Books and Reports

### NICE Guidelines for Management of Type 2 (non insulin dependent) Diabetes

NICE has issued the first two of a series of five clinical guidelines for the management of Type 2 Diabetes. They cover the screening for and management of retinopathy and the prevention and management of renal disease. The Implementation Group, set up to inform the development of the Diabetes NSF delivery strategy, met for the first time in January. A summary of the meeting is available on the Diabetes NSF website at [www.doh.gov.uk/nsf/diabetes](http://www.doh.gov.uk/nsf/diabetes)

\*The group is keen to hear from patients and health professionals. Contact them at [diabetes.nsf@doh.gsi.gov.uk](mailto:diabetes.nsf@doh.gsi.gov.uk)

### Prescription for Learning Techniques, Games and Activities

**By Ruth Chambers, Gill Wakley, Zafar Iqbal and Steve Field**

This book presents a wide variety of games, activities and techniques that any teacher, tutor or team leader can use to help others learn. Each chapter has a short introduction followed by several exercises that are interactive, fun and reinforce learning in knowledge, skills and attitudes. The ideas can be used in and across all disciplines and settings.

**Price £23.50 ISBN 1-85775-530-8**

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