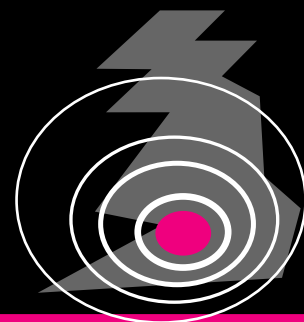


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MAY 2002
ISSUE 44

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After the Budget: Give NHS managers 'space, time and freedom' to deliver

The Chancellor's decision to increase NHS funding by 7.4% in real terms has been widely welcomed by NHS organisations, health professionals and patients. But concerns have been expressed about how the money is distributed and what it is spent on.

The Wanless Report and Health Secretary Alan Milburn's announcement to the House of Commons outlining key changes to implement the Budget funding (see p4 Budget benefits) for the NHS have also been welcomed. NHS leaders have called on the government to now give them 'time, space and freedom' to get on with the job of delivering better services.



Alan Milburn

Views from five PCN Board members

Michael Dixon, chair of the NHS Alliance, said: 'This is the best possible news for the NHS and affirmation that this government is committed to it. We now need to ensure that as much of this money as possible goes directly to PCTs on a capitation basis and that there is complete transparency in the use and distribution of the extra funding. For PCTs the onus will be on us to have robust commissioning systems that ensure that the money goes into delivery. It is now make or break time for PCTs and the NHS.'

Stephen Wright of BAMB and Consultant in Primary Care Medicine, said: 'Everyone in the NHS will expect their share of new monies that are being pumped into the NHS. Clinical standards ensure an efficient use of NHS resources, and those who have the responsibility of making the decisions which consistently maintain those standards in all Trusts should be properly funded in the future. The clinicians in hospitals and primary care need the management training, the administrative support and the financial rewards necessary to guarantee that our NHS can continue to be the most effective and cost-effective healthcare system in the world.'

Professor David Hunter of the University of Durham, said: 'The injection of significant new money into the NHS, though welcome, may prove to be a mixed blessing. If it just buys extra doctors and nurses who do "more of the same" then the gain

will be short-lived – a case of "doing better and feeling worse". We need a new paradigm – moving "upstream" and improving the public's health, as the Wanless Report stressed. This means ensuring that not all the new money disappears into acute healthcare.'

Dr Gill Morgan, Chief Executive of the NHS Confederation, said: 'Taken together

these new incentives and freedoms will be an important cultural step from pushing the NHS to change through targets to pulling the NHS to change through incentives. In time, this will encourage the NHS to develop more capacity and increase choice for patients.'

Commenting on the Wanless Report she said: 'We now have an evidence based assessment of the requirements of the NHS. It is time to trust the NHS to deliver, to give it the breathing space and freedom to succeed in the short and long term whilst being rigorous in our management of the change and assessment of progress.'

Lynn Young of the RCN, speaking after returning from the RCN Congress where Health Secretary Alan Milburn gave a keynote speech, said: 'Mr Milburn was high on flattery but very vague about health and nursing pay awards and we are increasingly falling behind police and teachers. Nurses have worked hard to deliver the Modernisation Agenda and it is disappointing not to have that recognised, but we will keep pushing the Agenda for Change.'

The King's Fund also commented

Rabbi Julia Neuberger, King's Fund Chief Executive, said: 'The increased funding in real terms for the next five years will be welcome news both to patients and staff. The NHS has endured decades of under-investment. The staffing shortages it faces in nursing, general practice and many other professions are a very visible testimony to that.'

'General taxation remains the fairest and most efficient method of health care funding and the Government is right to commit to it. But putting more funds into a reformed NHS will not be enough.'

NEWS IN BRIEF

Commissioning freedoms

New guidance gives PCTs 'full discretion' over where best to commission health care, from NHS hospitals, or other public, private or voluntary sector health care providers (www.doh.gov.uk/pricare/hsc2002007.htm).

Unhappy doctors

Workload and pay are not the only causes of discontent in the medical profession, which is an international phenomenon according to a report from the NHS Confederation. *The problem of unhappy doctors: what are the causes and what we can do identifies diminished control combined with increased accountability and increased public expectations as other major factors of unhappiness.*

Available at www.nhsconfed.org

Points of view

Views of PCT non-executives on changes to their role are being sought by the NHS Alliance. Email janet.hawes@talk21.com

Giving up

NICE have advised that two therapies, bupropion (Zyban) and Nicotine Replacement Therapy are clinically effective and among the most cost effective of all health care interventions in helping smokers to quit. Both are available on prescription.

Appraisal & revalidation website

The Departments of Health and General Medical Council have launched a new website (www.appraisaluk.info and www.revalidationuk.info) dedicated to providing a 'one-stop-shop' for doctors and other interested parties who require information about appraisal and revalidation.

In the frame

The NHS Confederation has drawn up a framework document The new GMS contract — delivering benefits for GPs and their patients. Dr Gill Morgan, Confederation chief executive said: 'I am very pleased with the significant progress we have made in a short space of time.' The new contract is based on four key principles:

- Practice-based contract
- Workload management
- Focus on quality and outcomes
- High trust monitoring.

Available at www.nhsconfed.org/whatsnew

PCTs: Can they deliver on public health?

PCTs must be allowed the space and capacity to establish their own priorities on public health says Dr Howard Stoute.



Speaking prior to the launch of the first major report* from the All Parliamentary Group on Primary Care and Public Health, Dr Howard Stoute, co-chair and joint founder of the group said: 'Their focus should be on their local populations and priorities must be set to meet their needs.'

He added: 'The radical steps being taken to change the structure of public health and redefine the function offer a major opportunity for PCTs to lead the improvement of the health of a population and reduce health inequalities.'

'With an appropriate investment in their organisational capacities PCTs have the potential to deliver positive outcomes to local communities. However, if their success is to be ensured PCTs must develop effective local partnerships. To maximise the skills available, it is vital that all stakeholders are involved in the planning and

delivery of health improvement.'

The report said for PCTs to deliver, a major cultural change will need to take place which stimulates joint and multi-disciplinary working.

However, it warned: 'The style of performance management adopted by the DoH and other agencies could fatally undermine effective partnership working. Heavy-handed performance management that demands duplication of effort has the potential to stifle local initiative.'

* The group is supported by the NHS Confederation. Further information on *Primary Care Trusts: Can they deliver on public health? An inquiry into the ability of primary care trusts to improve health and reduce inequalities in their local populations*, from thomas.barket@nhsconfed.org

Questionnaire Feedback

How will you & your PCOs deliver the NSFs, health improvement and build capacity?

GPs, practice nurses, health visitors, PCT clinical governance facilitators, IM&T clinical leads and other health care professionals attended three Public Health/Primary Care Trust workshops in Bradford, Sheffield and Newcastle recently.*

They were asked what action nationally, regionally and locally, might help to address the main challenges of delivering the NSFs, health improvement and building capacity. Many said more staff and resources were needed to develop primary care, but a wide range of suggestions included:

At national level (DoH)

- Allow a period of stabilisation
- National 'Healthy Lifestyle' Campaign focusing on diet and exercise but also addressing obesity
- Performance manage appropriate indicators
- More diabetic education for medical students
- Early confirmation of continuing HAZ funding beyond March 2003
- Stronger affirmation of the public health function within primary care
- Fewer specific targets. Fewer schemes to bid for resources.

At regional level (StHA, Regional Office)

- Allow PCOs to work with local groups, hospitals trusts, mental health, social services & voluntary services without too much active control to find their own solutions
- Raise public awareness of specific health issues such as obesity, CHD and diabetes
- Adequate support and training for agencies involved in delivering the NSFs
- Easier access to local sport facilities, target workplaces, school menus should offer healthier food options
- Facilitators to share good ideas
- Expand schemes which work e.g. smoking prevention.

Local level (PCO, Local Authority)

- Time to develop without repeated changes
- Disseminate information on what has worked well in other areas
- Emphasis on primary prevention - work in partnership with local schools, businesses, council etc. to promote healthier living
- More chiropractors and dieticians for local clinics. More link workers/interpreters
- Better doctor/nurse education in diabetes
- Develop commissioning priorities in primary and secondary prevention and support the HImP and SaFF processes.

*The workshops were organised by Medical Management Services in association with the Department of Health, the UKPHA, BAMB, the Health Development Agency, the LGA Improvement and Development Agency and the University of Durham. Supported by an educational grant from Roche Products Ltd.

Leadership in Practice



The success or failure of developing primary care will be influenced by the leadership aspirations of GPs, says Trevor Gay, Head of Communications at Torbay Primary Care Trust. In this article, Mr Gay who completed a dissertation exploring leadership from a GP perspective as part of an MA Management (Health Care), shares his findings*.

The research was qualitative, semi-structured interviews with 23 GPs from a range of settings in South Devon. One part of my research, pertinent to the development of Primary Care Trusts, concerned the qualities of effective leadership in Primary Health Care. To analyse the interviews I used Hooper and Potter's (1997) – Seven Leadership Insights:

- Setting direction
- Setting an example
- Effective communication
- Creating alignment
- Bringing the best out of people
- Leader as a change agent
- Decisions and actions in crisis or emergency

Setting the direction

There were frequent references to leaders not always being popular when 'setting the direction.' There was a view that followers will be able to respect the leader, providing there is consistency and determination on the part of the leader, in seeing through their vision. An essential quality of the leader is to change or adapt the vision in the light of changing circumstances and the views of others - blind faith in your own vision is not enough.

Setting an example

There were frequent comments about the need to gain the trust and support of peers. GPs are not a homogenous group and in order to lead among this disparate group of clinicians 'peer credibility' is essential. Each GP has the power of veto. It would appear from my research that to emerge as a leader among their peers the GP needs:

- Clarity of thought
- Knowledge
- Experience
- Determination
- The ability to inspire
- To demonstrate hard work

Creating alignment

All GPs recognised the value of team working and see this as the way ahead. One GP commented that team working does not 'just happen' – it has to be constantly worked at. 'One of the things that governs me is "does it fit the objectives of the practice"..... and one of the objectives is to build a team.'

Effective communication

Some of the comments were about traditional ways of communicating effectively such as being articulate and talking to as many people as possible about your vision.

Charisma was mentioned and defined as the ability to impress and influence. There was a word of caution however. It was felt charisma alone is not enough. People sometimes follow a leader because of the leader's charismatic qualities and this can result in negative outcomes. One GP described this neatly:

I remember many years ago being on a course about team working with some colleague GPs. We were all asked to play roles in a desert survival game. One among us had recently been on a leadership course and took charge immediately, telling us what we should all do and generally running the show with his confidence and, I suppose, charisma. I had done this exercise before and could see the mistakes he was making. I allowed the situation to go on without saying anything. As our team began to feel confident about their survival – based largely upon the charisma of our 'leader' – I pointed out some of the flaws in the plans he had outlined – I knew from past experience he was in fact leading us into the desert to die. The point is not that he was a bad leader but charisma alone is not good enough – there has to be knowledge supporting it.'

Only one GP made specific reference to the importance of listening, although others implicitly included listening in their responses. The literature suggests that listening is one of the greatest qualities of a leader; 'Leaders need to concentrate on the effectiveness of communication and it all starts with listening'

Hooper and Potter (1997)

One GP stressed the quality of making an abstract concept real to the listener. This is about using language that is understandable and painting a picture to illustrate your point. The 'telling of stories', which is an under-used skill, is one way of doing this and it is an under used skill.

Bringing the best out of people

Only one GP explicitly mentioned this. Most were fully aware that to achieve your aims

commitment is required of a range of inputs. Valuing others was not regularly mentioned.

Leaders as change agents

One GP felt leadership was all about change and challenging the status quo.

'Leadership is about change – it is about pushing change forward and believing things can be done better. To get people signed up to your vision you have to show that the system you have at present can be improved. All the various moans are with the status quo – so you can show them that they are not happy with the status quo and that change is necessary. To do this you have to explain that your vision is going to satisfy your unhappiness with the status quo. This means if you can share my vision you can change it, you can take control of it. What we should be doing is trying to empower GPs to take control themselves and work through the change.'

Most GPs did not talk about change in such a pointed or passionate way.

Decisions and actions in crisis or uncertainty

I was surprised only one specific reference was made to this. GPs are often called to situations of crisis when dealing with the health of their patients. There are many situations where families are very uncertain. In acute illness of a family member it is often the GP who is called. It is perhaps seen by the GP as 'part of the job' and not recognised as a leadership quality. If this scenario was seen through the eyes of family members, leadership is seen as being vested heavily in the GP.

In summary, GPs see **essential qualities** of leaders as:

- Setting a Direction
- Setting an Example,
- Creating Alignment
- Effective Communication

GPs placed **less emphasis** on:

- Leaders as Change Agents
- Decisions and Actions in Crisis or Uncertainty
- Bringing the Best Out of People.

*The author would welcome comments, and for copies of the full report *Leadership in Practice* contact: Trevor.Gay@torbay-pct.nhs.uk

Budget benefits for the NHS

Health Secretary Alan Milburn said key benefits of the extra Budget investments would be more staff, shorter waits, better cancer and heart treatments, and 'modern but compassionate' care.

The details are contained in *Delivering the NHS Plan – next steps on investment; next steps on reform* published the day after the Budget.

Mr Milburn said 'We believe in the traditional method of funding, but a completely new way of running the service.

'We now need to introduce stronger incentives to ensure the extra cash produces improved performance. Primary Care Trusts will be free to purchase care from the most appropriate provider – be they public, private or voluntary. The hospital payment system will switch to payment by results using a regional tariff system of the sort used in many other countries. To incentivise expansion of elective surgery so that waiting times fall, hospitals or DTC/ surgical units that do more will gain more cash; those that do not, will not.

'Primary Care Trusts will hold over 75% of the growing NHS budget. At a local level, PCTs will be required to publish prospectuses, accounting to their local residents for their spending decisions, the range and quality of services, and explaining the increasing choices that patients will have.

'And at a national level, legislation will be introduced to establish a new tough independent healthcare regulator/inspectorate covering both the NHS and the private sector, with a new Chief Inspector of Healthcare not appointed by ministers and reporting annually to Parliament. An equivalent body will be created for social services.'

In summary, he said: 'The NHS is now on a stable financial footing and can face the future with confidence.'



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Promoting mental health is essential for PCTs – not a luxury!

By Cliff Prior

Chief executive, National Schizophrenia Fellowship

Mental health stands as one of the nation's three health priorities – alongside coronary care and cancer. But you would not always know it, judging by how easily it falls out of speeches by politicians and slips off the agenda of hard-pressed health professionals, planners and budget setters.

Financially, mental health has benefited from two large tranches of "new" money – the £700 million over three years announced in 1998 and the £320 million announced as part of the NHS Plan. Mental health will be hoping for more from the April budget to show up in next year's spending round.

Unfortunately, the £700 million was double and tripled counted and, even on this basis, the final three-year cumulative total was just £615 million. Most of the £320 million of NHS Plan money is budgeted for next year, and of the money that has been spent so far, most has gone on capital investment and into the secure services.

For the 630,000 people using mental health services in the community, little has appeared to change.

Organisationally, the introduction of Care Trusts, bringing together health and social services has got off to a very slow start. It is the introduction of 302 Primary Care Trusts controlling up to 75 per cent of NHS spending that can and must drive forward the much needed investment that will make a reality of the National Service Framework for Mental Health.

The danger is that mental health will be seen as the traditional concern of secondary health and social services – not something primary care has at the top of its agenda. Also, the stigma sur-



rounding mental health – in particular severe mental illness – is a serious barrier to involving people experiencing mental health problems and their carers in the planning and delivery of services.

Primary Care Trusts should not think that investing in

seven standards of the national service framework – from the promotion of mental health for all through support for carers to suicide reduction – is a luxury. It is essential.

The common view that severe mental illnesses, including schizophrenia are a life sentence is not true. Reaching people early through imaginative, open and involving primary care services is the key to regaining a meaningful and fulfilling quality of life.

Severe mental illness is a challenge – a challenge we will be taking up ourselves this year, when we change our operating name to **Rethink severe mental illness**. It is a new name that will take some living up to. We want quality support and services, and a quality of life comparable with the best. We run over 350 community services across the country and have 30 years experience of working directly with people experiencing severe mental illness and their families. The voluntary sector and primary care can develop a fruitful and supportive partnership.

New money, new structures, new understandings and a commitment to take mental health out of the back ward once and for all. Everything is in place to make a real and lasting difference.

For more information about Rethink severe mental illness, visit www.rethink.org or contact Dick Frak, Director of Service Development, 30 Tabernacle Street, London EC2A 4DD. Tel: 020 7330 9100. Email: dickf@ops.nsf.org.uk.

PCG TIPS: Books and reports

Medical Receptionists and Secretaries Handbook - Third Edition

By Mari Robbins

Fully revised and updated it incorporates all the recent changes in the NHS. It now includes a chapter on complementary medicine and reflects on new and proposed initiatives. It gives administrative staff an understanding of the importance of their role in dealing with patients and contributing to high standards of care.

Price £19.95 ISBN 1-85775-565-0

Available from Radcliffe Medical Press Ltd on 01235 528820 or at www.radcliffe-oxford.com

Every Voice Counts - Primary care organisations and public involvement

By Will Anderson, Dominique Florin, Stephen Gillam and Lesley Mountford

Invaluable reading for frontline staff developing public involvement work, it contains a wealth of analysis

and practical insights to support primary care professionals charged with the task of translating government policy into practice.

Price £7.99, plus 79p p&p ISBN 1-85717-460-7

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

Five-Year Health Check, A review of Government health policy 1997-2002

Edited by John Appleby and Anna Coote

The government's commitment to a universal, free, effective health care system available according to need and funded through taxation is beyond doubt. But it has tried to do too much, too soon, and has relied too heavily on structural change to restore a service suffering from decades of under investment, according to this report.

ISBN 1-85717-463-1

Available at www.kingsfundbookshop.org.uk or tel.020 7307 2591.