

Freed from Whitehall

England's best hospitals are to be given the opportunity of becoming NHS Foundation Trusts free of direct management control by the Department of Health.

The new trusts will be able to make independent decision on investment and how their staff should be paid. They will also be entitled to keep proceeds from land sales to finance new patient services.

Foundation Trusts will be 'not for profit' organisations representing a middle ground between the public and private sector. Their assets will be publicly owned and they will be protected from private sector take-overs.

They will also benefit from the system of payment by results, receiving extra resources for taking on more patients.

The criteria and process under which hospitals can apply to become NHS Foundation Trusts will be published in July. The first wave will be selected from those that achieve three-star ratings in the summer.

Health Secretary Alan Milburn said: 'NHS Foundation Trusts will operate according to NHS principles. They are there to serve NHS patients by providing high quality care that is free and delivered according to need, not ability to pay.'

'They will help create a radically different health service that is true to its values but has changed its structures – and one which learns the lessons from what has worked elsewhere in Europe.'

Four existing three-star hospitals have expressed interest in joining the first wave of NHS Foundation Trusts. They are:

- Northumbria Healthcare NHS Trust
 - Peterborough Hospitals NHS Trust
 - Norfolk and Norwich University Hospital NHS Trust
 - Addenbrooke's NHS Trust.
- If they meet the criteria they could start operating next April.

Medical Management Services
Creating Successful Partnerships

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New champion for patient and public involvement to 'spearhead change' in the NHS

Lay members of PCTs have something to celebrate with the appointment of Harry Cayton to the new role of Director of Patient Experience & Public Involvement at the Department of Health.

In Cayton, Chief Executive of the Alzheimer's Society for more than 10 years and former Director of the National Deaf Children's Society for 11, they have an experienced patients' advocate who could have some clout with the department.

A good listener and regular speaker at national and international conferences he is already being listened to by government as a member of the NHS Modernisation Board, a member of the Central Research & Development Committee of the NHS and vice chair of Consumers in NHS Research.

He is also a member of the Human Genetics Commission public involvement subgroup and St Mary's NHS Trust Research and Development Committee.

A respected figure in both government and the voluntary sector, Cayton understands the politics and the reality of 'patient partnerships' and could be a powerful conduit of opinion.

He told PCN shortly after his appointment last month he believed his role with the DoH was to influence ministers to 'make policies that were realistic.'

He will also be working to get politicians and health professionals to take the views and expertise of 'expert' patients 'who often have a profound understanding of their whole illness' more seriously.

Listening to patients at the Alzheimer's Society and involving them at the earliest stages of research

projects helped win them the Healthcare and Research Charity of the Year last year and the IPPR/Guardian Public Involvement Award.

Health minister Hazel Blears, announcing Cayton's appointment, said he would 'play a key role in guiding the Department and the NHS towards realising our vision in the NHS Plan for prompt, convenient, high quality services which treats patients as partners.'

She added: 'I am confident that he will provide determined leadership in spearheading a major change programme across the Department and the NHS to put patients first and involve the public in deciding how services are delivered nationally and locally.'

Cayton told PCN he knows, like everyone, PCTs face huge challenges, and he hoped to be meeting PCT lay members soon.

'Lay members are now very powerful people and can be very effective levers for change if they choose to. They can influence commissioning of care services and even put pressure on the provision of a cleaner and safer hospital environment,' he said.

As Director of Patient Experience and Public Involvement he looks forward to helping bring those changes about.



Harry Cayton

PCG TIPS: Books and Reports

Impact of Respiratory Conditions A Guide for Primary Care Organisations

Highly recommended by Dr David Colin-Thomé, National Clinical Director of Primary Care, as 'an essential clinical management tool for those who wish to further develop respiratory care services,' this 14-page booklet is designed to help assess the burden of respiratory disease within a Primary Care Organisation patient population. It presents estimates of respiratory morbidity, mortality and cost for a typical PCO covering 250,000 people along with statistics. It also offers the opportunity to write in PCO data available and also provides suggestions for the improvement of respiratory care within a PCO. £4.99 Available from the National Respiratory Training Centre on 01926 493313

Claiming the Health Dividend Unlocking the benefits of NHS Spending

Edited by Anna Cooté

The NHS should invest more to promote health and sustainable development says this report. As Britain's biggest employer, biggest food buyer and one of the biggest producers of waste the NHS can improve people's health and reduce demand for healthcare. The report contains chapters on what the NHS can do to promote better health through employment practices, purchasing policies, child care, food buying,

waste management, travel, energy and building. £10 Available from the King's Fund Bookshop on 020 7307 2591 or at www.kingsfundbookshop.org.uk

Tackling NHS Jargon Getting the message across

By Sarah Carr

This book will enable and encourage readers to use language that the intended audience will understand. It provides practical advice based on the author's experience of producing NHS documents and contains explanations of common NHS jargon, with alternatives. Plain speaking and writing techniques are included, and there are numerous examples from real NHS management communications. £19.95 ISBN 1 85775 428 X Available from Radcliffe Medical Press Ltd on 01235 528820 or at www.radcliffe-oxford.com

Creating high performance – why is it so hard? Creating high performance – what can we do?

By Nigel Edwards

These two four-page *Leading Edge* bulletins are the latest from the NHS Confederation designed to reflect and stimulate new thinking. Available from Joanne McManus on 0870 444 5841 or summaries on www.nhsconfed.org/publications/leadingedge

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Creating Successful Partnerships

Imaginative City & Hackney PCT 'clear winners' of 2002 English HIMP Award of Excellence say judges

A successful 'quit smoking' scheme targeted at Turkish and Kurdish smokers also played a part in helping City and Hackney PCT win the 2002 English HIMP Award of Excellence.

The scheme, launched during Ramadan, achieved a 47% quit rate. One of a range of health promotion initiatives linked to reducing Hackney's high rate of coronary heart disease, they led judges to vote unanimously for the PCT in preference to runner-up Nottingham City PCT and many other strong entries.

Over 200 people were directly involved in producing the HIMP and many more indirectly. To address inequalities the HIMP placed priority on prevention with 'at risk groups', including ethnic minority communities. A 'Getting Physical' project gave grants to local communities to provide culturally appropriate exercises such as Simba dancing. A 'Heart of Hackney' food access scheme gave grants to communities with food deserts to provide fruit tuck shops in schools and food co-ops.

To draw up a strategy based on local needs and patient public involvement they interviewed members of the public in a shopping centre. To get real local resident involvement they provided small grants to community groups to 'work with them as commissioners, joint providers and capacity builders.'

The Primary Care Network and University of Durham HIMP Award was supported by an educational grant from Merck Sharp & Dohme Limited (MSD) in association with the Department of Health (DoH), the Health Development Agency (HDA), the NHS Alliance, the UK Public Health Association, the British Association of Medical Managers and the Royal College of Nursing.

Judges included for the first time representatives from the DoH and the HDA. During the prize-giving at the NHS Confederation's annual conference in Harrogate, Professor David Hunter, chair of the panel of judges, said Hackney & City had shown



Health minister Lord Philip Hunt presenting the HIMP Award of Excellence to winners

'passion, commitment and enthusiasm' over their achievements.

He said: 'The HIMP Awards are an important initiative because they focus attention on the importance of delivering better health for people and tackling deep-seated inequalities in health. It is easy to lose sight of this goal at a time of major reorganisation across the NHS and related public services. HIMPs are one of the key instruments through which the modernisation agenda is being realised locally. They are therefore even more important than when they were introduced four years ago.'

Despite the huge agenda facing PCTs, (many entrants only came into being on 1 April) the judges were pleased with the high number and quality of applications.

Prof. Hunter went on: 'The judges observed several key criteria in assessing entries. In particular, we were looking for how entrants were addressing the health inequalities agenda in their communities within their collective National Service Frameworks that we asked them to address. We were also looking at partnership working between PCTs and other healthcare organisations in addressing health improvement and the Modernisation Programme.'

'We elected a clear winner in City & Hackney PCT. What we liked especially was the imaginative attempt to involve and empower local community groups, particularly among the Turkish and Kurdish communities. We also liked the honesty with which it was put together, and their recognition there was still more to do and lessons to be learned.'

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NEWS IN BRIEF

PCN - new developments

Primary Care Network will see several exciting new developments next month under a new title to take account of current NHS changes and partnerships with various agencies. The next issue will therefore be slightly delayed until the week beginning July 22.

Publisher Clive Johnstone said: 'PCN has become a very successful newsletter since its launch in 1998, thanks to its multidisciplinary "hands on" Editorial Board, editorial team and contributors. This is reflected in its growing multidisciplinary readership. The new publication will focus on this growth and build on PCN's unique success with several exciting new developments.'

Licence to practise

Health minister John Hutton has confirmed government plans to introduce licences to practise for all doctors in a drive to create a safer NHS for patients. Under the plans for revalidation, every practising doctor will have to submit evidence to the General Medical Council that their practice is up to date and of a high standard. *Reform of the General Medical Council. A Paper for Consultation* is available at: www.doh.gov.uk/gmcreform.htm

SS star ratings

As part of its drive to improve social services the Social Services Inspectorate has published the first ever social services star ratings. All of England's 150 local councils have been awarded three, two, one or zero stars as a judgement of how well they are delivering adult and children's services. The system is based on key performance indicators data, inspection reports, reviews, monitoring and audit information. Available at: www.doh.gov.uk/pssratings

Job moves

David Lammy MP has been appointed Parliamentary Undersecretary of State at the Department of Health. Hazel Blears has moved within the Department to become Parliamentary Undersecretary of State for Public Health.

Saving heart patients

The government has announced it is to give £26.5 million of life saving equipment to the 32 ambulance services and 21 hospitals for quicker diagnosis and treatment. It is part of a £110 million package from the New Opportunities Fund for patients in areas with rates of coronary heart disease.

NHS Confederation Annual Conference

New code of conduct for NHS managers out for consultation

Managers who breach a new code of conduct could be dismissed, NHS chief executive Nigel Crisp has warned.

Speaking at the NHS Confederation's annual conference on the day the code* was published for consultation, Mr Crisp said breaching it will be regarded as gross misconduct.

Managers who commit serious breaches such as financial fraud, providing false information or negligence in providing for the safety of patients will be unlikely to ever regain employment in the NHS.

Managers have only until mid-July to respond to the document.

The code sets out the ethic and standards of behaviour expected of managers. It was developed following the investigations into medical scandals, including practices at Bristol Royal Infirmary and Alder Hey in Liverpool and the inappropriate manipulation of waiting lists.

The code, which will cover all NHS managers say they must:

- Make the care and safety of patients their first concern
- Respect the public, patients, relatives, carers, NHS staff and partners in other agencies
- Be honest and act with integrity
- Accept accountability for their work, the performance of those they manage and their own organisation
- Co-operate with colleagues in the NHS and the community.

Mr Crisp said: 'This code is about the values we as NHS managers stand for. We decided to introduce this code in order to have a means for

holding managers to account for their own professional behaviour. It will be used in that way and breaches will be taken very seriously indeed.'

He said: 'The vast majority of managers in the NHS are highly principled and value driven people who will welcome the code, but we must deal with failure. We simply must not repeat the mistakes of the past. We cannot have people re-employed in positions of trust if they have betrayed that trust in other parts of the NHS. We must have national standards applied nationally.'

He said the code was also a set of values which should inform development programmes and training for managers and make them think how they were going to work. He paid tribute to the work put into it by Ken Jarrold, Chief Executive of County Durham & Tees Valley Health Authority, in partnership with the NHS Confederation, the Institute of Health Management, the British Association of Medical Managers, the Health Financial Management Association and the NHS Modernisation Centre.

* Copies of the Code of Practice are available at www.doh.gov.uk



Nigel Crisp

Continued from Page 1

He said the Award was about 'spreading good practice' and he was pleased to announce that this year all the entries would be put on the websites of the DoH, HDA and Primary Care Network.

MSD medical director Dr John Young said the company was proud to have sponsored the Award since it was launched in 1998. Congratulating all the entrants for their high standards and the panel of judges for their 'hard work,' he said it was important local initiatives were supported.

He added: 'The principal objective of HIMPs is to tackle health inequalities and reduce the gap between rich and poor. However, they also inform change within the NHS by encouraging partnerships between the NHS, Social Services and others.'

Congratulating City & Hackney, Health minister, Lord Philip Hunt who presented the award, said he was 'absolutely delighted' a PCT had won.

He said the HIMP Awards were important because they focused on the ability of the NHS to partner with local authorities and local agencies: 'They are also about our ability to pull together the public health agenda and to set out a framework for getting to grips with improving people's health.'

Lord Hunt added: 'I think one of the best decisions we made in the current development of the health service was to make it absolutely clear that PCTs are the primary public health body. For too long there has been a disengagement between primary care and the public, yet it is primary care which has the real contact with the public day in and day out.'

Receiving the Award on behalf of his team, Dr David Sloan, City & Hackney's Director of Health Improvement, said it was 'quite thrilling' to have won.

He said: 'We are really delighted to have been given this Award. The HIMP is the result of a great deal of work by a large number of people from all sectors. There is more to be done and now we have to make it really have an impact for the people who matter – the residents of City and Hackney. There has been a lot of scepticism about whether primary care can deliver public health. I think we have shown we can.'

All entries will shortly be available on the following websites: www.doh.gov.uk/himp www.hda-online.org.uk www.primarycarenetwork.co.uk

NHS Confederation Annual Conference



Make or break time

No-one should be in any doubt about the significance of the next few years in the NHS. It's 'make or break' time, Health Secretary Alan Milburn told the conference.

'Either we prove that the NHS can change to become a service where the interests and choices of patients always come first or we reconcile ourselves to the fact that the NHS – great in principle – simply could not cut the mustard in practice in today's world,' he said.

Though he expressed confidence that with the help and leadership of managers and clinicians the NHS would meet the challenges, he stressed there would need to be yet more significant changes.

Key among them will be bringing in European and American clinical teams who could become a permanent part of the NHS.

'The 10 year journey we mapped out in the NHS Plan is underway. Now we can move up a gear,' he said.

With the national framework in place during Labour's second term of office the government's core objective was to shift the centre of gravity in the NHS.

'It is right that standards are set nationally but wrong to try to run it nationally. It is only frontline clinicians and managers in day to day contact with patients who can transform local services.'

'This is something which the new Strategic Health Authorities in their relations

with Primary Care Trusts will need to fully understand: the PCTs need to be helped and enabled not commanded or controlled. In turn, they need to devolve resources to their constituent practices from the growing proportion of the NHS budget the PCTs will control.'

A million strong service cannot be run from Whitehall he said. For patient choice to thrive it needs a different environment in which there is greater plurality in local services with the freedom to innovate and respond to patient needs.

'From next April we will begin to move to a system of payment by results for NHS hospitals. Resources will follow the choices patients make so that hospitals who do more get more; those who do not, will not.'

The process starts this summer when patients waiting more than six months for a heart operation will be able to choose treatment on the NHS, privately or abroad. It will continue with the introduction of Foundation Hospitals (see back page).

The biggest constraint the NHS faces is shortage of capacity. The government is to bring in new providers from overseas to expand elective services.

Mr Milburn said: 'A few have already started work in the NHS but it is very early days. We are now in discussions with a number of major overseas providers to bring clinical teams – in particular extra surgeons and other doctors to this country.'

'I will be meeting with prospective



Alan Milburn

providers from both Europe and America over the course of the next few months with a view to encourage them to invest in Britain.

'They will concentrate on elective surgery in hard pressed specialties in those parts of the country where capacity constraints are greatest. I expect to see a growing number of these new providers in place beginning late this year.'

'Like NHS use of existing private sector providers, this is not a temporary measure. These new providers will become a permanent feature of the new NHS landscape. They will provide NHS services to NHS patients according to NHS principles. In the process they will open up more choices for patients and more diversity in provision.'

We hear you: Results of listening exercise

Seven clear issues have emerged from the 'listening exercise' across the UK undertaken by Dr Gill Morgan, the NHS Confederation's new Chief Executive during her first three months in post.

She told the conference: 'The message I hear is unequivocal; give us some stability, set clear and simple targets and give us the space to deliver what we know needs to be done.'

She said: 'The new money will increase pressure for delivery and make it very hard for politicians to devolve, despite their expressed wish to do so. It will take very steady nerves to create space and allow management to get on with delivery without increasing targets and intensifying performance management.'

The issues to emerge are:

- There are still not enough people and skills in the system to make the delivery

of a modern service a reality

- There is a need to explore new ways to deliver comprehensive yet safe services to communities because of concerns about capacity and configuration
 - There are real concerns about the effectiveness of the performance management system
 - There is an urgent need to think in 'whole systems' particularly across health and social services
 - There is an urgent need to reduce the financial 'stretch' already in the NHS rather than use all new money to deliver increasingly challenging targets
 - There is worry about further fragmentation that could undermine the public health effort
 - The service is weary and media perception and reporting is having a negative effect on staff morale.
- Dr Morgan said: 'We must lead and inspire



Gill Morgan

cultural change as well as manage and administer the service effectively. Only if we do so will the NHS be politically sustainable in the face of the concerted challenge.'