

# Primary Care Partnerships

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Creating Successful Partnerships

## Nurses offered bigger leadership roles

The Royal College of Nursing has welcomed government guidelines to help nurses deliver the NHS Plan and the launch of an accelerated nurse leadership programme for older people to help deliver the National Service Framework for Older People.

Nurses in the NHS and independent sector will take part in the programme to develop the leadership of potential matrons. In addition, development opportunities are to be offered to nurse consultants working in older people's services.

The NHS Leadership Centre will co-ordinate the project which will start in the New Year. Each of the 28 Strategic Health Authorities will nominate a team of three people, one from an acute trust, a Primary Care Trust and an independent care home.

The teams will carry out a work-based project to improve the care of older people within their system, and will include primary care, clinical care in general wards, outpatients and A&E, and nursing homes. At the end of the course the Department of Health will publish a report, *Innovations in Care*, to share its outcomes throughout the NHS.

RCN general secretary Beverly Malone said: 'The RCN welcomes the government's commitment to the care of older people through nurse leadership programmes. As people are living longer and managing chronic illnesses and disabilities more effectively, care for elderly people is a major challenge.

'Nurses are at the forefront of this challenge by improving services for elderly people,

developing expert practice and fostering partnerships both with patients and other health and social services.'

The NSF for Older People identified nurses as key to delivering frontline change in the older person's experience of acute services.

It says: 'Clinical Leaders (Modern Matrons), who will be easily identifiable to patients and responsible for groups of wards, will provide the support and development for ward managers to improve the care of older people in hospitals.'

Launching the programme, Chief Nursing Officer Sarah Mullally said: 'It provides a unique opportunity to promote care of older people, develop visible, vocal and effective leaders, generate change within the system and the beginning of a sustainable network.'

She said inclusion of nurses in the independent sector aimed to establish 'an inclusive and modern approach to working in partnership' and improve the understanding and working relationship between statutory and independent sector providers.

Commenting on the launch of *Liberating the Talents: helping nurses and PCTs to deliver the NHS Plan\**, Ms Mullally said: 'A great deal of innovation and change is already taking place in

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Beverly Malone

## Community pharmacists' survey

Pharmacists are ready and willing to take on a bigger role in health care and expand their services – provided they have the resources, according to a survey carried out by the King's Fund.

Richard Lewis and Clare Jenkins carried out the survey in North East London, but say their findings are applicable throughout the NHS. They show many pharmacies are providing more services than required under their national contract, and more than two-thirds could extend their services further in line with government policies, but lack the facilities to expand. One third do not have any space for a private consulting room.

Among the range of services offered were: nicotine replacement therapy, advice to care homes, health screening and prescription collection and delivery.

Mr Lewis, visiting fellow at the King's Fund, says: 'Community pharmacists are keen to play a bigger role in the NHS, yet they are frequently kept on the margins of their local primary care trusts (PCTs). Pharmacists can do much to deliver the government's ambitious plans for the NHS, but many cannot do so without additional training, facilities and expert support. If PCTs are to get the best out of pharmacy services, they should involve them in local decision-making and provide the investment necessary to expand their capacity.'

*Developing Community Pharmacy*, is available at [www.kingsfund.org.uk](http://www.kingsfund.org.uk)

**Pharmacists & nurses**

New powers allowing pharmacists and nurses to prescribe drugs from early next year have been announced by Health Minister, Lord Philip Hunt in a bid to allow patients with asthma, diabetes, coronary heart disease and high blood pressure quicker access to medicines. Training for pharmacists will begin in the spring, and new courses for nurse prescribing will be available from early in the new year. Up to 1,000 pharmacists and 10,000 nurses will be trained by the end of 2004.

**Speeding up bookings**

Work has begun on 45 electronic booking programmes across the country to speed up patient appointments and meet targets in *The NHS Plan*. The Plan says: 'By the end of 2005, waiting lists for hospital appointments and admission will be abolished with booking systems giving all patients choice and convenience.' More information at:

[www.modern.nhs.uk/bookedadmissions](http://www.modern.nhs.uk/bookedadmissions)

**£10million for palliative care**

Every PCT will receive a share of the government's £10 million extra funding for specialist palliative care services on a capitation basis, but they will be given clear instructions how it is to be spent said Public Health Minister Hazel Blears. PCTs must work with local Cancer Networks, voluntary sector and statutory partners, patients and carers. Strategic Health Authorities will report on how the money is spent.

**Children's Expert Group**

Co-chairs of a new External Working Group for the Children's National Service Framework have been appointed. Professor David Hall of Sheffield University, President of the Royal College of Paediatrics and Child Health and Chris Town, Chief Executive of North Peterborough PCT will jointly chair a group of experts from health, social care, statutory and voluntary agencies to develop standards and service models for *The Ill Child* to be included in the Children's NSF.

**Appraisal & Revalidation**

The GMC says it is on track with the delivery of its licensing and revalidation package. To help doctors prepare for licensing and revalidation the GMC will issue instructions, information and guidance to all to all doctors on the register in April about the new arrangements.

**NHS University (NHSU) plans**

Consultation plans for the NHSU have been published. Feedback will contribute to a Strategic Plan to be published in the Spring of 2003. The aim is to transform learning and career opportunities for all NHS staff. Copies of the Development Plan: *Learning for Everyone* are available by calling 0800 555550. For further information or to contribute to the consultation, write to NHSU Consultation, Room 301A, Skipton House, 80 London Road SE1 6LH, email at [yourviews@nhsu.nhs.uk](mailto:yourviews@nhsu.nhs.uk) or on the website at [www.nhsu.nhs.uk](http://www.nhsu.nhs.uk). The consultation ends 21 February 2003.

**Reforming the NHS – Financial Flows****Introducing payment by results**

Dr Michael Dixon, OBE, Chair of the NHS Alliance, expresses some concerns about the government's new proposals.



Dr Michael Dixon

Like all good ideas, this is a simple one. Behind it is the assumption that many hospital procedures can be priced and there is, as it were, a 'reasonable' price that PCTs should be expected to pay for any given procedure. The logic is that acute trusts will only be able to expect a certain price for each procedure and those who are currently overpricing their services will have to move to the new fixed price and become more efficient in the process. For the PCTs, it means that they can now forego the argy bargy of haggling about price and concentrate on issues of quality and access.

There are bound to be technical problems around setting prices and interim arrangements. Nevertheless, the scheme should succeed in its objectives, that is PCT contracting with secondary care should become simpler and more contestable. Even if PCTs do not move away from local providers, making it theoretically easier will concentrate hearts and minds.

'Payments by results' may revolutionise the purchasing (because that is what it is) of secondary services but they will not change the world. That is because the main role of PCTs is less one of purchasing secondary care and more one of redesigning and re-configuring care – especially the interface between primary and secondary care.

The current proposals may either support or sabotage that process. They could support it if PCTs were able to contain demand for such secondary care services and able to keep the

money 'pro rata' for spending elsewhere (e.g. at the primary/secondary care interface). That would require PCTs to be able to match capacity and demand and that could probably only be achieved by PCTs taking on the management of secondary care waiting lists themselves. The less happy alternative is that fixed price services may encourage acute trusts to increase demand for secondary care services among the local population at the expense of other PCT priorities. Indeed the document infers that proposals will be a means of PCTs purchasing more of such services and Foundation Trusts are likely to further fuel demand.

There is also a danger that we may see a resurgence of the sort of 'gaming' that was common within the internal market. For instance, an acute trust, which has to lower its tariff from one group of services under the current proposals might simply pass the cost on to a different speciality, where local PCTs have less choice of an alternative provider. In short, the system will only work if people want it to.

For PCTs, the current commissioning priorities are to re-engage clinicians, to redesign care and to match capacity and demand – the latter of which will depend upon robust systems of demand management. These proposals are peripheral to those priorities but given the historical imbalance in commissioning relationships between Health Authority/PCG/PCT commissioners and acute trust providers, they do at least represent an important attempt to redress the balance.

**Designing People-Centred Services**

There are some problems in making 'people-centred services' a reality but it's not rocket science, Prof. David Hunter, professor of health policy and management at Durham University told a workshop meeting at the recent NHS Alliance annual conference.

He was speaking at the launch of a guide for PCOs based on case studies around the country. The guide is a joint initiative between the NHS Alliance, DoH and Pfizer Limited. It was produced in collaboration with Mairi Gould and Michael Traynor at the London School of Hygiene and Tropical Medicine's Research and Evaluation Consultancy.

Five key messages are:

- Manage patient care together
- Share problems and agree goals
- Win trust and build team ownership
- Evaluate the process and celebrate success
- Ensure that development is continuous and sustainable.

To request a copy of the guide "*Designing People Centred Services A Guide for PCOs*" email: [nhsoperations@pfizer.com](mailto:nhsoperations@pfizer.com)

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primary care and the time is right to look at nursing and provide frontline nurses and PCTs with a new framework for organising and delivering services.

'We cannot expect them to take on new work and develop their services without a clear and coherent strategic direction and support for new ways of working.'

Lynn Young, RCN Primary Health Care

Adviser, commented: 'The document is refreshingly non-dictatorial. It does not tell people what to do or when they have to do it, and resists targets, measurements and numbers. It should be a guiding light to leading nurses working in PCTs and Care Trusts who are working hard to create modern services.'

\*Copies are available at [www.doh.gov.uk/cno/liberatingtalents](http://www.doh.gov.uk/cno/liberatingtalents)

# Implementing these changes will be challenging

Dr Barbara Hakin, Programme Lead, the National Primary Care Trust Development Programme (NatPaCT) says clear rules on price will help to support not undermine partnership working.



Dr Barbara Hakin

The Financial Flows reforms set the stage for a system where providers are specifically paid for the activity they undertake. They are also designed to create a system which encourages a broad range of service providers, supports patient 'Choice' and ensures appropriate incentives for high performing trusts - including Foundation Trusts.

However, unlike the internal market, which encouraged price differentials, the new system depends on a fixed national tariff. In 2003/4 this will only relate to 15 healthcare resource groups (HRGs) for common elective procedures such as cataract surgery or joint replacement - and then only to growth in activity in these cases. However, by 2005/6 the system will cover most in patient, day case, and out patient activity. The intention is that commissioning can then focus on volume and quality and not price.

All providers will be contracted for a minimum volume of cases to achieve waiting time reductions and providers will lose money on a cost per case basis for failure to deliver the volume of extra services they are commissioned to provide. However, they can also earn extra resources on a cost per case

basis for additional patients that move to them. Implementing these changes will be challenging. It will be essential that PCTs have better information on the activity and case mix that providers are delivering, and it is hoped that clear rules on price will help to support and not undermine partnership working.

Supporting the development of skills capacity and resources in PCTs has been recognised as key to achieving successful transition to the new system. The National Primary and Care Trust Development Programme (NatPaCT) and the Department of Health will be putting in place a broad range of support for PCTs and their local health economies. We are currently running a series of events around the country aimed not only at senior managers but also at clinicians.

The events have a number of key objectives which include:

- Building knowledge and understanding of the policy
- Helping representatives from systems to understand what needs to be done locally
- Helping participants to make the connections between this policy and other areas of work, eg Foundation Trusts, Open

Book Partnerships.

The diversity of the audience recognises and reflects the need to ensure that the implementation of this policy is not just about financial flows but about delivering more patient-centred services where service redesign results in the appropriate movement of resource.

These initial events are just the start of the organisational development process and further support will be available in the coming months. Opportunities for exchange of views and experience will be available through the NatPaCT website ([www.natpact.nhs.uk](http://www.natpact.nhs.uk)) and the Department of Health is currently developing a model service level agreement and set of templates for use in the new system and extending OSCAR (Online System for Comparative Analysis & Reporting).

Modernisation programmes mean that frontline staff in the NHS have become very competent at working together to redesign pathways of care for patients. Let us hope that this financial regime can create the mechanism which successfully links this into the contracting process.

## Patient confidentiality

# Caring for information – your opinion counts

A major, national consultation is underway to find out what people think about a new approach to patient confidentiality in the NHS.

The exercise is being managed by the NHS Information Authority and results will be used to ensure that proposals to protect the information held in patients' medical records work for all concerned.

Open to anyone with an interest in the NHS, the consultation seeks views on a new system for handling patient information in an age of greater sharing. This includes a virtual 'sealed envelope' where patients can put particularly sensitive information so that it can only be accessed with their express permission. Also included are new controls on who can see patient information and ways of monitoring who actually looks at it. The proposals are based on recent research with patients and the public by the NHS Information Authority and the Consumers' Association, first published by Health Which? in October.

Opinions are also being sought on a national charter for sharing information, a code of practice for healthcare staff and the script for a video that explains patients' rights and the way the NHS uses health information.

'The NHS is committed to major investment in information systems that will help transform the way health care is delivered,' said Marlene

Winfield, the Information Authority's lead on patient liaison. 'There will never be a better time to influence the future of information sharing and patient confidentiality.'

In future, shared records will ensure that the right information is in the right place to deliver the best possible care to each patient. Computerisation will also make it easier to compare service quality, manage more services efficiently, protect the public's health, and carry out research to find new treatments.

**Gill Friend, Media Relations, NHSIA**

### The 'right person' for patients

Mrs Laura McMurtrie, currently Chief Executive of 5 Boroughs Partnership NHS Trust, Warrington, has been appointed Chief Executive Designate of the Commission for Patient and Public Involvement in Health. Chair Designate Mrs Sharon Grant said: 'Laura McMurtrie has established a reputation as an innovator in patient and public involvement and in leading organisational change. She is just the right person to establish the Commission as a powerful voice for the public in shaping health policy.'

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**Pure Madness - How Fear Drives the Mental Health System**

By **Jeremy Laurence**

Speaking at the book launch, King's Fund Chief Executive Rabbi Julia Neuberger warned: 'The government's proposed mental health legislation could exacerbate the increasingly coercive nature of mental health care.'

She said: It is clear that prejudice and fear are playing too big a part in mental health care today. Jeremy Laurence's book paints a depressing picture of a service that is held back by a serious shortage of resources and a culture of defensive practice.'

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**Function as a Team - 2002 report from the National Confidential Enquiry into Perioperative Deaths (NCEPOD)**

The report says there should be more coordinated team working in the NHS and raises important points about critical care capacity and working methods. It looks in particular at deaths within three days of a surgical procedure, which in more than 70% of cases are emergencies. It also examines the patient's journey through an illness and the delivery of hospital care.

**The full report can be downloaded free from NCEPOD's website: www.ncepod.org.uk or is available at £20 (inc p&p) from: NCEPOD, 35-43 Lincoln's Inn Fields, London WC2A 3PE**

**General Practitioner Recruitment, Retention and Vacancy Survey 2001**

Nearly a third of GP vacancies were unfilled after a year according to a Department of Health Survey of 1000 GP practices during March 2001 to February 2002. Practices in urban deprived areas were worst affected.

**Available at**  
**www.doh.gov.uk/stats/gprrvsurvey2002.htm**



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**Delayed discharge**

**Legislation will not deliver the desired results**



Jeni Bremner

Jeni Bremner, Programme Manager for education and social policy at the Local Government Association (LGA) explains why they think the government's bill on delayed discharge won't work.

The government's Community Care (Delayed Discharge) bill, published on 14 November confirms its plans to tackle delayed discharge by charging social services when these delays arise. The government first floated this idea in April 2002 and since then the LGA has voiced its fundamental opposition to these proposals. We are committed to working with our health partners including primary care to overcome the misery of delayed discharge, but do not believe that this legislation will deliver results. Our concerns include:

**Costs** - social services departments are already substantially overspent, and cannot fund the upfront costs of building additional capacity quickly. It is also possible that the proposals could mean a reduction in funding for older people's services, in particular, and for vulnerable groups in general.

**Timescales** - the government's plan to introduce these measures by April 2003 (in less than six months) could cause significant practical difficulties on the ground. The government's approach to charging is based on a model in use in Sweden. However the measures were introduced there over a two-year period and into a system where local government's remit included both health and social care.

**Causes of delayed discharge** - there are many causes of delayed discharge including lack of residential care in the private sector (over which councils have no control), lack of funding for social services departments as well as older people and their families exercising choice.

**A better way forward**

The government's proposals look only at local government, one part of a complex network of interdependent services caring for older people. The LGA is working closely with the NHS Confederation and the Association of Directors of Social Services to

develop a 'whole system' approach, building on the already close working partnership between local councils and health bodies. With two independent consultancies we have developed a computer model of the 'whole system' covering the complete patient pathway. This models the effects across the system of commonly occurring events such as a rise in unplanned admissions to hospital (eg winter pressures) or the closure of residential or nursing homes. It also allows us to test out different policies and investment options by simulating their impact across the whole system. It shows that:

- the best solutions are not necessarily the intuitively 'obvious' ones and there is no single 'best' solution - different circumstances require different strategies
- investing everything into one service is unlikely to deliver the best solution, ie investing in hospital beds rather than residential care beds, or rehabilitation rather than prevention
- small reductions in the rate of unplanned admissions can bring as much benefit as quite large increases in bed capacity in hospitals or homes
- where there are underlying demand pressures and high occupancy rates, additional bed capacity very quickly gets used up and delayed discharge problems quickly reassert themselves.

The LGA and NHS Confederation are making local health and social care systems aware of the model and its potential. Local councils are being expected by government to invest heavily in services for older people and, particularly, in those which will help to reduce levels of delayed discharges. We believe this model can help them to take wise investment decisions for the medium term, which may not be the same as the 'obvious' ones in response to the charging system which may be implemented from April next year.

**Health Inequalities**

**Prevention as well as cure**

Voluntary groups as well as health care professionals have welcomed Health Secretary Alan Milburn's launch of plans to emphasise prevention as well as cure in its drive to reduce health inequalities.

Health inequalities are a 'scar' on the nation Mr Milburn said in a keynote speech to the Faculty of Public Health Medicine, when he set out a five-step plan\* of initiatives to reduce smoking.

The aim of the government's Cross Cutting Review of Health Inequalities is to bring about a sea change in attitudes in the NHS to 'put renewed emphasis on prevention as well as cure,' he said.

The plans include a 'cash back' agreement with the pharmaceutical industry for smoking cessation products, an increase in hard-hitting public information campaigns and new striking warnings on the front and back of cigarette packs.

Cancer Research UK Chief Executive Sir Paul Nurse said: 'One third of all cancers and nine out of ten lung cancer cases in the UK are caused by tobacco. With this significant new support we will take our tobacco control campaign up a gear to reveal the truth behind these chilling statistics. This important new initiative opens up a new front in the war against tobacco.'

\*Available at [www.doh.gov.uk/healthinequalities/ccsrsummaryreport.htm](http://www.doh.gov.uk/healthinequalities/ccsrsummaryreport.htm) and at [www.hm-treasury.gov.uk/](http://www.hm-treasury.gov.uk/)