



NHS Next Stage Review: Our vision for primary and community care

Newsletter – September 2008

DH INFORMATION READER BOX

| | |
|---------------------------|-----------------------------------|
| Policy | Estates |
| HR / Workforce Management | Commissioning |
| IM & T | |
| Planning / Performance | Finance |
| Clinical | Social Care / Partnership Working |

| | |
|----------------------------|---|
| Document Purpose | For Information |
| Gateway Reference | 10446 |
| Title | NHS Next Stage Review: Our vision for primary and community care Newsletter – September 2008 |
| Author | Primary and Community Care Strategy Team |
| Publication Date | 01 Sep 2008 |
| Target Audience | PCT CEs, Directors of Commissioning/Specialised Commissioning Groups |
| Circulation List | |
| Description | Newsletter setting out next steps on some of the key policies and programmes underpinning the NHS Next Stage Review vision for primary and community care |
| Cross Ref | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085937 |
| Superseded Docs | N/A |
| Action Required | N/A |
| Timing | N/A |
| Contact Details | Kirsty Terris Primary and Community Care Strategy team 11th Floor New Kings Beam House 22 Upper Ground, London SE1 9BW (020) 7633 4164 |
| For Recipient's Use | |

© Crown copyright 2008

First published 1 September 2008

Published to DH website, in electronic PDF format only.

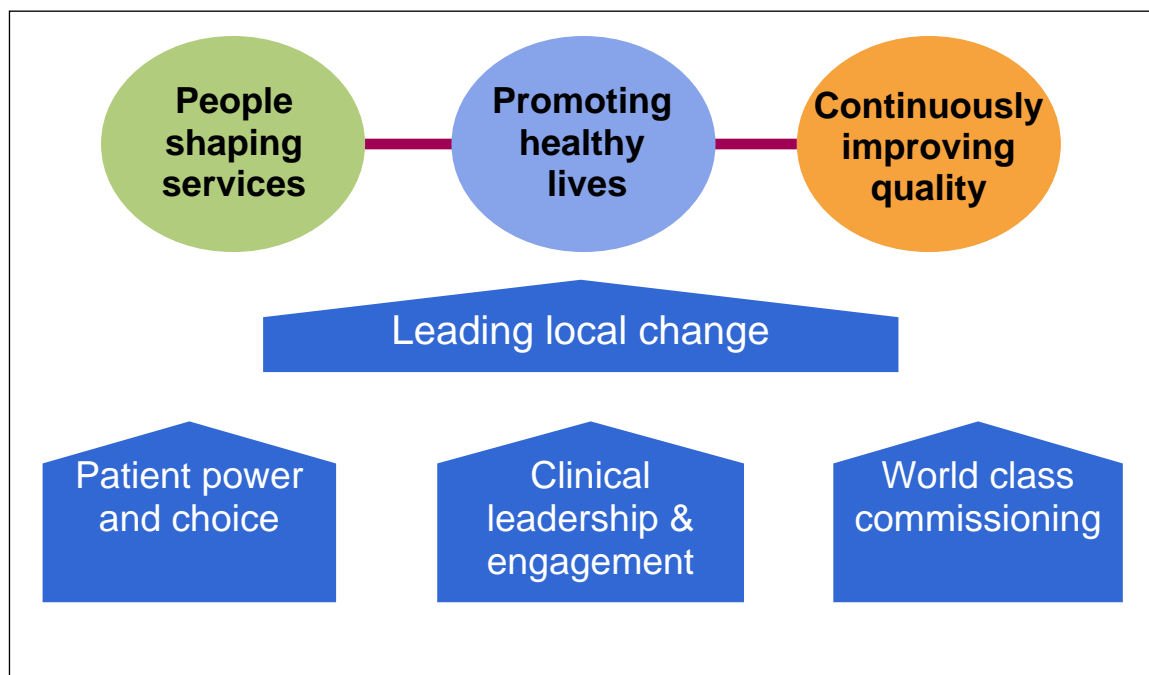
<http://www.dh.gov.uk/publications>

NHS Next Stage Review: Our vision for primary and community care

INTRODUCTION

This newsletter, which is aimed at PCT commissioners, sets out next steps on some of the key policies and programmes underpinning the NHS Next Stage Review vision for primary and community care.

The primary and community care strategy (*NHS Next Stage Review: Our vision for primary and community care*¹) reaffirms the importance of these services to local communities and their key contribution to health care and well being. It sets out the direction of development for these services, shaped around the three key themes of people shaping services, promoting healthy lives and continuously improving quality – and underpinned by the principle of locally-led changes driven by patients and the public, by clinicians and by PCT commissioners. This newsletter shares early information on plans to support the NHS in delivering these objectives.



Engagement of patients and the public, health and care professionals and the wider NHS remain central to the successful development of primary care and community services. We will continue to involve you, to inform you of developments and support, and to provide practical tools to support you in engaging with local stakeholders.

If you have any suggestions for areas of practical support that could be offered, areas of good practice to showcase, or have any other comments then please contact us by email at PCCSteam@dh.gsi.gov.uk

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085937

LEADING LOCAL CHANGE

Leading local change

World class commissioning for primary and community care

We are working closely with the NHS and other stakeholders to produce a framework of practical guidance and support that will help PCTs develop local plans for primary care and community services and improve their commissioning of these services.

In the autumn, as part of the world class commissioning programme, we will be launching a framework document on commissioning in relation to primary care and community services, together with an initial practical guide to commissioning GP services. We are planning to follow this up with a series of further practical guides and toolkits on different dimensions of PCT commissioning across the range of primary care and community services, including community pharmacy and dental services. These guides will include advice on assessing the current (baseline) position on provision of primary care and developing systems of quality measurement to support performance improvement.

If you wish to suggest areas where a practical guide could be helpful to support PCT commissioning or have examples of innovative commissioning that you would like to share with other PCTs, then please contact the PCCS team on PCCSteam@dh.gsi.gov.uk

Practice based commissioning (PBC)

PBC remains at the heart of our ambitions for health improvement and high-quality care, and is a key enabler for the delivery of the primary and community care strategy. As set out in the strategy:

- PCTs will be held to account through the world class commissioning assurance system for improving the information, management and financial support given to PBC groups
- there will be increasing freedoms and responsibilities – and with them greater accountability – for high-performing, multi-professional PBC groups.

David Colin-Thomé, National Director for Primary Care, will be leading a national PBC implementation team to raise the profile of PBC and offer focused support and advice. The membership of the team will be drawn from practice based commissioners, PCTs, SHAs, and national stakeholders such as the NHS Alliance and National Association of Primary Care.

We have recently sought expressions of interest for a framework of pre-qualified organisations capable of providing services to help PBC groups develop capacity and capability.

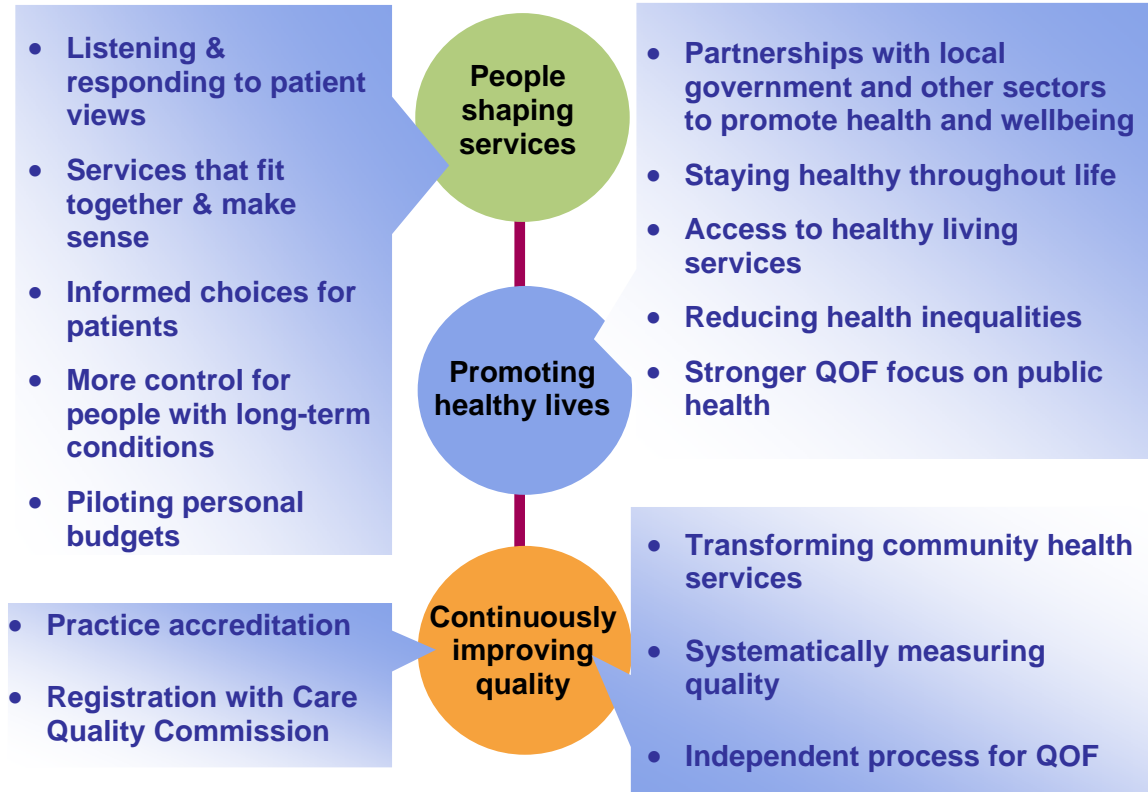
Integrated care pilots

As announced in the NHS Next Stage Review, we are planning a number of integrated care pilots to test new ways of commissioning more integrated delivery of services across primary, community, acute and social care.

A prospectus for the pilots will be launched in the early autumn with an invitation to submit pilot applications by late autumn. Pilots are expected to commence towards the end of 2008/09. If you wish to lodge a potential interest or view the draft prospectus, please send your contact details to integratedcare@dh.gsi.gov.uk

SUPPORTING POLICIES AND PROGRAMMES

The NHS Next Stage Review vision for primary and community care is built around three main themes and a number of supporting policies and programmes.



PEOPLE SHAPING SERVICES

Listening and responding to patient views



The strategy emphasises the importance of both PCTs and providers developing new, innovative models of patient engagement. These may be based on patient surveys, local involvement networks, advocacy groups, patient panels, citizens' juries, public meetings, and other mechanisms.

Ipsos MORI has been appointed as the GP Survey provider for the next three years (2008/09 - 2010/11) and work has begun on the 2009 GP Patient Survey. This will look at patient satisfaction not only with access to GP services but with their wider experience of GP services.

As part of the GP access programme, we are bringing together a range of practical advice for PCTs and for GP practices, drawing on the work of David Colin-Thomé's National Improvement Team and Professor Mayur Lakhani's review of BME access, to help improve the accessibility and responsiveness of general practice. This includes the use of new technologies such as on-line booking services. This will feature as one of the early practical guides in the proposed series of world class commissioning guides for primary care.

Informed choices for patients

To support the NHS in expanding patient choice, we are:

- developing the NHS Choices website to include a greater range of comparative information on performance and quality for GP practices and other primary and community care services
- developing plans for a simpler system for registering with a GP practice, supported by NHS Choices.

These measures will be designed to support action at local level to expand the range of choices available to the public, provide incentives for providers that wish to expand their services and publicise the range of services available for local communities. This is likely to be the subject of a separate world class commissioning guide for PCTs.

We are also working with the BMA with a view to introducing a fairer basic funding formula for GP practices. This will mean that payment for GP practices will be more fairly related to the number of patients on a practice list and more fairly reward practices that take on new patients. NHS Employers and the General Practitioners Committee of the BMA are currently in the early stages of negotiations on potential improvements to the GMS contract for 2009/10. The recommendations of the Formula Review Group² will feed into these discussions. The group concluded last year that the current basic funding formula for GMS contracts (known as Carr-Hill) is essentially robust but proposed several refinements to the formula.

More control for people with long-term conditions

There is evidence that effective integrated commissioning is more cost-effective, leading to improved patient outcomes and reducing unplanned hospital admissions.

We have set an ambitious goal that by 2010 everyone with a long-term condition will be offered their own personalised care plan, totalling around 15 million people. Named lead professionals will help ensure that plans and services are tailored to support those with the most complex care needs. Many patients may already have these, and for some PCTs this will mean strengthening existing local good practice. For others we intend to publish guidance during the autumn on what to consider when commissioning a care planning approach.

Later this year we will publish a national Patients' Prospectus, which will provide advice for those wanting to take greater control of how they manage their own long-term conditions. Work is underway to:

- develop the on-line product (on NHS Choices)
- identify how best to get the prospectus to the right people
- identify how to support commissioners, NHS staff and third sector organisations to implement locally
- agree how we measure that the prospectus is making a difference.

² <http://www.nhsemployers.org/pay-conditions/primary-2471.cfm> then click hyperlink 'the FRG's report'

Personal care budgets

We announced in the NHS Next Stage Review that in 2009 we will start piloting personal health budgets as a way of giving patients greater control over the services they receive and the providers from which they receive services. The pilots will draw on the experience of other health systems and social care.

We expect to make a formal call for expressions of interest in pilots for individual health budgets in the last quarter of 2008/09, with a view to pilots commencing by mid 2009/10. Pilots will be expected to run for three years.

The personal budgets team would be pleased to hear from you about your experiences so far and what you hope will come out of the pilot programme and to answer your questions. In the first instance please write to personalhealthbudgets@dh.gsi.gov.uk or call Nicola Watt on 020 7210 5140.

PROMOTING HEALTHY LIVES

Staying healthy throughout life



The strategy sets out a range of policies and programmes to support primary care and community services in promoting health for all stages of life. This update focuses on the vascular risk assessment programme and on the selection of 'Fit for Work' pilot schemes.

Vascular risk assessment

We are building on the work already undertaken by PCTs on cardiovascular disease risk assessment to develop a national programme of vascular risk assessment for patients aged 40-74, which will be undertaken in a variety of settings to address health inequalities. PCTs will be expected to develop or enhance the range of healthy living services commissioned to help people give up smoking, control alcohol use and improve diet or exercise.

We are currently undertaking a process of stakeholder engagement on the vascular risk assessment programme. Stakeholder events are being held and include a number of visits to sites already undertaking vascular risk assessment and management work. We will then develop more detailed proposals, which should be available during the autumn. We intend to roll out the programme in 2009/10.

A learning network is currently being established, which will enable local areas to share existing practice and be at the forefront of vascular checks development. Its first meeting is on 23 September; for more information contact: Julie.Harris@improvement.nhs.uk. You can get in touch with views, comments and questions by joining the learning network or by emailing vascularchecks@dh.gsi.gov.uk

Fit for Work Service

Fit for Work Services form a key part of Dame Carol Black's review of the health of Britain's working age population³, which identified three key objectives:

- prevention of illness and promotion of health and well-being;
- early intervention for those who develop a condition; and
- an improvement in the health of those out of work.

Dame Carol recommended that:

- Fit for Work services should be available to all so that access to occupational health support is no longer the preserve of the few;
- these services should complement in-house provision of occupational health and other rehabilitation services.

Over the next few months, we are seeking to identify pilot sites via an open application process. The criteria that pilot sites will need to be able to meet/demonstrate are:

- Must haves:
 - Health inequalities: less well-off areas where there is the most potential to improve health outcomes
 - at least one pilot site will be in a City Strategy Area.
- Additional criteria:
 - good access to psychological therapies
 - good access to musculoskeletal physiotherapy services
 - engagement in employment advisor initiatives
 - good access to employment, debt, housing and other advice
 - engagement in Pathways to Work
 - evidence of existing integration of health and employment services
 - arrangements to enable delivery of a seamless, timely service - either co-located or hub and spoke.

There will be an information event for those interested in piloting Fit for Work services to share more detail on how it will work and on how to become a pilot site. Those with a strong interest in piloting may wish to form local coalitions (multi-agency, multi-sector, multi-disciplinary) and attend the information event in groups.

Please email PCCSteam@dh.gsi.gov.uk if you are interested in the information event or if you have any other questions.

³ <http://www.workingforhealth.gov.uk/>

Reducing health inequalities

The primary and community care strategy identifies the pivotal role for primary and community care services in tackling health inequalities, promoting equality of opportunity and eliminating discrimination.

The strategy highlighted improvements in services for people with learning disabilities as a key area for progress. The independent inquiry chaired by Sir Jonathan Michael on access to healthcare for people with learning disabilities published its report on 29 July 2008⁴.

As part of the proposed package of investment in GP services for 2008/09 onwards, we have been developing proposals for a new enhanced service for annual health checks for people with learning disabilities on local authority registers. We hope to announce more details on this later this month.

CONTINUOUSLY IMPROVING QUALITY

Transforming community health services



In the primary and community care strategy, we announced a wide-ranging programme to strengthen the role of community health services in promoting health and wellbeing and reducing health inequalities, including:

- a professional development programme to strengthen clinical leadership and skills of nurses, health visitors and allied health professionals
- national reviews of the evidence base for community care pathways including wound care, continence and stroke services
- a Quality Framework for community services, to be piloted from June 2009, for implementation from April 2010
- work to support the NHS in applying world class commissioning to community health services, including developing for use in 2009/10:
 - a standard national contract for community services. A number of PCTs are currently involved in piloting/testing the proposed Standard Contract for Community Services. SHAs have been asked for nominations from PCTs to participate in developing information models for community services.
 - a high-level pricing framework for community services
 - an initial set of metrics and currencies that PCTs can use to measure quality, clinical productivity and patient experience
 - a strategic information model for community services to underpin the development of essential information infrastructure

⁴ <http://www.iahpld.org.uk/>

- guidance to support PCTs in making their own local decisions on the governance and organisational models that will best support high-quality community services in their area. These models could include arm's-length provider organisations, community foundation trusts, and social enterprises.
- Information and practical support for community staff who request to set up social enterprise organisations, and guidance for PCTs on approval processes for such applications.. Staff who transfer to these organisations will continue to benefit from the NHS Pension Scheme.

This programme of work is being led by a Programme Board, co-chaired by Viv Bennett (Deputy Chief Nursing Officer) and David Colin-Thomé, with membership drawn from the NHS, professional and staff organisations, and academic organisations.

There is a monthly meeting with SHA provider development leads to discuss the development of the programme. PCT leads who want to get involved in the programme should contact their SHA provider development lead.

The programme team is keen to hear from the NHS about how they are developing innovative ways of transforming community services. Please email them on transformingcommunityservices@dh.gsi.gov.uk

Quality and Outcomes Framework

We are discussing with patient and professional groups and with the National Institute for Health and Clinical Excellence (NICE) how to develop the Quality and Outcomes Framework (QOF) for general practice, with a view to:

- a more transparent process for developing and reviewing indicators
- a stronger focus on health outcomes, quality and patient experience
- allowing a greater local choice of indicators (potentially from a national menu) that are sensitive to local health needs and priorities.

NHS Employers and the General Practitioners Committee of the BMA negotiate changes to the QOF, informed by the advice of the current QOF expert panel. Negotiations on potential improvements for 2009/10 are already underway.

We propose to carry out a wider consultation on the proposed new process for developing and reviewing indicators in the autumn.

Registration and accreditation of primary care practices

The primary and community care strategy sets out proposals to assure minimum standards of care at organisational level in primary care and to drive continuous improvements in quality.

We have recently consulted on proposals for the Care Quality Commission to register all GP and dental services to regulate their safety and quality and to help tackle persistently poor performance. We shall publish a response to the consultation on health and adult social care

regulation in due course, which will set out proposals for the scope of the Care Quality Commission.

We are supporting the Royal College of General Practitioners to develop a voluntary accreditation scheme for GP practices⁵. As well as assessing compliance with minimum criteria, it will pinpoint areas where practices have most scope to improve quality, thus acting as a spur for continuous improvement. The scheme is being piloted in forty providers across England.

The RCGP pilot accreditation scheme is expected to be complete early next year and – if successful – will be rolled out in 2010. The information provided from the scheme will play an important role for PCT commissioners in managing and developing contracts with GP practices. For more information on the scheme follow the hyperlink below to the RCGP, or email pmcpa@rcgp.org.uk

⁵ http://www.rcgp.org.uk/practising_as_a_gp/team_quality/pmcpa.aspx