

## “Our health our care our say: a new direction for community services”

### Devon LMC Summary Notes for GPs – January 2006

#### White Paper - Four Main Goals...

- Health and social care will provide better prevention services with earlier intervention.
- People will be provided with more choice and a louder voice.
- Inequalities will be tackled with improvement to access of community services.
- Greater support will be provided to people with long-term needs.

#### How it is going to be achieved?

- Practice Based Commissioning
- Shifting resources into prevention
- More care undertaken outside hospitals and in the home
- Better joining up of services at the local level
- Encouraging innovation
- Allowing different providers to compete for services

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#### GP Practices

- Access - 48hrs to see a GP
- Patient surveys i.e. appointments, opening hours etc – seek the views and wishes to patients and service users, act on these views and involve local people in decision making
- Patients guaranteed acceptance on `Open` list practice (exceptions i.e. Violent patients) (07/08)
- Closed list procedures to be simplified (07/08)
- `Open but Full` status being removed (07/08)
- Review of PMS funding formula (07/08)

- Review in GMS funding formula to include consideration of MPIG and money following patients (07/08)
- PCTs retain full control of their proposed contract specifications
- National support for deprived and under-doctored area
- Fairness in Primary Care principles announced – DoH will manage procurement
- Changing surgery opening hours and incentivising – but no mention of how (07/08)
- PCTs to use the new PC contracts to provide more incentives for new and existing providers to offer better opening hours i.e. private providers, OoH services offering evening appointments and WICs

## **Community Hospitals**

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- Develop Community Hospital Plan over next 5 years to include:
  - ↳ Serving populations of approx 100,000 – close to home
  - ↳ Provide complex procedures
  - ↳ Offers Diagnostic services
  - ↳ Day Surgery Clinics (elective and out patient surgery)
  - ↳ Step-up and step-down facilities
  - ↳ Patient self-help groups
  - ↳ Multi-professional specialists/generalists
  - ↳ Social Services/multi agency
  - ↳ Community Matrons
  - ↳ Out patient facilities
  - ↳ Urgent Care
  - ↳ OoH co-ordinated care at night
- Community Hospitals should not be lost but re-configured. PCTs can bid for capital support to reinvest. PCTs urged to use DoH tool, Strategic Health Asset Planning & Evaluation (SHAPE) to assist with re-configuration of services
- Co-location to be considered – effective partnerships with joint capital projects

## **Bringing Care to the Community**

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- Increase GPWSIs
- Increase WICs
- Improve and develop Mental Health Services
- Expansion of Sexual Health and Physio
- Consultants to work within Primary Care setting
- Urgent Care Strategy (end 2006)
- PbR tariff – DoH to review: treatments to be governed by type NOT by where delivered
- One tariff for A&E and MIU attendance with reduced rate for activity either above or below thresholds 06/07
- Short stay tariff to be reviewed
- GUM access with 48 hours (2008)
- CAMHS – Comprehensive service nationally (end 2006)
- Bowel Cancer screening programme – pts will self-sample and post to regional laboratory (from April 2006)
- Piloting of pt self-referral scheme to Physio and other therapies
- Development of Outreach service (homeless/substance misuse/mental health etc)
- Direct access to Midwifery avoiding the need to go via GP
- End of `Campuses` for people with Learning Disabilities – to be managed in Community settings but more detailed work required (2010)
- End-of-Life – Double investment in palliative care. Development of multi-professional networks which can involve more than 1 Primary care Community service
- Patient Transport – review of eligibility of and proposed extension to. Also the Hospital Travel Costs Scheme. Exploring costs and accreditation of local patient transport services

## **Long-term Conditions/Patients having on-going needs**

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- PCTs and Local Authorities to form joint Health & Social Care Teams by 2008
- Patients who qualify, able to hold individual budgets so they can choose package of care appropriate to their needs (Adults only initially) – 06/07

- Expert Patient Programme increased from 12,000 to over 100,000 by 2012 via PBC mechanisms (pts with on-going needs will choose practice via their individual budgets)
- QoF changes will incorporate self-care and long-term conditions
- Common Assessment Framework to be developed
- Community Matrons for those with complex needs
- Case Management linked to OoH services
- Piloting of mental Health Groups
- Long term conditions – PBC will encourage commissioners to seek out providers of better care (who incorporate preventative illness/improved care for people with long-term conditions/costs of preventable illness/avoiding emergency admissions/poor medication prescribing use and social care preventative investment)
- PbR tariff to be reviewed to incentivise better care
- Workforce development - Skills for Health/Skills for Care (Competency frameworks i.e. Agenda for Change)

## **PBC**

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- GP practices `control` development of joined-up and responsive services
- Well-being is a focus
- Joint commissioning with LAs required
- Creative use of the Health Act 1999
- Hold to account Primary care providers regarding use of public funds
- Where practices fail to engage with PBC, PCTs to provide challenges and support
- Baseline data to be collected from PCTs, LA's, Youth Offending schemes, Police, Individual providers, Voluntary and Community organisations, department for Work & Pensions, Census data and other sources to stimulate and develop the market

## **Commissioning Health Services**

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- Two parts of framework to be issued by end of 2006. 1) Joint Commissioning around `Health & Well-being` and 2) Ongoing needs guidance for long-term conditions
- Model Contract for Hospital service to be developed
- Open-tendering process encouraged
- DoH to develop assessment tool for PCTs and LAs to focus on how they are discharging commissioner functions either separately or jointly, in conjunction with the Health Commission & CSCI (Commission for Social Care Inspection)
- Change focus from output measure to how well PCTs succeed in meeting health needs and expectations of populations
- Health & Social Care performance management systems aligned with incentives for good commissioners and sanctions for failing commissioners
- Standardisation of procurement and contracting with "Gerson" efficiency targets to be used

## **Ensuring Services are responsive**

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- PCT to develop systematic programme to service review to include:
  - ↳ Equity
  - ↳ Quality
  - ↳ Value for Money
- Priorities to be identified by OSC (Overview and Scrutiny Committee) concern, increase in complaints, business plan failures etc.
- PCTs must take into account the views of patients and users
- GPs will provide feedback on services via patient surveys
- Where PCTs are satisfied with service provision, leave contract but where concern, tender out
- PCTs to develop mechanism to deal with conflicts of interest
- PCTs to make decisions which are evidence-based
- PCTs to ensure that Governance procedures are in place
- OSC can initiate it's own review of service where it has reason to do so

## **Assessment of Quality**

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- New `Vetting and Barring Scheme Policy (as recommended in Bichard inquiry) which will include Pre-employment checks, CRB, Protection of Vulnerable Adults Scheme

requirements, Protection of Children's Act requirements and List 99 and will draw on wider sources of information

- More streamlined and joined up approach regulation – DoH to publish documentation on the role of regulation within the context of revised arrangements for performance management (summer 2006)
- NHS Reform Rule for 07/08
- Set out how performance measures including PSAs (Public Service Agreement), development standards and LDP (Local Delivery Plan) priorities can be better integrated to reflect principles of regulations and new stronger focus on prevention and well-being
- Adverse Events & Near Misses extended into Primary Care and Out-of-Hospital settings

## **Workforce**

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- Skills for Care & Skills for Health leading work on
  - ↳ Changes to workforce with consultation and sensitivity
  - ↳ Integrated workforce required with career frameworks, common education frameworks and rewards in place to support this (key to this is joint service and workforce planning)
  - ↳ Common national competencies and occupational standards required
  - ↳ Skill development framework required
  - ↳ Career pathways development
  - ↳ Skills to work in multi-agency environment
- Competencies for workers to 'navigate' their way through the system where working with people who require support for use of services
- Growth in number of personal assistance
- Encouragement of all to use flexibilities in Agenda for Change and incentives in new Primary Care contracts to facilitate workforce development changes
- PwSI's development in imaging/adolescent health and learning disabilities identified

## **PbR**

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- Unbundling of tariffs for diagnostic and post-acute care (07/08)
- Unbundling of other tariffs by 2010
- Introduce data collection so that PbR can be processed for activity occurring in Community Care/New providers

## **Better Information**

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- DoH piloting PCT and LA (Local Authority) project to develop integrated approach to information and the maintenance of accessible database of all services/support groups in local areas
- Patients with long-term needs and Carers will be able to have a 'Information Prescription' which will provide information about condition and where to get more information
- Information service/helpline available containing reliable information
- Short-term respite support for emergency and crisis situation
- Funding to train Carers
- Strengthening Carers Rights and Grants
- DoH not advocating issuing of Smart-cards for patients – not considered necessary

## **Improving Health**

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- NHS Life-check – Offered 5 times during lifetime, at birth, 11yrs, 18yrs, following childbirth and when aged 50 years. Not compulsory. In 2 parts: 1) Assessment completed by patient (either manually or on-line) 2) If required, giving specific advice and referral where appropriate
- National Reference Group for Health & Well-Being – key in developing future QoF
- Future Commissioning will be influenced by use of QoF data
- Social Prescribing i.e. Prescription for Health to increase

## **Joined up Care**

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- Sharing of Health & Social Care information with regard to health/housing/benefits joint considerations
- Long-term health and social service needs patients will have integrated Personal Health & Social Care Plan
- PCT & Social Services to have managed networks/teams in place for patients with complex needs

## **Care Closer to home**

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- PBC – re-design patient pathways (i.e. why so many appointments in secondary care setting?) with use of GPwSI's, PwSIs, Specialist Nurses, Speech Therapists, Health Care Scientists i.e.
  - ↳ ENT
  - ↳ Trauma & Orthopaedics
  - ↳ Dermatology
  - ↳ Urology (UTI's, bladder dysfunction)
  - ↳ Gynae (infertility/menorrhagia/menstrual problems)
  - ↳ General Surgery (VV's, inguinal hernia)
- Simple follow up, where appropriate by nurse (either face-to-face or by telephone)
- Intermediate care – step up and step down
- Integrated Service Improvement Programme (ISIP) to assist with primary care/secondary care interface development
- 20-30 demo sites by 2007 – DoH funding evaluation. Hoping this will inform NSFs, NHS Connecting for Health, Community Hospital Service specifications, tariffs, targets, multi-skilled models to determine future workforce

## **Monitoring and Performance**

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- Primary Care SLA's (Service Level Agreement's) will NOT be approved unless they contain a clear strategy for development of Primary & Community Care which include ambitious goals for shift of resources that are aligned to the priorities within this White paper
- PCTs are to be monitored and scrutinized against this the point above (2008 onwards)
- DoH will review in 2008 planning whether to set a target for PCTs for a % shift from secondary to primary care, if appropriate to supplement health reform
- DoH to establish expert group to develop robust definition and measures of preventative health spending (2006)
- DoH to implement recommendations to ensure good data is available on preventative spend for both PCT and international comparisons
- DoH to use data and evidence on preventative outcomes for UK. Looking at 10yr plan for preventative spend based on comparison with other OECD (Organisation for Economic Co-operation and Development) countries

## **PCTs**

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- Extra funding to be provided to PCTs in worst-off areas based on 'weighted capitation funding formula'
- Integrated working/pooling budgets/lead commissioning arrangements/transference of resources from Health to Local Authority and vice-versa emphasised
- Children's Services – joint commissioning by LAs, PCTs, PBC clusters via Children's Trust
- Adult Social Care – Joint Strategic Needs Assessment
- DoH to sponsor work to develop and disseminate "good practice" models of commissioning for people with long-term conditions/disabled within partnership framework DoH has with the Disability Rights Commission
- Shared Use of an individual's records WITH CONSENT

## **Patient Involvement**

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- Strengthening of local voice in Health & Social Care Reform (April 2006)
- Giving local councillors roles
- Merge Healthcare Commission and the Commission for Social Care Inspection
- Single Complaints system for Health & Social Care

- PALS developed
- ICAS (Independent Complaints Advocacy Service) strengthened (on-line by April 2006)
- Where petitions from pts/large number of pts complain – response within a specified timescale (including GP practices) included how service is to be improved and why or why cannot provide a service
- Patient surveys – DoH reviewing (Autumn 2006)
- PCTs monitored/DoH monitoring and can give PCT 12 months to improve service provision OR PCT asked to undertake comprehensive, best-value from ANY willing provider

### **Voluntary and Community Sector organisations – Social Enterprise (Third Sector)**

- Lowering of barrier for easier entry to provide services (DoH looking at Pensions and IT as barrier issues currently)
- Establishment of Social Enterprise Unit within DoH to co-ordinate Policy on Social Enterprise and develop network to ensure use of social enterprise in Health & Social Care
- DoH providing funding from April 2007 to provide advice to social entrepreneurs who want to develop new models to deliver health and social care service (includes for start-up/reducing barriers for entry as providers/development of viable business models)

### **What Next?**

- National Scheme of Accreditation (with Health Commission & RCGP involvement) for new and existing providers/entrants regarding specialist care in the community (incl GPwSIs, PwSI's etc.)
- Assessment of Primary Care providers i.e. RCGP QTD (Quality Team Development) framework)
- Regular assessment of 'fitness to practice'
- Revalidation (use of proposals from GMC following Shipman enquiry that were put on hold)
- Workforce skills and training – bridging primary and secondary care
- Reducing inequalities



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## "Our health, our care, our say" - Milestones and Timeline 2006 – 2010

<b>Chapter 2 – Enabling health, independence and well-being</b>			
<b>Commitment</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09/10</b>
NHS 'Life Check'	Develop on-line self-assessment	Pilot NHS 'Life Check' in spearhead PCTs	
Announcement on national demonstration sites for psychological therapies for mental health	During 2006		
Director of Adult Social Services	April 2006: new guidance issued to local authorities		
Align budget cycles between health and local government		2007/08	
New QOF measures for health			New measures and well being incorporated
<b>Chapter 3 – Better access to general practice</b>			
<b>Commitment</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09/10</b>
PCTs to take action on poor provision	With immediate effect		
PCTs invited to participate in national procurements	Summer 2006		
Guaranteed acceptance on an open list and streamlined registration rules		Begin in 2007/08	
Changes on 'closed lists' rules		Effects from 2007/08	
Obligation on PCTs to provide detailed information on hours and services as well as new services		Available in 2007/08	
Review of PMS funding arrangements		Report in early 2007	
New Expanding Practice Allowance	To be considered during 2006/07		
PCTs offering more responsive opening hours		2007/08	
<b>Chapter 4 – Better access to community services</b>			
<b>Commitment</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09/10</b>
Extend scope of direct payments		As parliamentary time allows	
Roll-out of individual budget pilots	Impact immediate 2006/07		
National bowel screening programme	End 2006		
Development of an urgent care strategy	End 2006		
Improving choice and continuity in maternity services			In place by 2009
End of campus provision for people with learning disabilities			By 2010
End of life care networks			In place by 2009
<b>Chapter 5 – Support for people with longer-terms needs</b>			
<b>Commitment</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09/10</b>
Information prescription for all with long-term or social care needs		By 2008	
Establish and information service/helpline for carers (or delegate to a voluntary organisation)		By 2007/08	
Short-term home-based respite support for carers in place	Begin implementation in 2006	Full implementation by 2007/08	
Personal Health and Social Care Plans for those with both social care needs and a long-term condition		In place by 2008	
Joint networks and/or terms for management of health and social care needs between PCTs and local authorities		Establish by 2008	
Demonstration project to reduce A&E admissions on 1 million patients	Project commences in 2006	Share findings in 2008	

<b>Chapter 6 – Care closer to home</b>			
<b>Commitment</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09/10</b>
Demonstration sites in six specialties to define appropriate models of care	2006/07 (time of study 12 months)		
PCT local delivery plans not approved unless a clear strategy for shifting care is a major component		Protocol in place by 2008	
Establish an expert group on preventative health spending	End 2006		
Details on timing and tender process for new generation of community hospitals	Summer 2006		
PCTs demonstrate they have followed proper processes on future of community hospitals	With immediate effect		
New turnaround teams for service reconfiguration with focus on tackling causes for local imbalances	Begin in 2006		
Unbundle tariff		From 2007/08	
Extend to community setting		2007/08	
Best practice tariff	As early as possible		
<b>Chapter 7 - Ensuring our reforms put people in control</b>			
<b>Commitment</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09/10</b>
Review of surveys to determine how to make them more effective in the future	Autumn 2006		
National commissioning framework	First part in Summer 2006 subsequent parts later in 2006		
Develop 'local triggers' relating to public satisfaction and service quality	Consult in spring 2006 guidance by autumn 2006		
Establish social enterprise fund to provide support for third-sector suppliers wishing to enter the market		Establish from April 2007	
Review of Public and Patient Involvement	By 2006		
Revised commissioning assessment of PCTs and local authorities	During 2006		
Comprehensive single complaints system			BY 2009
Synchronise joint performance management systems		By 2008	
<b>Chapter 8 – Making sure change happens</b>			
<b>Commitment</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09/10</b>
Review provision of health and social care information	End 2006		
Information pilots – to determine how best to join up health and social care information	Pilots to begin in 2006		
Develop and pilot new practitioners with special interest roles		2007/08	

### References and Further Information:

A full list of all the key documents is available on the Devon LMC web site - <http://www.devonlmc.org/Whats-hot.htm>

- The White Paper 'Our Health, our care, our say: a new direction for community services' - <http://tinyurl.com/9d7bj>

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4127453&chk=NXIecj](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4127453&chk=NXIecj)

- Better services and more choice, on your doorstep - <http://tinyurl.com/8we7u>

[www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT\\_ID=4127458&chk=hXh%2B45](http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4127458&chk=hXh%2B45)

- Your health, your care, your say - Research report - <http://tinyurl.com/aya6x>

[www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4127357&chk=UYgWq5](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4127357&chk=UYgWq5)