

The White Paper Bulletin – January 2006

Delivering the *Our health, our care, our say: a new direction for community services* White Paper

Welcome to *The White Paper Bulletin*

This bulletin has been specially developed to support the publication of the *Our health, our care, our say: a new direction for community services* White Paper, which seeks to set a new direction for the whole health and social care system. *The White Paper Bulletin* aims to set out the key messages from the *Our health, our care, our say: a new direction for community services* White Paper specifically for staff working in health and social care services. It is intended to provide you with a concise summary of the White Paper, and help to interpret what the new direction for health and social care system means for you. We've included case studies of the exceptional work already taking place around the country by GPs, nurses, emergency care workers and allied health professionals, to show how the *Our health, our care, our say: a new direction for community services* White Paper translates into practice and the changes already being made that make a positive difference to patient care and to service users.

Sharing these success stories shows how you and your colleagues are already providing the public with an innovative and responsive health and social care service, all within the local community. Listening to the public via the *Your health, your care, your say* and the *Independence, Well-being and Choice* Green Paper is essential to develop the type of health and social care services that people want – a service that health professionals are already delivering in many areas of the country.

To help us develop future special bulletins, we'd welcome your feedback on this bulletin. Email your comments to: Olivia Coyle at

whitepaperspecial@dh.gsi.gov.uk

At-a-glance

- *Our health, our care, our say: a new direction for community services* White Paper sets out vision for better health and social care
- five key ways in which change will be introduced.

Our health, our care, our say: a new direction for community services – an overview

The *Our health, our care, our say: a new direction for community services* White Paper sets out the Government's vision of more effective health and social care services outside hospitals

To deliver this, the White Paper identifies five clear areas for change:

- personalised care will be driven by better access and more funding following the patient. NHS Walk-in Centres will also be expanded
- services will be brought closer to people's homes through investment in community hospitals and facilities and shifting care safely away from hospitals

- better co-ordination with local councils will be a key goal, the Department of Health's new director of adult care services will lead this. Improving the way information is shared between social services and health care providers is also a vital part of the vision
- increased choice will be underpinned by a direct payment or care budget for people to pay for their own home help or residential care, and in the NHS PCTs will be required to act on the findings of regular patient surveys
- prevention of illness will be targeted with several measures, including the establishment of more healthcare teams to deliver better care across institutional boundaries. A new NHS 'Life check' service will be introduced and a Fitter Britain scheme will be launched as part of the build-up to the 2012 London Olympics.

Links and info

To download a copy of the White Paper visit www.dh.gov.uk/ourhealthourcareoursay

At-a-glance

- NHS Plan at half-way point of 10-year process
- increased capacity of NHS now to be focused on more personalised care
- *Our health, our care, our say: a new direction for community services* White Paper based on key public consultations.

Putting the White Paper in context

The NHS is now halfway through its 10-year plan to provide a more modern and effective health care service, and the *Our health, our care, our say: a new direction for community services* White Paper is the next step.

So far, the emphasis has been on increasing the capacity of the NHS, shorter waiting lists and cutting deaths from cancer and coronary heart disease.

Now the focus is moving to putting the increased capacity to use by treating people more efficiently and responding to their needs and expectations.

At the heart of this process is the belief that health care should be patient-led, which is why the Government has staged a number of consultation and listening exercises.

The first key consultation was about adult social care, the *Independence, Well-being and Choice* Green Paper, followed by the listening exercise, *Your health, your care, your say*.

The message that came out was a need for a more personalised service, with more care closer to people's homes to support independence.

We are now in an ideal position to tailor health and social care services to the needs of patients.

Links and info

[Click here](#) for more information on *The NHS Plan*.

[Click here](#) for more information on the *Independence, Well-being and Choice* Green Paper.

[Click here](#) for more information on the *Your health, your care, your say* consultation.

The Consultation

At-a-glance

- listening exercise covered four regional events and a national summit
- feedback included better access to GPs and more community care
- changes included in the *Our health, our care, our say: a new direction for community services* White Paper.

Key findings from *Your health, your care, your say*

The major listening exercise *Your health, your care, your say* took in five events across England and had a major influence on the *Our health, our care, our say: a new direction for community services* White Paper.

Meetings were held in Gateshead, Leicester, London and Plymouth followed by a national citizens' summit in Birmingham.

Two of the most notable messages which emerged from these events were that people wanted their local services to fit with their lives not the other way round, and for people's needs to be the most important factor.

Other key themes emerged from the consultation process were:

- letting people have more choice about when, where and how they can access services
- developing and providing more services in, and so convenient to, the local community, rather than only in hospitals
- involving people in setting local services to fit with their lives not the other way round, and for people's needs to be the most important factor
- investing in services for people whose health and well-being may be at greater risk, for example: pensioners, single parents, minority ethnic groups, teenagers and people on low incomes
- ensuring greater focus on mental well-being, tackling loneliness, isolation and depression.

The *Our health, our care, our say: a new direction for community services* White Paper has been built around this feedback.

Links and info

[Click here](#) to see highlights of the citizens' summit in Birmingham

[Click here](#) to see a report of the meeting in Gateshead

[Click here](#) to see a report of the meeting in Leicester

[Click here](#) to see a report of the meeting in London

[Click here](#) to see a report of the meeting in Plymouth.

Your Consultation Feedback

An AHP's viewpoint

Helen Dusting, radiographer – Taunton

Helen Dusting, a radiographer at Musgrove Park Hospital in Taunton, said one of the key themes to emerge was the difference between the needs of urban and rural communities.

“The rural perspective on what is needed to improve the NHS is very different to inner cities,” she said. “At the moment everything is about bringing services closer to patients, which obviously differs as people are only a short distance from their local hospital in the city, but in the country this could be up to 15 miles.” “Overall I was very impressed with how the event was organised and the cross-section of people who attended: everyone from young people to people in their nineties.

“One of the main concerns people were keen to discuss was the issue of extending opening hours, which in the increasing 24-hour-a-day culture we live in is pretty much inevitable,” said Helen.

“Of course, this could have the effect that all AHPs will see themselves keeping their book open to 8pm or 9pm at night.

“This flexibility is something the public need, but of course with it comes concerns over how this will be staffed.”

A nurse’s viewpoint

Claire Capewell – staff nurse, Birmingham

Among those attending the citizens’ summit in Birmingham was staff nurse Claire Capewell.

She said one of the most important themes emerging throughout the day was improving access to services within the community.

“I always thought that things would move more towards the community – I think it is a necessity for the future to ease the increasing pressure on hospitals,” said Claire, who has worked in Birmingham Children’s Hospital for the past eight years.

“For example, I work in a children’s cancer ward and we have already seen change in recent years where more and more patients are seen as outpatients to receive treatment.

“I could see this moving more into the community where children won’t even have to travel to hospital for their treatment. Of course there will be concerns from all sides about this but you have to think about the patient and their quality of life – a child would be much better at home with their parents and siblings.”

“I thoroughly enjoyed the event. As I work in a hospital setting it was a good opportunity to move away from that and think about the community and myself in relation to the health service.”

A GP’s viewpoint

Carrie Shenton, GP – Hadleigh

As a GP in the Suffolk town of Hadleigh, Carrie Shenton saw a number of positives emerge from the Birmingham citizens’ summit.

Above all was the strong feeling that one health professional needed to be a trusted co-ordinator of a person’s healthcare.

“The most positive thing that came out of it was the belief that people really value their relationship with their GP,” she said.

“We have to maintain that relationship with someone who has a perspective on the patient’s overall care.”

Though she appreciated the need to respond to people’s wish for longer opening hours she felt that the pros and cons of this were not discussed with the voters at the summit.

She is hoping to see more focus in promoting healthy behaviour, which would prevent people from needing to visit primary care services such as GPs.

A social worker’s viewpoint

Mark Evans, social care worker – Bristol

The huge variety of ideas which were discussed at the Birmingham citizens’ summit was exhausting but generally positive for Mark Evans, a social worker with a children’s services team in Bristol.

“One of the best points which was raised by a lot of people was that young people, especially young men, tend to neglect their health and not visit a doctor,” he said.

“One idea to tackle this was a sort of MOT check which GPs would actively offer to these young people.

“That one really stuck in my mind as a positive way of keeping people healthy and avoiding hospital visits.”

He was impressed with the push for services to be more responsive to patients’ needs, and admitted it would be a challenge to keep the balance right.

“We do all want more community-based services, longer GP opening hours and such like, but we also don’t want to lose the hospitals.

“It’s important that patients get more input into their own care as long as, at some stage, there is a professional able to say ‘this is what’s wrong with you and this is what we have to do to make you better’.

“Overall it was a positive experience to be involved in the consultation, even though there was so much to take in that by the end of the day I was exhausted!”

What do I need to know about the White Paper?

The fundamental aim of *Our health, our care, our say: a new direction for community services* is to give people more control of their health and care services.

This means no central blueprint for how things should be done. It carries forward the vision set out in the adult social care Green Paper, *Independence, Well-being and Choice*, and the messages from the listening exercise, *Your health, your care, your say*.

Three major reasons support this change:

- public consultations called for greater flexibility so services reflect the way people live their lives

- future challenges demand greater focus on healthy living and prevention of illness
- reforms have improved services which must be more finely tuned to people's needs.

What the Government plans to do:

- people will become the most important drivers for service improvement
- support for health and well-being will be given to individuals by piloting the NHS 'Life Check' and introducing the Fitter Britain scheme.

To do this the Government will:

Improve access to services through:

- patient registration at a local open practice
- longer GP opening times
- more access to nurses at first contact with patients
- improved services in deprived areas
- self-referral to selected services.

Improve access to community services by:

- increasing direct payments to patients and piloting of individual budgets
- reconfiguring primary care trusts (PCTs)
- improving access for young people to sexual and mental health services
- increasing investment in end-of-life care.

Improve care for those with long-term conditions by:

- trebling investment in Expert Patient Programme
- better planning on a joint basis
- exploring changes to Payment by Results.

Shift care closer to where people live by:

- providing more facilities in convenient settings
- extending eligibility for Patient Transport Services
- investing in services for older people
- reviewing plans for Private Finance Initiative hospitals
- developing new community hospitals.

Key milestones

NHS 'Life Check':

- full launch by end of 2008-2009.

Better access to GPs:

- guaranteed acceptance, streamlined registration by 2007-2008
- new opening hours agreed with GPs from 2007-2008

Better access to services:

- extend individual budgets and direct payment pilots to 2008-2009
- more maternity services available by 2009
- end-of-life care networks in place by 2009.

Support for people with longer-term needs:

- trebled investment in Expert Patient Programme by 2009.

Care closer to home:

- pilot sites for self-referral programme in six specialties, which have yet to be decided, set up by 2006-2007.

At-a-glance

- new self-referral physiotherapy scheme reduces waiting lists and speeds up treatment
- patients returning to work faster
- all segments of Tower Hamlets population embracing the scheme.

Bringing down the barriers

A new approach to providing physiotherapy services is making life easier for the residents of Tower Hamlets, one of the most deprived boroughs in England.

Physio Direct is a system of self referral designed to reduce the number of patients who visit their GP with injuries or conditions which can be treated immediately by a physiotherapist.

Patients either contact the physiotherapist directly or are given the option when they call their GP for an appointment.

Physiotherapists will do initial triage and then either make an appointment or refer the patient back to the GP if more complex treatment is required.

The system was introduced in 2004 – its initial two-year pilot period ends in March – and the results so far have been extremely encouraging.

Tower Hamlets PCT's head of physiotherapy, Sandra Mellors, says the benefits have been tremendous.

“When we began the trial we had a six-month waiting list but within three months that was cleared, thanks to both a service redesign and the introduction of Physio Direct,” she said.

The number of cases for physiotherapists has more than doubled, but patients are accessing care faster so each patient requires fewer appointments.

“That is a superb outcome, because the quicker they see us the less time they are off work with their injury.”

“We’ve also been encouraged by the fact that our patients reflect the make-up of our local population, so the system has really been embraced by everyone.”

Links and info

Contact Sandra Mellors at sandra.mellors@thpct.nhs.uk or on 020 8223 8910.

At-a-glance

- network set up in Leeds for service users, carers artists and others to develop arts in mental health
- large variety of network members from artists to clinicians and carers
- projects have already been run and more are planned.

Arts for the patients' sake

Bringing arts into the lives of people with mental health problems is at the heart of the Arts and Minds Network in Leeds.

The network brings together artists, occupational therapists, carers, patients, PCT staff, clinicians and experts from voluntary sector, all with the aim of using the arts to help others.

Underlying their efforts is the proven benefit of involvement in the arts for mental health service users. Music, dance, sculpture, design and other art forms are all part of the network's remit.

The head of public and patient involvement with Leeds Mental Health Teaching Trust, Victoria Betton, has been part of the project from its inception in 2003.

"One of the things we're most proud of is that we have brought so many people on board and made it so inclusive," she said.

"Before we set up this network there was no clear way of bring people together, but now we are able to offer very positive experiences to service users.

"Those service users and patients are the most important part of the whole set-up, and we can see how much it helps them.

"When we have events the feedback is that it is a means of self expression for them, which is very important."

The recent Make Your Mark event at the West Yorkshire Playhouse is an example of how the network is able to pool the resources of many different individuals and organisations.

"We ran it for service users and carers, and it was a day when they were able to try many different art forms," said Victoria.

The network is also able to offer economic advantages, with central funding used to provide shared resources, such as multi-media facilities.

The network has made a bid for Arts Council funding for a three-year part-time position to be established to run the network, and it is in the process of setting up an arts time bank.

This latter project is a web-based system which enables artists to exchange skills rather than paying each other. A mental health service user will be managing the site, helped by a member of the Arts and Minds Network.

Links and info

For more information on the Leeds Arts and Minds Network, contact Victoria Betton at victoria.betton@leedsmh.nhs.uk

At-a-glance

- nurse clinicians create new options for patients

- reduces patient load on GPs and ensures quicker treatment for minor illnesses
- team approach ensures patients have several choices for treatment.

Nurses expand their role

As the traditionally sharp divide between hospital and community care has been relaxed, so too has the separation of duties between doctors and nurses. In the Chester area that is bringing tangible benefits for patients.

Some experienced nurses are taking on more responsibilities as nurse clinicians. The new role requires extra training at Masters level and permits the prescription of certain drugs and the treatment of a wider range of ailments.

Tony Mayled is a nurse clinician working from a GP surgery in the Chester area; he reports a tremendous response to the new concept.

“My role involves consulting with the patient, diagnostics, and managing acute minor illnesses ranging from sore throats, coughs, mental health problems and any undiagnosed acute illness,” he said.

“Patients get a choice of seeing a GP or a nurse clinician.

“Often they can see a nurse clinician faster than they can see the GP, which is important in the treatment of acute minor illness as we need to see them as quickly as possible.”

Tony has worked hard at developing his role, which has required a change in procedures at the surgery.

“I did some sessions with the staff at the surgery to explain what I can and can’t do as a nurse clinician, and that helped a lot.”

Many patients now have a rapport with Tony and opt to see him in preference to a GP.

“It’s all about patient choice. Some prefer not seeing a doctor for whatever reason, and we’re providing that choice.”

“We also have a practice nurse, who is another option for patients. It’s not just me or the GP or the practice nurse, it’s the whole team that works to make sure the patient can get the best care.”

Links and info

For more information, email Tony Mayled at tony.mayled@gp-N81626.nhs.uk

At-a-glance

- GP surgery set up to cater for patients who have alcohol and drug misuse problems
- specialist staff employed to ensure best and most appropriate care
- excellent patient response
- White Paper commits to improving access to GP services

Delivering care to substance misusers

The *Your Health, Your Care, Your Say* consultation found that ensuring services are open when the public want to use them is one of people’s highest priorities. For many years, general practices in Southend-on-Sea have struggled to cope

with the needs of drug and alcohol misusers, some of whom could be disruptive to other patients and the smooth running of the practice.

Two years ago, Southend-on-Sea PCT established the Victoria Surgery in the central part of the town specifically to provide a GP surgery for this group of patients.

Those identified as being in this group were offered the chance to move their registration to the new practice.

A GP from Suffolk with extensive experience in working with alcohol and drug misuse took on the practice and opening times were tailored to patients' needs, with sessions being offered from 2pm-9pm.

Associate director of primary care at the PCT, Ian Stidston, says results since the surgery was established have been excellent.

"We have found that by taking a holistic approach and ensuring patients are treated with dignity we gained their trust and respect," he said.

"If you talk to patients down at the surgery they say things like 'there's never been anything like this'.

"It enables us to reach out and engage people we've never reached before," he said.

"Many of these patients weren't being looked after and we had a serious gap in services, which is why we found funding for a specialist GP surgery."

Following the implementation of the practice, waiting times for patients to access substance misuse services fell dramatically. Over 400 patients are now accessing the services from the Victoria practice.

The original GP has now reached the end of his initial full-time contract, and the past two years have been used to train local GPs in working with this type of patient and continue the successful work.

A key White Paper commitment is that in future, practice opening hours will be agreed with PCTs in future, various primary care contracts will provide more incentives for new and existing providers to offer better opening hours.

Links and info

To contact Ian Stidston, email ian.stidston@southend-pct.nhs.uk

To contact the Victoria Surgery, call 01702 615953.

At-a-glance

- hand clinics established to increase community services and reduce the number of patients having to attend hospital clinics
- patient survey shows 90 per cent satisfaction with new service
- more clinics to be set up to improve patient access.

Faster access to hand clinics

A scheme in Nottingham makes use of two GPs with a special interest in hand conditions to improve the treatment of hand and wrist conditions.

The system is built around two weekly hand clinics which cover the four Nottingham PCTs, with a weekly review of all patients who have been referred for hand conditions. Those who are suitable for the community service are then

referred to the clinics, thus reducing the number of patients that have to attend hospital.

Broxtowe & Hucknall PCT primary care development manager Lucy Davidson said it was important to establish which patients should be referred to the hand clinics.

“There is a lot of work done ensuring conditions that could be treated by the community clinics are identified,” she said.

The result is that patients with conditions such as carpal tunnel syndrome, Dupuytren's, trigger finger/thumb and ganglions can be assessed in the community clinic, receive treatment if required and may not need to be treated in hospital.

“We ran a patient feedback survey and the results were very positive. More than 90 per cent of respondents said they would recommend the service,” she said. The programme began in May 2005 as part of the push to make services more accessible to patients in the community.

“We realised that we had certain GPs whose skills could be utilised in the community, and that it would be beneficial to have them working there.

“It was a significant step as primary and secondary care worked together to identify certain conditions that could be treated in the community and helped in reducing waiting times for patients,” said Lucy, who has been with the PCT for two years.

“There is certainly a feeling that this is all part of making things more patient-led than ever before.”

The next step for the programme is to set up more clinics to further improve patient access.

Links and info

For more information on the hand clinics, contact Lucy Davidson at lucy.davidson@broxtowehucknall-pct.nhs.uk

At-a-glance

- emergency care practitioners increase ability of ambulance services and reduce hospital visits
- use of ambulance trusts to operate out-of-hours service increases efficiency.

Emergency care practitioners reduce hospital visits

Norfolk is benefiting from the increased number of emergency care practitioners in the East Anglia Ambulance Trust and the trust's operation of the local primary care out-of-hours service.

The growth in the number of emergency care practitioners (ECPs) has been a major change in recent years, as they bring greater skills into the emergency care team and thus greater quality of care to patients, says the trust's assistant medical director, Scott Turner.

“These more skilled ECPs can treat the initial presentation but can also provide ongoing treatment and referral if necessary,” he says.

Being able to prescribe certain drugs and treat more complex conditions means fewer patients need to be taken to hospital.

“Ultimately it’s all about what’s best for the patient, because not all patients need to be in hospital, and the fewer we have to convey the better. It avoids a needless trip for the patient and frees up that ambulance for more urgent calls,” he says.

And an extra advantage has been introduced in Norfolk with the ambulance trust running the primary care out-of-hours service.

This unites the primary and acute care services under one communications system during the out-of-hours period, and a good example of the benefit to patients is in the case of an asthma attack.

“All paramedics are trained in recognition of asthma and stabilisation of an asthma attack,” says Scott.

“So if a paramedic is called out to an asthma attack and stabilises the patient, they can then be referred to the out-of-hours provider where a doctor, ECP or nurse practitioner can see the patient, providing further treatment.

“They can also arrange and help to monitor the treatment in the next few days.” Ultimately, this means patients are less likely to have to be taken to hospital and their care is more efficient and well co-ordinated.

Links and info

For more information contact Scott Turner at scott.turner@eaamb.nhs.uk

NHS and social care staff communications

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Department pilots new *Social Care Bulletin*

The Department of Health has published a pilot *Social Care Bulletin* specially developed to support the publication of the *Our health, our care, our say: a new direction for community services White Paper*.

This bulletin aims to set out the key messages from the *Our health, our care, our say: a new direction for community services White Paper* specifically for staff working in social care services.

- [Click here](#) to read the bulletin.

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