

Our health, our care, our say: a new direction for community services: briefing note

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2 February 2006

The central aims of the proposals set out in the white paper are to improve and expand health and social care services in the community and make access easier particularly for those in areas which are currently poorly served. At the same time, the Government also aims to reduce the need for professionally provided care through prevention and support for self-care.

These aims imply a wide range of actions, which can be grouped under four headings:

Promoting health

Better access to general practice and other community services

Support for people with long term conditions

Transfer of services from acute hospitals to community settings.

Promoting Health

A wide range of measures fall under this heading, many already in place but some are new. In particular, the Government proposes to develop:

2.30 a new NHS 'Life Check' service to help people – particularly at critical points in their lives – to assess their own risk of ill-health. The NHS 'Life Check' will be based on a range of risk factors, and on awareness of family history.

It will offer:

- an initial assessment for people to complete themselves;
- offers of specific advice and support on the action people can take to maintain and improve health and, if necessary, referral for more specialist diagnoses for those who need it.

The Government is also aiming to place a greater emphasis on prevention both of physical and mental illness including measures taken in related fields such as housing, transport and leisure and

policing. PCTs are to be charged with the development of plans for preventive services. The range of conditions currently included in primary medical care contracts for regular monitoring is to be extended.

In addition the white paper commits the Government to expand access to psychological therapies, through establishing two demonstration sites and the introduction of new therapies which allow people to self-treat.

Better Access

The Government's broad intention is to make access easier to all community-based services, including social care, urgent or emergency care, sexual health services, mental health services, services for those with learning disabilities and other groups and services. With respect to community pharmacy the white paper sets out the measures already taken (see annex).

The white paper sets out a number of measures designed to make it easier for patients to *choose* the general practice where they wish to be registered. To do this will require changes in existing financial arrangements to create an incentive for practices to take on new patients where services are good and patients want to switch. Where provision is currently poor, PCTs are to be tasked to actively commission services from existing providers, or new providers including the private sector, social/not for profit organisations and the voluntary sector. The Government also aims to make all practices more accessible in terms of booking times and opening hours and more speculatively by locating them in supermarkets and high street locations.

Long-term Conditions

The Government intends to promote patient self-management, in particular to triple spending on the expert patient programme, to enhance the availability of information available to patients and to provide more professionals trained to support self care.

Most however will remain dependent on professionals. Here the Government believes that the main need is to improve linkages between health and social care services. It therefore intends that everyone who wishes it should have a joint care plan prepared for them and that special teams consisting of health and social care staff should be established for those with complex needs. Their work is to be supported by developments in assistive technology such as alarm sensors and video screens.

Transfer of Services - care closer to home

The white paper identifies a number of services which can be safely provided outside the acute hospital setting. It identifies six specialities - ENT, dermatology, urology, gynaecology and general surgery, which offer scope for transfer of at least some elements of the patient pathway - initial outpatient consultations, diagnostics, simpler procedures and post operative care.

Examples of transfers of these functions can be found across the NHS. The Government aims to speed the pace of change through demonstration projects, changes in financial and other incentives bearing on hospitals and GPs and through building new facilities such as community hospitals as well as smaller projects such as large health centres. These will offer a wider range of services than is typical now but will include those commonly found in GP premises such as pharmacies.

Overall Comment

Most of the white paper proposals are sensible and uncontroversial. In most cases, as with the new pharmacy contract, change is already under way either nationally, or, as with the transfer of services from acute hospital to community setting, in some parts of the country.

Extension of the role of the private sector into general practice in particular *will* prove controversial. But, as the Government points out, most general practitioners are already in the private, self-employed sector. The only change is that the Government is opening the door to large public companies to provide community based services, as they have already done in hospital services through commissioning of independent treatment centres. Even here however the Government has explicitly stated that not-for profit organisations, including possibly co-operatives of former NHS staff, and private organisations already working as part of the NHS family such as community pharmacy, will also be encouraged to expand their role.

As always, the main reservations must lie in the area of implementation. Many of the changes proposed require a pro-active commissioning role on the part of commissioners, be these PCTs or GPs within the framework created by practice-based commissioning. But Pacts are currently undergoing reorganisation - specifically with the aim of making them better commissioners - so it will take some time before they are fully able to take on board the new agenda and some GPs remain reluctant to get involved in commissioning. The Government's

expectation however is that GPs will be the main agents for securing change at local level.

Furthermore, the white paper contains very little financial information. The broad hope is that measures to improve self care and independent living and support for those with long-term conditions will reduce demands on existing resources particularly those in hospitals, and allow them to be redeployed elsewhere. Indeed the Government has set a specific target to this effect. But it is by no means clear that the measures set out in the white paper will produce enough savings quickly enough to allow the changes it seeks to take place in the short term.

However the white paper describes itself as a long-term strategy, signalling a new overall direction of policy involving:

9.3 The emphasis will be on making measurable progress in:

- promoting independence and well-being of individuals through better community health and social care and greater integration between local health and social care organisations;
- developing capacity through a wider range of service providers to secure value for money and improved access to community health and social care services;
- Changing the way the whole system works by giving the public greater control over their local services and shifting health services from acute hospitals into local communities.

For community pharmacy, *this long term strategy should support the development of new roles, as already provided for in the new contract and through the extension of prescribing rights, and also new ones, particularly where local purchasers perceive a need to develop services where those in place are of poor quality or inadequate in other ways. Pharmacists will need to liaise effectively with purchasers, particularly GPs, to ensure they are in touch with plans for services and reconfiguration of existing ones.*

Annex

Current pharmacy roles as described in the white paper

4.46 Pharmacies are now offering more services than ever before thanks to the new community pharmacy contract that was introduced in April 2005:

- Repeat dispensing, for example, means that patients can receive up to a year's supply of medicines without having to revisit their GP each time they need more medicine.
- Some pharmacists are running dedicated clinics in the pharmacy, for example for people with diabetes, those with high blood pressure or high cholesterol.
- Signposting people to other health and social care services and to support services, and supporting self care and people's well-being, are now essential services to be provided by every community pharmacy.
- Many pharmacies are adding consultation areas to provide privacy for one-to-one services for patients.