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Government Changes to The NHS The White Paper - Equity & Excellence: Liberating the NHS

The NHS White Paper, Equity and excellence: Liberating the NHS, sets out the Government's long-term vision for the future of the NHS. The vision builds on the core values and principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay.

It is anticipated that the existing methods of commissioning health and social care services will have to be restructured to support GP's, Public Health, Local Authorities and other relevant groups to work more collaboratively. This will ensure that the health and social care needs of a local population are being met.

The NHS White Paper aims to improve the efficiency of the NHS by restructuring the roles and responsibilities of relevant

groups, and to improve the care that is delivered by all providers within the budget that is set by the Department of Health. The new roles are detailed below.

General Practice Commissioning Consortia (GPCC) - Groups of GP practices will join together to commission services for their patient populations. These groups need to be large enough for their combined budgets to adequately share the risks of buying services, whilst continuing to support patients with complex high cost needs.

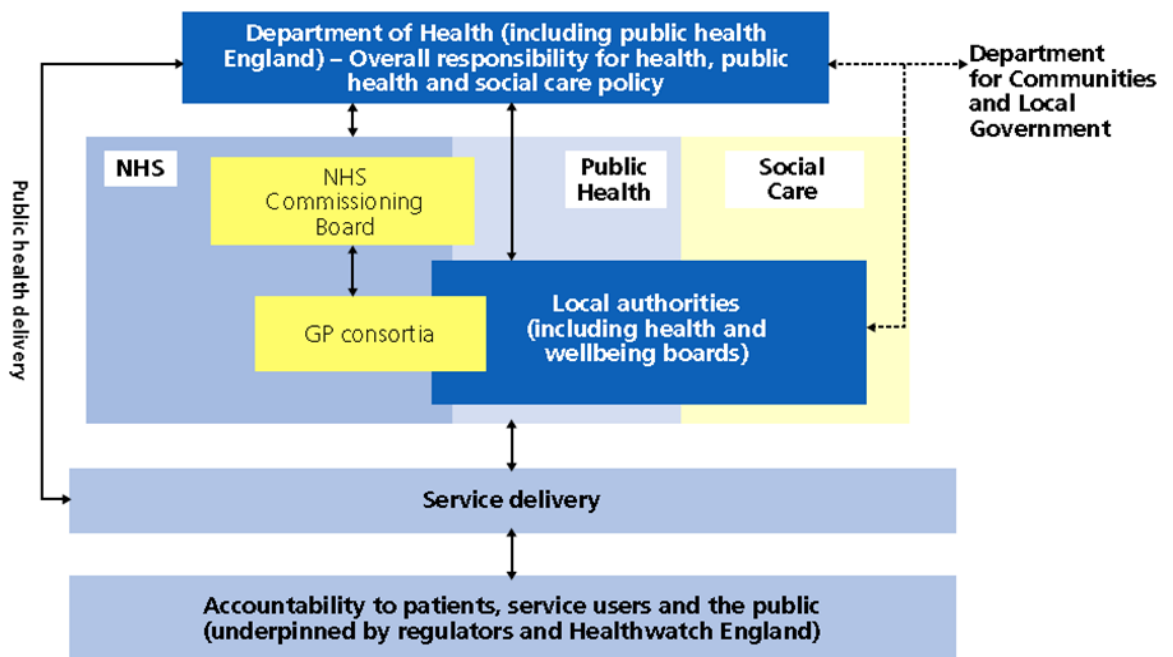
Individual GP practices will still exist and patients will remain registered in the same way.

The GP consortia will by law have to work with the Health and Wellbeing Board.

NHS Commissioning Board - will determine the priorities nationally

using NICE (National Institute for Health and Clinical Excellence) guidance and Department of Health policy. It will be responsible for ensuring that GPCCs and Health and Wellbeing Boards are fit for purpose. They will also be responsible for commissioning some specialist services.

Health and Wellbeing Boards - made up of Public Health specialists, GPCC representatives, and the Local Authority responsible for social care. They will work with GPCCs, Public Health, Social Care and Patient Representative groups to produce a Joint Strategic Needs Analysis (JSNA) The JSNA highlights the health and social care needs of a local population and identifies the priorities to ensure that services are commissioned to meet those needs.



USING NHS SERVICES WISELY

Hampshire PCT have been working with local GPs and managers to look at different ways of using NHS services. A topic that is being looked at is 'patient pathways' - the journey of appointments and interventions a patient may have to take to be treated. It has been identified that in some cases it will be possible for patients to be treated in fewer ap-

pointments whilst still receiving the excellent levels of care they have been used too. An example of this type of 'patient pathway' would be a one-stop-clinic where a patient is able to benefit from tests (x-rays & scans etc) and seeing a Specialist in one appointment - previously a patient may have had to attend an appointment for diagnostics and

then attend another appointment to see a Specialist.

Developing services that provide more for patients in fewer appointments is one part of the many projects that are being worked on to provide the right services for local patients.

End Of Life Care

Care at the end of life focuses on making patients comfortable. Patients still receive medicines and treatments to control pain and other symptoms. Some patients choose to die at home. Others enter a hospital or a hospice. Either way, services are available to help patients and their families deal with issues surrounding death. GP Practices across West Hampshire (patient population of approxi-

mately 500,000 patients) have been collectively developing their end of life care services to the equivalent of level 4 Gold Standards Framework (this is a recognised quality standard) Practices have committed themselves to providing :

- Care planning: assessing needs and preferences, agreeing a

care plan to reflect these and reviewing these regularly;

- Coordination of care;
- Delivery of high quality services in all locations;
- Management of the last days of life;
- Care after death
- Support for carers, both during a person's illness and after their death

Diabetes — Community Based Services

In West Hampshire the practice based commissioners have launched a new community based diabetes service. The aim is to minimise the impact that diabetes has on the lives of people within West Hampshire, and to shift the focus of care away from large hospital-based settings into the community.

Patients on their GP diabetes register can be offered group education about diabetes and can make

choices about how they manage their condition.

The Community Diabetes Team is multidisciplinary with diabetes consultants, diabetes specialist nurses, and dieticians sharing care and delivery of service to ensure high standards. The new community based service brings together the current service providers across The New Forest, Eastleigh & Test Valley South and Mid Hampshire into a single team.

The service is 'local' and patients will be offered a choice of site and time to suit their needs.

The service is provided Monday to Friday, 8.30am – 5.00pm and a telephone advice line is available at these times to patients and clinicians. The service provides open access and will respond to queries within 1 working day and provide an appointment if needed within 1 week of referral.

'iTalk' — Improving Access to Psychological Services

Local GPs have been working with NHS Hampshire to improve access to psychological therapies for the treatment of anxiety and depression by implementing a new service called iTalk. iTalk is a national programme that involves a significant investment in mental health services delivered through primary care.

The iTalk service model envisages a team of therapists within a specified locality taking referrals from primary care, as well as self referrals, and delivering NICE (National Institute for Health and

Clinical Excellence) - compliant therapies at the level required. The service will operate in convenient, non stigmatising settings such as GP practices, community centres or libraries.

Employment advice and support will be an integral part of the service, with strong links to other social care and support services as required.

It is envisaged that a stepped care model will be used. This is based upon the assumption that the most simple and time limited interventions are offered to those with

mild problems, and the most time and cost intensive are reserved for those with more complex difficulties.

Therefore progression onto more intensive services is based upon increased need.

This is a huge and exciting venture with its challenges. The service will take some time to become fully operational but it offers an important opportunity to increase the availability of evidence based psychological treatments for people with common mental health problems

Out Of Hours

The out of hours service has been a priority for Avon Valley locality in the past year and local GPs have been working very closely with PCT contracting teams and out of hours services providers to assess the use of services by patients from the locality. This has highlighted the need for a much more locally delivered service for the Avon Valley population, which all local GP's wholeheartedly support.

The current out of hours contract for services to patients registered with a GP practice in Avon Valley locality is held by West Hampshire out of hours service (WHOOHs). This contract expires 31st march 2012. WHOOHs currently deliver the care in a way that allows them to cover the large area of West Hampshire, and the Avon Valley

locality feels that this does not meet the specific needs of the local populations.

The Avon Valley locality are now involved in the re-commissioning of the out of hours service to establish the replacement service when the current contract expires. This commissioning reflects the need for a better, localised service.

There is currently no contract in place with South West Ambulance Service (SWAS) who operate the treatment centre based at St Leonards Hospital. There has been an agreement set up that allows SWAS to claim reimbursement from Hampshire PCT for any patient who is registered with a Hampshire based GP who is

treated by them. This is an additional payment over and above what is already paid to WHOOHs, which in effect means that NHS money is being paid out twice, as the money cannot be withdrawn from the current contract.

This means that Hampshire based GP practices are unable to encourage their patients to utilise the St Leonards based service at this time as we would not be making best use of NHS resources.

The Avon Valley Locality are aware that the OOHs service is currently not perfect and are working very hard as local GP's to make the necessary changes.

**AVON VALLEY
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LOCALITY**

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The Avon Valley Practice Based Commissioning Locality are a group of 4 GP Practices with a combined patient population of approximately 40,000

- **The Fordingbridge Surgery, Fordingbridge**
- **Twin Oaks Medical Centre, Bransgore**
- **Cornerways Medical Centre, Ringwood**
- **Ringwood Medical Centre, Ringwood**

Getting Involved - Patient Participation Groups (PPGs)

WHAT IS THE PATIENT PARTICIPATION GROUP?

A group of people joining together in a voluntary capacity to enhance the Practice by working alongside the doctors and nurses on behalf of and representing the patients.

WHAT DOES IT INVOLVE ?

Different GP Practices' support PPGs in different ways. Most have PPG meetings to discuss issues affecting your Practice, and helping it to deliver the best service it can. Ultimately, helping patients to get the best out of their doctor And just as importantly the doctors to get the best out of their patients.

WHAT ELSE DOES THE PPG DO?

- Help with patient clinics from time to time. An example of this is,

once a year during the autumn when patient groups are given Flu Vaccinations.*

- Help distribute Patient Survey forms to patients in the surgery. (once a year).*
- Help with organising Patient Health Evenings.*
- Occasionally attend National PPG Seminars.*
- Maybe assist in producing a Practice Newsletter.*
- Fundraising- some Practices will have 'Friends of' groups which may be more involved in fundraising.*

*All the above are not obligatory but even the smallest input is of great value.

WHO CAN BECOME A MEMBER?

Generally anyone who is a patient within the Practice. However the Practice does have a right to refuse an individual if it considers it is in the best interest of the individual or the Practice.

WHAT TO DO NEXT

Fordingbridge has recently founded this group and we will be considering how best to communicate to all our patients. If you are interested in playing a part with us please contact Jackie Lydford, Business Partner, who will be happy to give you more information.