As part of the NHS Next Stage Review, the Government has published its vision for primary and community care services over the next ten years and its strategy to support managers, clinicians and patients to achieve continuous improvement in the quality of services.

The document focuses on how change will be driven by local choices and priorities, rather than top-down targets. Services will be shaped around patients, with health prevention viewed as crucial. Continuously improving quality and local decisions driving change are key themes.

This Briefing outlines the main points of the document.

Key points

- Practice funding will be reformed to provide fairer rewards for GPs who take on new patients and increase patient choice.
- The DH will develop indicators that PCTs, local authorities and practice based commissioning groups can use to measure and incentivise improvements in health and well-being.
- Everyone with a long-term condition will be offered their own personalised care plan by 2010.
- Individual health budgets will be piloted next year to allow patients greater control over how funding is used to support their care.
- PCT staff will have a right to request setting up social enterprises.
- Patients will be able to compare GP practices and other primary and community care services.
- PCTs could be able to choose local indicators from a ‘national menu’ as part of a new strategy to develop and improve the Quality and Outcomes Framework, working with GPs to identify people most at risk of ill health and providing stronger incentives for early intervention.
- The DH will also introduce a professional development programme.
in areas that most need them, plus 150 GP-led health centres to improve access and range of services for patients.

Other developments over the last ten years include:
- community hospital schemes to deliver more diagnostics, day care, rehabilitation and walk-in services locally
- pharmacies playing a part as healthy living centres, providing minor ailments services and diagnostic tests
- reforms to dental services
- closer working between NHS organisations and local government.

Challenges for the future

Many challenges lie ahead for the NHS to maintain and build on its current achievements.

Patients, especially those with complex or more urgent needs, can often find it difficult to navigate their way around different services.

People also want more control over their own care. Those with long-term conditions, in particular, want more of a say in decisions about their care. There also remain variations in levels of satisfaction with access to GP services. Access to dental services is, in addition, a concern in some areas.

People shaping services

The strategy emphasises the need to promote services that are more personalised and which are designed by listening and responding to patient views. There are several steps proposed to deliver this.

The DH will develop the GP patient survey to give patients a greater say in whether practices are providing fast and convenient access, as well as an all-round quality patient experience.

This could see PCTs helping practices to develop new, innovative models of engagement. These may be based on patient surveys, local involvement networks, advocacy groups, patient...
panels, citizens’ juries, public meetings, and feedback mechanisms using technology.

NHS Choices will enable the public to make informed choices by providing improved information about primary and community care services, such as opening times, range of services offered, plus performance and quality indicators.

PCTs have a duty to make sure their local populations know what services are available, plus where and when they can access them. They should also provide clear published information about the range and quality of primary and community services available locally.

In terms of GP practice provision, there is a drive for patients to have greater choice, plus better information to enable an informed ability to choose. Investment in the new practices and GP-led health centres will increase choice to patients. The DH will also work to improve the current situation around those GP practices that have closed lists.

A fairer funding system will also be developed to reward GPs who provide responsive, accessible and high-quality services. The minimum practice income guarantee will be phased out.

Co-ordinated care

People should have confidence in the ability of the system to provide them with a connected and co-ordinated response.

Experience in social care point to the potential value of personal budgets, in giving people both a sense of control over their own care and a better overall experience.

Pilots will take place on individual health budgets for people with long-term conditions to test out whether the same benefits can be achieved for those with complex, but predictable, health needs.

Promoting healthy lives

Prevention as well as cure is crucial for the Government’s plans and it says the NHS will work with local government, the third sector and independent sector to promote health and well-being in local communities with greater pooling of resources.

Even closer working between PCTs, local authorities and the third and independent sectors is the way forward and PCTs, along with local authorities and practice based commissioning groups, will be able to use a suite of indicators the DH will develop to measure and incentivise improvements in health and well-being.

To help people stay healthy at work and return to work more quickly, piloting integrated access to musculoskeletal, psychological and other services will take place.

Access to a range of healthy living services to help people give up smoking, control alcohol use and
improve diet or exercise will be improved and the DH says it will ensure that primary and community care services have a central role in tackling health inequalities.

The QOF in general practice is to be improved. The DH will work with professional and patient groups to do this to provide better incentives for maintaining good health as well as good care.

**Continuously improving quality**

The DH will introduce a programme of professional development to strengthen clinical leadership and skills for community nurses, health visitors and allied health professionals to release more time for direct patient care. This will also help develop NHS organisations to become more successful with better trained staff.

A new standard flexible national contract will be published later this year for PCTs to use to hold community services to account for quality and health improvement. There will also be a framework to support local development of pricing for community services.

Pilots will also begin next year of information tools to compare clinical quality, clinical productivity and patient experience in community health services, as well as the DH developing new tariffs to improve the commissioning and delivery of services and encourage more healthcare to be provided in community settings.

Local decision-making in the NHS is a crucial part of the strategy. PCTs will be encouraged to make their own decisions on the governance and organisational models that work in their areas to allow high-quality community services. These models could include arm’s-length provider organisations, community foundation trusts, and social enterprises.

The DH will introduce a right for staff to request setting up social enterprises while continuing to benefit from the NHS Pension Scheme. PCTs will be obliged to consider such requests. If approved, PCTs will award a contract to the social enterprise for up to three years.

The DH plans to create a fresh strategy for the QOF in consultation with professional and patient groups and the National Institute for Health and Clinical Excellence (NICE). The aim is to reduce the number of process indicators and focus resources on health outcomes and quality, such as the use of patient reported outcome measures.

PCTs may be able to choose local indicators from a ‘national menu’ as part of this effort, working with GPs to identify people most at risk of ill health and providing stronger incentives for early intervention.

The new health and social care regulator the Care Quality Commission will, subject to consultation, register all GP and dental services to regulate their safety and quality and help tackle persistently poor performance.

**Leading local change**

The role of PCTs as local leaders and commissioners in the NHS is underlined in the strategy.

The DH will support PCTs and clinicians in making local decisions on how best to develop more integrated primary and community care services. There is no national blueprint for this.

Practice based commissioning is at the heart of the DH’s ambitions for health improvement and high-quality care and PCTs are reminded of their relevant responsibilities. PCTs will be held to account through the world-class commissioning assurance system for improved information and management and financial support to be given to practice based commissioning groups.

The DH wants to reinvigorate practice based commissioning and says PCTs should give increasing power and responsibility to high-performing, multi-professional practice based commissioning groups that achieve better health outcomes for local patients.

Improving integrated care in primary and community services is another
key ambition of the document, which says that the DH will test and evaluate new ways that PCTs could commission more integrated services.

With the support of PCTs, the DH will pilot new ways of allowing primary, community and hospital clinicians and social care organisations to provide more integrated services for patients, including the formation of new integrated care organisations.

The DH is setting up a national clinical advisory group to help assess progress against the objectives of this document and to keep up momentum.

**PCT Network viewpoint**

The strategy reinforces the role of PCTs as local leaders of the NHS. As world-class commissioners, PCTs will work with local clinicians and with the local public and patients to foster innovation, reduce health inequalities and drive up standards of care in primary and community services.

We encourage the focus on improving quality of primary care and community services. Although many of these services are excellent, we still need to address unwarranted variation in standards of care and to ensure that the care received by patients and their carers is always well co-ordinated.

We welcome the emphasis on locally designed services with no national blueprint. It will be important that this commitment is followed in practice.

We support the stronger focus on patient choice in primary and community care, supported by better information for patients on availability and quality of these services. We believe this is one important means of driving improvements in quality and responsiveness of services. We do however, need to ensure value for money is considered in how we implement this at local level.

Measures to improve the co-ordination of care are also welcomed, with the piloting of Integrated Care Organisations and the commitment to care plans for people with long-term conditions. More work needs to be done with GPs at national level on their key role in delivery of care plans.

The emphasis on promoting better health and reducing health inequalities is welcome. We fully support the proposal to develop and review the QOF to promote health and greater clinical quality. We support the idea that PCTs should have flexibility to choose the most appropriate indicators to reflect local priorities from a national menu.

We fully support the proposal to move to fairer funding of general practice. We have campaigned for the abolition of Minimum Practice Income Guarantee (MPIG) and we are delighted that this is being addressed.

We value the commitment to include general practice and dental practices within the scope of the registration standards for the Care Quality Commission. However we think this should be implemented at the same time as other NHS services rather than to be implemented at a later date.

We encourage the idea of limited pilots of individual budgets for healthcare. However, we note that in social care where direct budgets have been policy for some years that the take-up of direct budgets is still quite low.

We agree with proposals to reinvigorate practice based commissioning as effective clinical engagement is critical to world-class commissioning. However, more work is needed on how best to achieve this, with greater separation of the roles of practices as providers of healthcare from the input of clinicians to the commissioning process. Clinical engagement in commissioning also needs to go beyond practice based commissioning to include clinicians from all provider organisations. PCTs will want to participate in the next stage of policy development in this area.

We support the emphasis on transforming community health services which have been unduly neglected in the past. We welcome the emphasis on local decisions on governance and organisational models, but we need to be clear that by local we mean this is a
decision for PCTs themselves, not imposition by SHAs.

We welcome the announcement that staff transferring to new social enterprise organisations will continue to benefit from the NHS Pension Scheme. However we are concerned that the rules should not provide disincentives for organisations to deliver integrated health and social care services and that new staff working for the social enterprises should not be disadvantaged.

The right for staff to request to set up social enterprises will encourage staff involvement in such decisions, but this does not take away the PCT Boards’ responsibilities to ensure that full and proper consideration is given to all options for the future arrangements for community services in their area.

For more information on the issues covered in this Briefing, contact david.stout@nhsconfed.org

Further information

NHS Next Stage Review: Our vision for primary and community care can be seen at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085937

High Quality Care For All: NHS Next Stage Review Final Report, can be seen at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825
