



# Our Health, Our Care, **Our Say**

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An Amicus health response to the White Paper, a parliamentary briefing

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March 2006



# Introduction

The Amicus Health Sector represents about 100,000 skilled professionals working in the health sector. While welcoming the broad policy thrust of the White Paper, we are keen to ensure that the interpretation and implementation of this document recognises the complex inter relationship between the health professionals and service providers that will be key to successful delivery.

Amicus represents forward thinking health professionals in the leadership of health promotion, health protection and disease prevention. This paper reflects the views and varied concerns of our seven professional groups, as well as the wider membership, such as speech and language therapists, art, music and drama therapists and health professional working within social care. The groups are; the Community Practitioners' and Health Visitors' Association (CPHVA), Mental Health Nurses Association (MHNA), Society of Sexual Health Advisors (SSHA), Medical Practitioners Union (MPU), Guild of Hospital Pharmacists (GHP), College of Healthcare Chaplains (CHC), and the Hospital Physicists Association (HPA).

This briefing needs to be read in the context of the current funding crisis facing many NHS Trusts, with cuts to jobs and services such as health visiting and sexual health and the continuing confusion over what services Primary care Trusts (PCTs) may or may not provide after 2008 in their newly reconfigured state.

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The White Paper aims to achieve four main goals:

## **1. Better prevention services with earlier intervention.**

This paper does not mention the health professionals whose core business is primary prevention i.e. health visitors and school nurses. They, with other members of the healthcare team, already provide early and effective interventions.

Life Checks - Health visitors should be the staff leading the first Life Check service, otherwise valuable skills will be wasted.

Amicus members, particularly health visitors and school nurses, have a key role in enabling disadvantaged groups to access services. They are trained in needs assessment and are responsive to individual, family and community needs in relation to preventative health.

Some healthcare professional disciplines are so understaffed that they cannot offer universal services and instead focus their time on conspicuously vulnerable groups. In doing so, a majority of individuals, whose needs are not conspicuous, will be missed with the potential need for subsequent interventions by secondary services, e.g. child and mental health

services (CAMHS), in the case of children at risk of conduct disorders, i.e. behavioural difficulties. Primary prevention saves vital resources in the long term.

- ***To achieve the goal of better primary prevention, we need assurances on whether the intention is to improve resources to these services which are currently facing job cuts and recruitment freezes due to overspend in many PCTs.***
- ***There is a need for clarity as to how these new health checks are linked to existing service provision so as to ensure a holistic approach and avoid duplication or fragmentation in service delivery across a range of competing providers.***

***We are concerned that these health checks are not evidence based and will not target the at-risk groups that are currently prioritised on the basis of assessed need.***

We value the commitment given to maintaining mental health. We appreciate the recognition of counsellors, psychotherapists, and graduate mental health workers, as well as those providing spiritual care. Clearly, an increase in the workforce is needed including strategic and operational leadership to strengthen service delivery.

- ***If the government is serious about maintaining these mental health services, we actively seek assurances that it is properly resourced and accessible for all the population.***
- ***There is also a need to be aware that good mental health starts from birth and that early intervention and universal support to new parents by health visitors and midwives is essential.***
- ***The most vulnerable in society will also be those most at risk of developing mental illness. What targeted measures are intended to ensure that their needs are recognised?***

## **2. More choice and a louder voice.**

We support strongly the importance of providing acceptable services for all the population. This includes guaranteeing registration for everyone on a GP list in their home area, including such groups viewed as being on the margins of society, for example, asylum seekers.

- ***There is mention of GP incentives to keep practices open for longer. However, we feel that incentives should include the whole health team as they will all be involved in providing care. Will funding be made available to groups of staff providing this service, for example, out of hours payments?***

## **3. Do more on tackling inequalities and improving access to community services.**

Amicus welcomes the expansion of Sure Start and Children's Centres, which continues the commitment to better healthcare closer to home.

Qualified, experienced and well-trained staff must be secured to lead these services, and the venture must be mainstreamed, valued and funded by the local health and local authority planning networks.

- ***Recent evaluation has suggested that these schemes do better under the leadership of health professionals. Will this be acknowledged in future planning which favours moving schemes to local authorities?***

In the arena of reproductive and sexual health, it is vital to have more trained sexual health advisors employed in clinics to meet the rapid rise in Sexually Transmitted Infections.

In dealing with this sensitive area, patient choice is particularly important, as not all patients would seek sexual care close to home. School nurses also have an important potential role here, particularly in addressing teenage sexual health needs.

The questions we would like to ask are:

- ***By encouraging a choice of healthcare provider, what guarantees will there be that the providers will be able to respond to the demand?***
- ***Who will be responsible for staff training, e.g. safeguarding children?***
- ***How will the performance of healthcare providers outside the NHS be monitored to ensure the delivery of safe quality care?***
- ***What plans are in place to ensure cross departmental working and a 'joined up approach' to tackling inequalities, such as lack of educational opportunities and poor housing?***
- ***Will incentives be provided for health professionals, other than doctors to work in areas of high inequality and poor health? For example, recruitment can be improved by offering recruitment and retention incentives to community nurses in areas of greatest shortages. This is a local decision, but the Department of Health should issue directives to ensure adequate staffing. There is a need to ensure local services meet local needs, particularly amongst vulnerable and disadvantaged groups.***

## **4. More support for people with long term needs**

The increased investment in the expert patient programme will see Personal Social Health Care plans increasing support to carers. Amicus is concerned that without strong inter-agency co-operation, there will be a real risk of more service fragmentation. Where contracts are used flexibly, there must be great care to build staff morale and to safeguard the needs of the client group.

There is much rhetoric about shifting resources into prevention, but at the moment many PCTs are taking resources out of prevention.

- ***Whilst joint commissioning should be encouraged, what safeguards are there to ensure that key provider roles, such as district nurses and health visitors, are not moved out of the NHS, causing a breakdown of important professional communication channels?***
- ***Has the government considered undertaking confidential staff surveys, as well as patient surveys to monitor service and care challenges and to quickly identify poor local management?***
- ***Despite improvements in pay for many NHS staff under Agenda for Change, many still report low morale. What safeguards will there be to ensure that planned changes, as a result of the White Paper priorities, do not exacerbate low morale, which in turn, will lead to a further loss of key health professionals from the NHS?***
- ***Many experts have expressed concerns that the provider role of community services being shared out between many providers will result in fragmentation. What evidence is there that these concerns are being acknowledged?***
- ***We would expect that any such changes should be introduced as pilots or be gradually phased in with adequate safeguards and consultation, so they can be reversed if they are not successful.***

There are in addition some general areas which we wish draw to your attention

#### a. Workforce

Amicus welcomes the comment that General Practice was wider than general practitioners alone. However, some of the discussions related to surgeries rather than health centres, implying a medical focus. Primary care is delivered by a variety of health workers, and this needs to be highlighted.

Community healthcare professionals are vital in every aspect of health promotion, helping and protecting some of the most vulnerable in our community, yet they are being treated as 'soft targets' by cost conscious PCTs. Cuts in frontline staff are short-sighted, as they will inevitably impact on the nation's health and will hamper government targets to deliver public health improvements. 'Service reconfiguration' or 'delaying' proposals in the context of 'solutions' to address financial crises is in reality a dumbing down of service provision stripping out higher paid qualified staff introducing a grade mix designed to balance the books rather than enhance patient/client care.

The reverse of this is Amicus would support the development of existing staff to ensure that they deliver the planned new roles and activities, which Amicus has and would support in a planned introduction of skill mix with a clear understanding of professional competencies required to perform all roles within a team. This will require leadership training for some, and access to continuous professional development for others, such as speech and language therapists. All these initiatives should be underpinned by adequate funding.

- ***We call for assurances to be given to stop the NHS haemorrhaging valuable and experienced staff and reinstate the necessary training places.***

'Public health' needs to be on the agenda of doctors, nurses and allied health professionals during their training. Amicus is pleased that it is represented on the working party of the Social Partnership Forum.

#### b. Contestability

Chapter 3 sets out the link to health inequalities where GP provision is poor, and summarises the rationale for "encouraging or allowing new providers" and introduces "contestability." The opportunity to establish new services is a positive one. However, experienced community healthcare professionals will need to engage with local people to develop a tailored public health agenda. This local plan could be operated by non-traditional providers as is the case currently, or by 'social' entrepreneurs' drawn from the existing workforce. However, there is no existing example nor assessment of the latter and, consequently, this could be a risky path to follow that potentially could lead to the fragmentation and, or, privatisation of primary care service provision.

In order to deliver the services within the framework of contestability, very clear lines of financial and contractual accountability are required, making sure that service provision is seamless. It is not at all clear how existing providers from within PCTs will be assessed, where due to staff shortages, services are operating at minimum standards. We are also concerned that the mechanisms established to facilitate an elaborate market structure within the NHS disproportionately divert resources away from the provision of care. The White Paper should address the issue of ensuring sufficiently diverse clinical input in planning health care to meet local needs.

- ***What plans are in place to audit this?***
- ***Will the playing field be levelled out so that PCT providers can show that they meet the aims of the policy changes?***

The development of polyclinics will bring health and social care closer to the patient. However, Amicus is concerned that there should not be any 'cherry picking' of services by private providers, and requires confirmation that all patients will receive equal treatment. In particular, there is a need to ensure sustainability of services and retention of qualified and committed staff.

A recent Amicus survey revealed that 50% PCTs had or were proposing to cut the number of experienced practitioners.

#### c. Important role of strategic partnerships.

There has been an emphasis on the importance of strong local commissioning of services, via local strategic partnerships. This now seems to be at odds with practice based commissioning (PBC). We have, in the past, expressed concerns about PBC for primary care practices and there is nothing in the White Paper that allays our members' concerns over this issue.

Equally, Amicus feels that Payment by Results' or 'unbundling tariffs' is more about achieving numerical targets rather than quality of care.

Such an approach lends to inequity in service delivery, with those from higher social classes gaining better access.

We want the Department of Health to provide strong guidance to commissioners which will enable the health community, including Allied Health Professionals (AHP), to have an equal chance in the bidding process to provide quality patient care.

- ***We are disappointed that there are no proposals to improve managerial accountability in the NHS and we urge government to address this long-standing problem.***

#### d. General Practice

Amicus appreciates the need for increased doctor provision in 'under doctored' areas; however, as already stated, there needs to be incentives for key health workers supporting primary care to move to those areas.

There is also a need to ensure continuity of care between the providers that a patient may choose. We are concerned there may be a breakdown in communication between a patient's GP and a walk-in service, such as those envisaged in large supermarkets.

- ***What measures are planned to ensure that any such breakdown, which in extreme cases, particularly for those suffering from chronic conditions, could be life threatening, are in place?***

#### e. Community Hospitals

There is confusion about the future existence of Community Hospitals. The White Paper intimates that of the existing 350, "some" - we believe in the region of 100, - are threatened with closure.

- ***We seek ministerial clarification as to the exact procedures that PCTs will follow when considering closure of these hospitals. Financial constraints should not be the only consideration when this consultation is carried out locally.***
- ***We want firm assurances that staff organisations will be included as stakeholders in this exercise.***

## Conclusion

Amicus Health believes the White Paper is in need of positive fine tuning in relation to developing the roadmap that will deliver the policy objectives. We have highlighted particular areas of concern that we wish the Amicus parliamentary group to investigate and challenge. However, a principal concern is that this White Paper is an end in itself and will not be followed by a Bill. If this is the case, we question the absence of parliamentary scrutiny and debate. At the very least, we suggest the Commons Health Select Committee follow up the December 2005 report on Primary Care with an inquiry into the impact of PCT's divesting primary care provision that would include examining the risks associated with fragmentation and privatisation of service delivery.

If there are any queries or matters you require clarification on please contact

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