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HEALTH VISITORS' ASSOCIATION

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The Future of Primary Care : a consultation document

These are the comments of the Community Practitioners' and Health Visitors' Association (CPHVA) in response to the above document.

The CPHVA is the UK professional body that represents registered nurses and health visitors who work in a primary or community health setting (district nurses, school nurses, practice nurses). The CPHVA is an autonomous section of the MSF trade union.

Ann Owen, Professional Officer Wales from comments received, has prepared this paper by our members working on all levels in the health service throughout Wales.

The proposed agenda for the renewal and change in the NHS, heralded by the *'Improving Health in Wales – A Plan for the NHS with its Partners'* presents quite substantial challenges and opportunities for the professions represented by the CPHVA.

It is the Associations' wish that we are able to maximise the opportunities available to improve the services we offer to clients and thus improve the health of the people of Wales. In order to do this most effectively the NHS needs to establish a principle of real partnership from within the organisations as well as partnership with organisations without the NHS.

The CPHVA's response will concentrate on issues within the paper that have the most impact on the professions it represents in their discharge of duty and the impact on services offered by our members to patients and clients.

The contribution of health visitors, school nurses, community nurses and practice nurses to the health improvement agenda must be the most well kept secret in Wales. We would like to take this opportunity to highlight the great potential that there is in the nursing workforce and how it can contribute to achieving the aims of the new NHS in Wales.

1. A New Vision for Primary Care in Wales

The introduction of new ideas and recommendations for developing primary care in Wales is to be welcomed. This document, as it presently reads, tends however to confuse some of the concepts resulting in an unsatisfactory overview of 'primary health care'. The Association believes that these basic confusions need to be ironed out and much better thought through in the writing up and presentation of the final strategy.

Firstly, the assumption that using the term 'primary health care' equates broadly with the improving the health of the community and population health in general. Whilst there is an attempt to address wider community health issues using Agenda 21 the document fails dismally to do this in a coherent manner.

It is obvious that this document was written from a General Practice/ medical perspective, with the discussion and recommendations regarding other professions engaged in the provision of health care in the community merely an 'add-on'. It is thus extremely difficult to respond in positive and constructive ways to the wider agenda when the document seems constantly to be referring to the narrow definition of primary care (GP and GP services).

It is perfectly understandable and desirable for the organisation of General Practice to be scrutinised and brought up to date with the current health policy agenda. It is equally desirable to consider the role of nurses in primary and community care within the same process. However it is undesirable for the nursing component of this strategy to be tagged onto the General Practice agenda without a full and informed consideration of the contribution of nurses in this sphere of health care and policy.

Secondly, there seems to be lack of clarity in the definition of 'public health' and community health development. The document often refers to public health and community health development when in fact it is referring to health improvement. Naturally, health improvement is everybody's business – but only few health professionals presently attempt to improve health from a public health or community health development perspective. Health Visitors are nurses based in primary care sector that are trained to practice from this perspective.

Thirdly the document assumes that the 'primary health care team' is both a natural and easily defined entity. The PHCT in the document seems to be referring to teams of GPs working closely with nurses and other professionals. We understand this to refer to the problematic area of single handed practitioners and the need for GPs to come form teams and work much better together as professionals. But this is not by any conceivable stretch of the imagination a definition of the primary health care team that our members recognise or aspire to belonging to and contributing to its development.

2. Partnerships in Primary Care

The Association notes that there is a firm commitment to maintaining the independent contractor status of GPs and the consequent organisation of primary health care. It is unfortunate that the opportunity was not taken to fully explore other models that may better suit the particular health needs of Wales.

However, we hope that the final strategy will allow creative thinking around the development of PMS pilots (especially nurse led PMS pilots) so that alternative models may be developed.

This strategy emphasises partnership – it must also consider what exactly is meant by partnership and consider the contribution and value of each and every profession to the team and that the concept of equality must apply if team work and development is to be successful.

We welcome a change in emphasis in the health service. Patient pathways through the health service begin in their homes and end in their homes or alternative home.

Structures and organisations should be planned with the patient and local needs as being central to the service. The patient's progress through the system can be mapped and service planned accordingly. Planning intermediate care for example must involve community nurses – GPs cannot do this alone. As the document rightly points out independent contractors have a poor history of corporate working. Community nurses on the other hand are well used to forming collaborative 'teams' with others involved in Health and social care and they should naturally be partners in the planning process.

This approach breaks down obstructive sectional barriers and can allow for full integration of the social care and voluntary sector. It will also break down the barriers between primary and community care and secondary care. We need to be looking to other countries in the UK and to Europe for different models and then considering what is suitable for Wales. We would hope that the Primary care action plan will take this into consideration. The widest definition possible of primary care must be applied to research priorities and projects.

3. Community Health and Social Care

We welcome the emphasis on working together and meeting unmet community health needs. The expertise of community nurses in community health needs assessment and health development does not seem to have been appreciated neither has the needs of people that are not registered with GP practices or people that routinely receive preventative health care that may never go near a GP practice. An over – emphasis on GP attachment and the poor commissioning of community nursing services in the past has arguably been detrimental to the development of community nursing services.

Our views on the organisation and composition of LHG/B's have been forwarded as part of our response to the Structures document. We feel it is vital that there is balance in the membership of LHG/B – a balance that reflects the ability to meet the needs of the statutory responsibilities of the new body. Nursing must be part of the commissioning or delivering process.

4.Nursing

We welcome the emphasis on strong and cohesive leadership in the NHS to take the changes forward and wish the consultation to note the findings of the review of Professor June Clarke's Assembly sponsored review of Health Visiting and School Nursing in Wales and its critique of the number of health visitors in leadership roles within Trusts and the detrimental effect this has had in the last few years on development of services. This strategy conveniently omits to address the intricacies and tensions caused by community nurses being employed by Trusts but 'attached' to GP practices.

The document refers to the need for the consideration of the recommendations of the Review of Health Visiting and School Health in Wales. We are not given any clue as to which recommendations the document refers to and as to the possible time scale for this 'consideration' to take place. After the publication of the findings of the review and the subsequent consultation process came to an end there has not been any further discussion of the implications or in fact publication of the findings of the consultation exercise.

The Association feels strongly that many, if not all, of the recommendations of the review need to be implemented rather than merely 'considered' if integrated development of a community/ primary care service is to be delivered to the people of Wales.

We are puzzled by the reference, as if out of the blue, to the 'generalist nurse'. We do not understand the rationale or the reasoning as set out in the document for this 'new' role and welcome the proposed review of roles within and in order to see the wider picture, within and without the primary care setting.

The Association does not accept the sweeping statement "a new model of nursing in primary care to complement the more specialist roles of existing community nursing disciplines". However we welcome the development of the existing community nursing roles.

We also believe that we need to await for the full evaluation of the Scottish pilot of the 'family health nurse' before implementing changes and also need to look to other European models as well as UK wide models of community nursing services.

In the past we have seen an over medicalised model of health care delivery that is not used to addressing the 'big picture' of health improvement,

preventative health care and working with other social and voluntary agencies.

5. The Primary Health Care Team.

The document considers the wider PHCT and the relationship with social care. Whilst some nurses may feel comfortable as members of the PHCT, others, such as health visitors working in a public health role may be better and more efficiently placed in other teams. We would like to see the Assembly take the opportunity to think laterally and creatively in its exploration of the roles of community nurses in the forthcoming Community Nursing Review.

We very much welcome the emphasis on public health in the NHS Plan for Wales and other documents, although health promotion is emphasised in this document. Improving health is everybody in the NHS's business – doing this from a public health perspective has been the business of health visitors and school nurses for well over a century.

As well as working with families and individuals within the primary health care team, Health Visitors, Community Nurses and School Nurses have vast experience and expertise of working in partnership with communities and with other social and voluntary agencies. They are also key members of community public health initiatives such as Sure Start and their expertise in Health Needs Assessment is absolutely essential at the local level. It needs to be noted here that because of organisational constraints, lack of and poor leadership in public health at Trust level and an over emphasis on a medical model of health delivery, many health visitors and school nurses fulfil their public health role through voluntary work outside their day to day role at the Trusts. We would not want to see developments further compromised by having the greater emphasis placed on the 'GP' list as the only point of reference for the organisation of community health services.

6. Provision of Community services (Nursing)

We welcome the exercise of evaluating the 'Integrated Trusts' and the creation of Pathfinder projects before any final decision on placing of 'community services' is taken and the Association is pleased to be involved in these groups. We must be able to objectively evaluate the contribution of Integrated Trusts to the development of a patient focused health system that moves beyond the disease treatment and management model. We must also seriously assess the capability of the primary care sector, as defined in this document, to lead on the development of services.

7. Information Technology

Access to IM & T must be addressed. It is not sufficient to merely state and in fact take for granted that improving IT in GP surgeries will give universal access to all community and primary care staff. Presently many community nurses based at GP premises are locked out for parts of the day and others

because they are employed by Trusts do not have access to IT equipment based at the surgeries.

Finally, the CPHVA regrets the weakness of the nursing voice throughout this document and feel strongly that unless rectified, this will hamper achievement of the Assembly's goals.

**ANN OWEN, Professional Officer, Wales
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