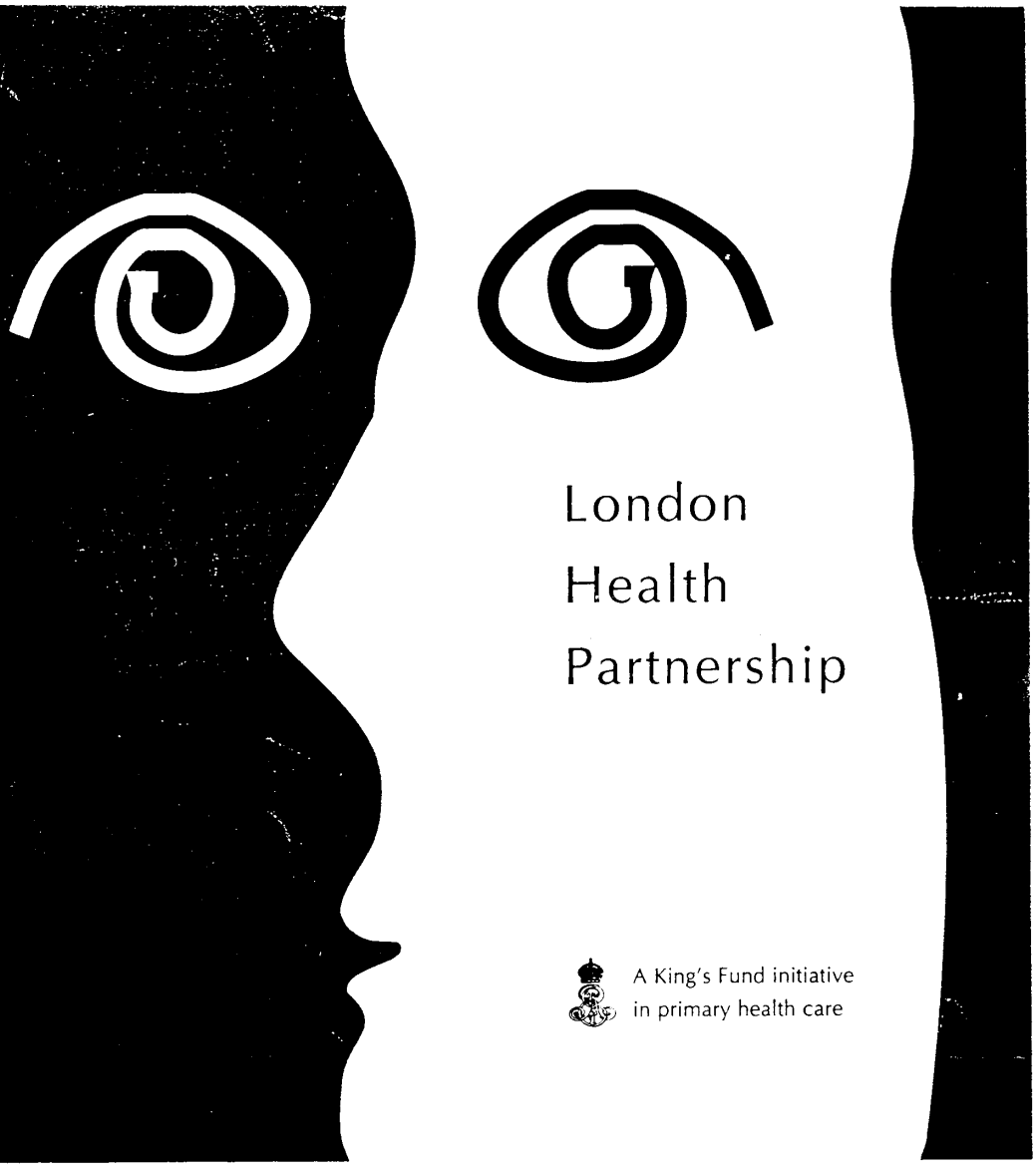

London
Health
Partnership

A King's Fund initiative
in primary health care

Progress Report
December 1994

The London Health Partnership

The London Health Partnership is an alliance of charitable foundations, business interests and government which was formed in June 1994. Its purpose is to generate a distinctive programme of work over the next 3-5 years to help develop urban primary health care.

Many people have contributed their time and ideas to the first phase of the programme and this is a report for them of our progress at the end of the first six months.

Pat Gordon
The King's Fund

Those who live and work in London know that its primary care services are underdeveloped. Paradoxically, the great hospital institutions of London have both provided a safety net and made it difficult for primary care to flourish. Things may well get worse before they get better. The fear is that the most vulnerable Londoners will suffer most. The transition from our current institution-led service to one which better meets the needs of Londoners will not be easy. The build-up of primary care services may not be fast enough but the momentum for change is inescapable. And now is the time to influence the shape of health care for Londoners for the next 25 years.

The Government has already begun a major investment programme aimed principally at getting the basics right, such as improving premises for general practice and retraining staff. The London Health Partnership wants to use its resources effectively to add value to what is already beginning to happen.

Consultation

When the Partnership was being formed, we consulted widely among charitable trusts, community groups, GPs, and networks of London health professionals and managers. Three clear messages emerged.

- *Not innovations.* What was wanted was not innovations or inventions but help with the intractable problems of urban primary care, such as services for mentally ill people or vulnerable elderly people whose experience is often of chronic conditions as well as acute episodes of illness, and who depend on more than one agency for support. **The Partnership has decided that the focus of its work will be better ways of providing services for elderly people in or near their own homes.**

- *Not projects.* While the need for investment is great, it is extremely difficult to bring about lasting change with short-term project money which has to be bid for on a hurried, competitive basis. 'Projectitis' becomes a distraction rather than a help. **The Partnership has decided not to seek project proposals at this stage but to help with new ways of thinking about using development monies.**

- *Not more of the same.* **The Partnership should be about trying to do things differently at a time of unprecedented change.**

Anxiety
Partly the uncertainty of growing old, compounded with the sense that no one explains things well or takes the views of old people seriously. Being connected to a voluntary organisation which acts as an advocate was much valued.

Services in people's own homes
Concerns about how to monitor the quality of people who come into one's own home to deliver services; the importance of training and high standards for both volunteers and paid professionals; concerns about vulnerability and being 'bullied' into colluding with low standards (e.g. signing for home care which should last for one hour but only lasts 15 minutes).

Geriatrics
Please do not use this term. No geriatric beds, no mixed wards either.

Not being valued
Powerful messages about the experiences and the time of elderly people not being valued; services seen as scheduled for the benefit of professionals rather than patients.

Discharge from hospital
Discharge from hospital is successfully managed for only a minority of patients. Getting patients to and from outpatient departments and accident and emergency units matters just as much as planned discharge from hospital beds, but is rarely done well.

Modest demands
The health service is not good at simple things (e.g. putting people in a mini-cab or providing telephones). The system seems to be better at dealing with complex cases than straightforward ones.

Local workshops

In October and November, we worked with the health and social care agencies in four localities to understand more about the barriers to change. The localities were Canning Town, Redbridge, Dulwich and Croydon. They were selected because we knew that they were working to improve services for elderly people; were prepared to involve people from several agencies in the workshops; and were able to meet our phase 1 deadline of November.

Other cities

Other cities face similar issues to London. We have therefore tested our London experience with colleagues from Liverpool, Sheffield, Newcastle, Birmingham, Manchester who meet at the King's Fund as an Urban Primary Care Network. The people involved come from general practice, health authorities, universities, community health councils, community health providers, regional health authorities and the NHS Executive. They are key players in developing the community-based health services which are underdeveloped in our cities and on which much attention is now focused. Their experience confirms the London fieldwork:

- it is difficult to use one-off, time-limited money well.
- short timescale project bidding should be avoided and new ways of working should be developed.
- anything which helps the health and social care system understand itself as a whole, is likely to lead to better judgements about using development money to bring about lasting change.
- cities face distinctive problems which are not the same as other parts of the country.

Next steps

Many of the problems in primary care result from the complexity of our health and social care system. This chimes with common sense and yet it is notoriously difficult for agencies working together to see 'the big picture'. Without this, the solutions to problems often turn out to be 'sticking plaster solutions' with knock-on effects, which are seldom anticipated. Time-limited project money is often offered and used in this way but seldom brings about the desired lasting change.

The work we have done so far suggests that intractable problems can be addressed constructively. Over the next few months we will continue to work in a few localities to test whether adopting a 'whole-system approach' leads to clearer judgements about the action needed to improve services.

The Partnership is not a research programme. The commitment to **action** is crucial. The people we will work with are already thinking about different ways of delivering services and of doing better with the resources they have.

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