


**LEARNING PROGRAMME KEYNOTE PRESENTATION WEB PAGES**

<p>TITLE:</p> <p><b><i>“Developing Children’s Services – Working with GPs”</i></b></p>	<p>KEY NOTE</p> <p>Ref: <b>K4</b></p>
<p>Presenter:</p>  <p><b><i>Dr. David Colin-Thome, OBE</i></b></p> <p><i>(National Director for Primary Care, Department of Health).</i></p> <p>David was a GP from 1971 at Castlefields Health Centre Runcorn, retiring in March 2007. His practice has been leading-edge nationally over the last 10 years or so, pioneering systematic management of long-term conditions employing managed care techniques. David is the co-chair and lead on the Primary and Community Care Strategy of the NHS Next Stage (Darzi) Review. David publishes regularly on primary care reform, and has been on many overseas advisory visits specialising in primary care development.</p> <p>David was appointed as National Director for Primary Care in 2007. He is also honorary visiting professor of the Manchester Centre for Healthcare Management at Manchester University, and of the School of Health, University of Durham. From 2001 to 2007 David was the Department of Health’s National Clinical Director for Primary Care. Previous roles prior to working for the DH include; Director of Primary Care at the Department of Health’s London Regional Office, Senior Medical Officer at the Scottish Office NHS Management Executive, and local councillor. He was formerly a member of Halton Health Authority and Cheshire Family Health Services Authority.</p>	<p>Session(s):</p> <p>Friday 9 January</p> <p>9.30 – 10.15 a.m.</p>

Educated at Hutton Grammar School in Preston, and the University of Newcastle-upon-Tyne Medical School. David was awarded the OBE in 1997.	
Chair:  <b>Baroness Estelle Morris</b>	Room:  Chester Race Course  Main Pavilion

<p>KEY THEMES AND ISSUES:</p> <p><b><i>“Developing Children’s Services – Working with GPs”</i></b></p>
<p>Health already plays a major part in the work of Children’s Services but there is growing determination among Directors of Children’s Services and in Children’s Trusts across the country to secure progressively a more effective engagement with Health partners and to bridge the gaps that still prevent the best practice becoming standard practice. Working with Primary Care and with medical colleagues in General Practice in particular is a vital area for Children’s Trusts and Children’s Services front-line staff. It is problematic. The semi-autonomous role of GPs has some parallels with the local management role of Headteachers so should we adopt similar strategies in engaging them?</p> <p>The Conference has a substantial Health stream in the Master Classes but all conference delegates will have the opportunity to be informed and challenged to even better partnership working for children, young people and families in this session, led by the National Health Czar for GPs. The aim is to connect Education and Health more effectively at locality level at this important stage in the development of closer alignments in national policy and local practice.</p> <p>Primary Care is a vital area for engagement for Children’s Services and can, as recent high profile events have shown, be subjected to enormous pressures and public scrutiny. This will be the main focus of the Keynote.</p>
<p>KEY QUESTIONS:</p> <p><b><i>“Developing Children’s Services – Working with GPs”</i></b></p>
<ol style="list-style-type: none"> <li>1. What is it like to be a General Medical Practitioner in 2009?</li> <li>2. What values, policies and objectives drive GPs, how do they think and how do they react in a crisis?</li> <li>3. How can Children’s Trusts and front line staff (in schools and child care or other support agencies of Children’s Services) work in closer and more effective partnership with GPs to secure better outcomes for children, young people and families?</li> </ol>

**“Developing Children’s Services – Working with GPs”**

**NHS Next Stage Review: High Quality Care for All**

Final Report of NHS Next Stage Review by Lord Darzi published 2008

<http://www.nhsconfed.org/specialist/specialist-4002.cfm>

The key points to the review are:

- Patients to get more rights and control.
- A new single web based knowledge portal called NHS Evidence to be created.
- National Institute for Health and Clinical Excellence (NICE) to have an expanded role to set and approve independent quality standards, and to synthesise and spread knowledge through the new knowledge portal.
- Health Innovation and Education Clusters to be established.
- Academic Health Science Centres will be fostered with no set model but criteria to be set by an expert panel.
- SHAs to have a legal duty to promote innovation.
- Healthcare providers to publish 'quality accounts'.
- Clinical leadership and workforce planning to be strengthened.
- New voluntary agreements to improve health outcomes.
- Payments to hospitals to be dependent on quality of care as well as volume.
- Quality and Outcomes Framework to provide incentives for maintaining good health.
- All PCTs are to commission wellbeing and prevention services.

(NHS Confederation)

**NHS Next Stage Review: Leading Local Change**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_084644](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084644)

Lord Darzi promises that “*All change will be locally-led: Meeting the challenge of being a universal service means the NHS must meet the different needs of everyone. Universal is*

*not the same as uniform. Different places have different and changing needs – and local needs are best met by local solutions.”* Guidelines for planning and leading local change in acute services also available.

### **Making it better: For children and young people**

Clinical case for change report by Sheila Shribman, National Clinical Director for Children, Young People and Maternity Services, 6 February 2007

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_065036](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065036)

The National Clinical Director for Children, Young People and Maternity Services outlines how services are being reconfigured to meet the needs of patients – e.g. *“By ensuring we meet children’s needs now, we give them the greatest opportunity to fulfil their potential in the future. In order to give children the best start in life, we need to address the social and emotional needs of very young children and their parents, as well as their medical and physical needs including providing health, parenting and educational support in children’s centres and extended schools.”*

### **Darzi report requires exceptional management skills, says IHM**

Friday 16th November 2007

<http://www.managementinpractice.com/default.asp?article.id=6206&page=article.display&title=Darzi%20report%20requires%20exceptional%20management%20skills%20says%20IHM>

Lord Darzi's interim NHS report will demand a "new breed of manager", says Sue Hodgetts, Chief Executive of the Institute of Healthcare Management.

"There appears to be some suspicion among the GP fraternity about whether Lord Darzi, an eminent surgeon, really understands their world." Lord Darzi's proposals – for GP "polyclinics", more GP commissioning and a shifting of patient care away from hospitals – will have huge impact upon practice management, says Mrs Hodgetts. IHM practice manager members are acutely aware that much of the burden of the change of approach will fall on their shoulders. However, there is very little acknowledgement in the interim report of the importance that managers, whether they work in primary or secondary care, will inevitably need to play if Lord Darzi's vision is to be implemented seamlessly... a new breed of manager may be required – one who has all the hard-edged management skills, but also the softer ones of the consummate networker and negotiator who is able to work across new boundaries. This new breed of manager will need to be equipped and supported to deal with the changes Ara Darzi is seeking to introduce."

### **How Doctors Think**

Groopman J (2007) *“How Doctors Think.”* New York: Houghton Mifflin.

*“Doctors desperately need patients and their families and friends to help them think. Without their help physicians are denied key clues to what is really wrong. I learned this not as a doctor but when I was sick, when I was a patient. In spite of all the technology, language is*

*still the bedrock of clinical practice.” (p. 7)*

*“Doctors should know their physiotherapy, pathology and pharmacology. But they should also be schooled in heuristics – in the power and necessity of short cuts and in their pitfalls and dangers. The right short cuts have to be used at an optimal emotional temperature. Doctors have to be aware of which heuristics they are using – and how their inner feelings influence them.” (p. 36)*

*“I used to think that most medical mistakes were due to technical errors – in fact most errors are mistakes in thinking... part of what causes these cognitive errors is our inner feelings, feelings we do not readily admit to and often don't even recognise...” (p.40)*

*Primary care is very demanding, “knowing when you don't know requires sophisticated knowledge... from the perspective of training physicians and the knowledge based required for adequate performance, the higher we go on the scale of specialist training, the less complex the medical problem becomes.” (p. 97)*

*“Uncertainty creeps into medical practice through every pore. Whether a physician is defining a disease, making a diagnosis, selecting a procedure, observing outcomes, assessing probabilities, assigning preferences, or putting it all together, s/he is walking on very slippery terrain. It is difficult for non-physicians, and for many physicians, to appreciate how complex these tasks are, how poorly we understand them, and how easy it is for honest people to come to different conclusions.” ( p. 151 - David Eddy, professor of health policy, Duke University)*

## **Integrating Services**

<http://www.goodmanagement-hsj.co.uk/pbc/>

Health Service Journal, Vol. 114, June 17th 2004, p.24-25

A report of an interview with primary care czar Dr. David Colin-Thomé, in which he emphasises the need to integrate primary care, secondary care and social services. The newly established primary care trusts have encouraged strategic thinking. However, there is a hidden danger in the new systems of GPs becoming more remote from their patients.



## **Strategy will knit up the ravelled sleeve of care**

[http://www.hsj.co.uk/boardtalk/opinion/2008/07/richard lewis and david colinthome on integrated care organisations.html](http://www.hsj.co.uk/boardtalk/opinion/2008/07/richard_lewis_and_david_colinthome_on_integrated_care_organisations.html)

Richard Lewis and David Colin-Thome, Health Service Journal, 10 July 2008 09:00

Traditional institutional boundaries must be crossed and existing work patterns challenged before the elements of the NHS can come together to create care that fits patients perfectly

DELEGATE COMMENTS AND RESPONSES

***“Developing Children’s Services – Working with GPs”***

If you would like to leave feedback relating to this Masterclass please go to:

<http://www.neec2009.co.uk/guestbookform.asp>.

FINAL PRESENTATION – to be made available following the conference

***“Developing Children’s Services – Working with GPs”***

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