



King Edward's Hospital Fund for London

A proposal to form
an investment fund for
primary care development
for London

The King's Fund aims:

- to secure for Londoners the best health and health care that we can, in the short and long term, taking account of the views of the users and of expert opinion;
- to assist the NHS and associated services nationally (not only in London) during a period of almost unparalleled change and adaptation, with an eye firmly on quality of care, including effectiveness, equity and efficiency;
- to articulate an authoritative, independent voice about health policy and practice;
- to run the Fund itself in a way that maintains its capacity to respond to rapidly changing circumstances and satisfies high standards, is open to constructive external and internal criticism, and is at once testing and satisfying to work in.

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A proposal to form an investment fund for primary care development for London

This paper proposes an alliance of charitable foundations, together with government, to make a distinctive contribution to the way in which health services for Londoners are being shaped. It explains how an investment fund could form the basis of a high profile 3 year development programme; how it could be managed; and why it matters. The aim is to invest imaginatively in London's health care in ways which will reap dividends for Londoners, now and into the 21st century.

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1 Londoners and the health service changes

Like most capital cities, London has extremes of wealth and poverty, immense racial and cultural diversity, growing numbers of elderly people without family support, those who are inadequately housed or homeless, as well as many thousands of people who travel daily to work or to seek work there. These factors have always posed challenges for the NHS and never more so than now, when our health care system is being reshaped by powerful social, demographic and economic pressures.

Throughout the industrialised world, health systems are having to respond to changing patterns of need - for many conditions, the long-term management of chronic ill health has become as relevant as the treatment of its acute episodes. Technological changes mean that much of the care that is traditionally given in out-patient departments, or hospital beds or accident departments can potentially be delivered much closer to people's homes and families. Sharp economic pressures are forcing hospitals to reduce their costs wherever they can. These changes are also being brought by various user groups who have demanded and won changes to health care delivery. Increasingly there is a preference from users for community-based services.

The hospital of the future is likely to be smaller and more specialised. Health care outside hospitals, called primary care, is seen as one of the key building-blocks of the future. In our system, general practice is the cornerstone of primary care.

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. For the next decade or so 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.



Definitions of primary care are notoriously difficult but this attempts to capture the essence:

Primary care is a network of community based services that covers the whole spectrum of health and social care: prevention for the young and well, treatment of acute and chronic illness, rehabilitation, respite care, residential care, support at home for patients who are frail elderly, disabled or acutely or chronically ill, and terminal care.

As a whole primary care is much less visible and less well understood than hospital services. Yet these are the services that make it possible in this country to manage ninety per cent of care outside hospitals, to limit patients' length of stay in hospital and discharge them safely, and to maintain at home people who do not want to be institutionalised.

2 Why a charitable alliance?

The hospital system of London was created 100 years ago largely by the energy and vision of the charitable sector. Although today we live in a very different London, that creativity and willingness to stimulate change is needed every bit as much as it was then.

Charitable monies are of course tiny compared to statutory investment. But government efforts, quite rightly, are focussed on the mainstream. Charitable foundations see their role rather differently. They are not averse to risk-taking. They are accustomed to trying to spot winners, in order to speed up the rate at which new services will grow.

At a time of unprecedented change, we believe that an alliance of charitable foundations could influence the shape of health care for Londoners in the future. By working together to pool our resources we could "double our money"; focus on future-oriented solutions; invest in getting beyond well-staffed experiments to mainstream services; and exert greater influence on policy-makers.

We propose the formation of an investment fund for primary care development in London. It would be guided by a steering group of charitable trusts and corporate givers. It would have government support. It would form the basis of a coherent three year development programme, led by the King's Fund.

3 The focus of the fund

The precise focus of the fund would be for the steering group to decide but throughout the summer months the King's Fund has canvassed widely among other charitable trusts, GPs and networks of London health care managers, professionals, and community groups. From these consultations three themes have consistently emerged:

- * *better ways of providing services for elderly Londoners.* It is their needs that provoke most concern among GPs. For them deficiencies in social care lead to particular problems in providing adequate health care. There will be more, and more diverse elderly Londoners, and we need to find new solutions for their care. The old solution of using hospital beds for social care will no longer be available.
- * *better ways of providing emergency services in London.* This comes top of many people's current anxieties about the health service. Londoners have traditionally used Accident Units for much "out-of-hours" primary care. As accident units become fewer, new solutions will have to be found, such as emergency rooms run by nurse practitioners, GPs working from 24 hour health centres, 24 hour telephone advice lines.
- * *London's children and young people,* many of whom are very disadvantaged, and who are the Londoners of the 21st century. Finding health care solutions that fit their lives will not be easy. For example, there has been professional consensus for many years that hospitals are not the best place to care for children but we have been slow at developing specialist services from a community base.

4 Guiding principles

We have tried to define what will count as success in the use of an investment fund such as this, especially as the sums of money will be relatively small. We propose the following principles:

- * the fund should be about better services for Londoners, particularly vulnerable Londoners. In 1948 the guiding principle of the NHS was "universalising the best". Almost fifty years later, as we enter this period of critical change, the greatest potential for health gain still lies in improving access for all to high quality services.
- * the fund must not do the business of the government. Free from the constraints of statutory bodies, it should complement their work, but aim for a distinctive contribution of its own.
- * it should have a clear focus, earmarked funding for 3-5 years, and energetic promotion of good practice.
- * it should concentrate on the border territory between health and social care and between hospital and home, which is a minefield for many Londoners - particularly elderly people.
- * it should fund projects which are consistent with development plans in their area.
- * it should fund projects which have some local financial backing and the interest of purchasers.
- * it should fund projects committed to patient-centred evaluation and participation in learning workshops and other methods of sharing and publicising the work.

5 How would a development programme work?

One of the strongest messages from our discussions with other charitable trusts is that an investment fund is only attractive if it produces a distinctive, high profile programme of work over three to five years. Without this it will resemble any number of perfectly good projects which foundations can fund at any time.

The King's Fund is experienced in running developmental programmes in primary care in London, most recently in conjunction with The Baring Foundation. The work has spanned all levels of services, strategic and operational. To build on this we have formed a primary care task force to take forward the work during this time of critical change. We would do this by:

project management to refine criteria for project bids, help develop applications and negotiate commitment. Rather than unguided competitive bidding, we propose a phased process with a number of stimulus grants to help bidders develop their ideas, followed by a smaller number of implementation grants of, say £250,000 each. We will support funded projects with workshops, information and networking and a guaranteed number of consultancy days for organisational development.

evaluation to ensure that each project is evaluated against its own aims and objectives; and as part of the overall programme.

a research and development clearing-house for the many experiments which are taking place in the area of primary and community-based care in London, and beyond. This will be developed and run as part of the King's Fund's library and information service.

teaching programmes targeted to the needs of London agencies.

policy analysis based on fieldwork.

workshops, conferences and publications on a regular basis to share learning. Progress in London is likely to be uneven depending on local interests and circumstances but the need for cross-London learning is crucial if we are to get beyond pioneering experiments.

dialogue with government, regular meetings with government policy-makers

a national network - other cities face similar challenges to London although the scale of change is not so great. We are setting up a UK Urban Network to learn from each other and from regional development policies beyond the NHS.

international networks - London could lead the world in the strategic development of city health care for 21st century.

6 How would this differ from the government's programme?

The government is committed to reshaping London's health services. Its programme is set out in "Making London Better"⁽¹⁾ and a London Implementation Group was established in early 1993. Most of inner London has been designated a London Initiative Zone. The acceptance by the government that primary care in the capital needs considerable investment if it is to function well is seen by many as marking "the beginning rather than the end of public debate about the future of primary and acute care in London"⁽²⁾. Inevitably the government must concentrate first and foremost on improving the basics. This year £43 million has been allocated within the LIZ area. £170 million has been set aside for the next 5 years. This will go mainly on premises, re-equipping and re-training staff for new roles.

Through voluntary agencies, a further £7.5 million has been allocated to extend existing services such as Crossroads care schemes, Age Concern day centres, hospices and Macmillan nurses.

There is under investment in London's primary care but there are also shining examples of success and innovation.⁽³⁾ London has the energy and enthusiasm which could allow us to accelerate developments, at the same time as improving the basics.

The distinctive contribution of the investment fund will be:

- * to focus on vulnerable Londoners and listen carefully to what they say they want
- * to help organisations "take risks" in supporting locally grown services, and in nurturing creative people in their organisations. There will be no blueprint for services because London's neighbourhoods are so diverse.
- * to welcome ideas from all sources. Changes in hospital-based services imply changes in primary and community health services, and vice versa. This, in turn, means that development can start at either end of the system; in hospital or in the community.
- * to sponsor different approaches to solving a recognised problem, and to do so within a clearly defined framework. There will be no quick fix and no single solution.
- * to emphasise the importance of learning about change, as well as changing the care delivered.
- * to encourage incentives for the best practitioners to stay in London, and be part of the future.

7 The King's Fund

Perhaps the most distinctive feature of the King's Fund as a charitable foundation is that our grant-making is positioned within an organisation which also has strong and highly regarded research, service development and consultancy functions.

Service development is about new or different ways of providing health services to meet people's needs appropriately. It is about testing ideas, learning from implementation, analysing and disseminating results. Initiatives have to be documented and their results made known to justify their establishment in the first place. The Fund uses three kinds of resources in its development work: 1) grant money as seed corn 2) staff time to support initiatives in the field, to build up networks, help conceptualise and document lessons, publish and disseminate results 3) conference and publishing facilities to bring people together. Grant administration and project management are part of this process.

In addition organisational and management development are needed "to grow" strong provider organisations who want to promote innovative service developments.

The Fund's strength lies in its capacity to work in these different ways and when we do this well, our contribution to both policy and practice is greatest. Our reputation in the field of primary care is currently high.

8. The benefits of partnership

The King's Fund is committed to the idea of a London Investment Fund. We have set aside £350,000 this year, with similar or enhanced commitment for two more years. Our efforts would be immeasurably enhanced by joining up with other foundations, each with their own networks and strengths. We are looking for two or three substantial partners to launch the fund this autumn.

The benefits of partnerships are that each trust would send members to a steering group who would shape the overall programme. The King's Fund would provide the secretariat and the management of the programme. Each trust would be part of the learning process and participate in workshops, networks, national and international meetings. The government will provide financial support but welcomes independent leadership and recognises that the King's Fund has the expertise to direct the programme.

This would be a high-profile public partnership and an opportunity to make a focussed contribution to one of the biggest issues of this decade, the future pattern of health care in London.

Pat Gordon
September 93

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