Systems and Organisations – Interview

Pam Chesters interview

Interviewed by Hamed Khan (Associate Trainees Corner Editor)

On 5 August 2010, Pam Chesters (PC), the Chief Adviser to the Mayor of London on health issues was interviewed by Hamed Khan (HK) on behalf of the *London Journal of Primary Care*.

HK First of all what do you think are the opportunities and threats of the anticipated cuts in public sector budgets and the effect that this would have on healthcare and the health services in London?

PC I think clearly the cuts in public expenditure generally are going to present real challenges, and although we know that the health budget is protected in that sense obviously there will be issues that affect people's lives coming into play. This coupled with the reorganisation of the health service and GP commissioning I think gives us yes challenges, but also real opportunities because this isn't going to be a salami slicing of public sector expenditure in local councils. This is going to be a whole scale radical rethink of how they provide services.

I appreciate that GP commissioning in some senses is quite a scary prospect for GPs. However with proper support it's a real opportunity to design services around the individual and the family. And GPs are particularly well placed to do that because of course it's the GP that has the contact with the individual, the family, often knowing the history of inter-generational issues.

I think it's a fantastic opportunity for GPs to really come into their own and contribute. In the past we've focused, particularly in London, on more of the issues around the acute sector. I'm not saying they aren't real issues that will need to be thought about, but less attention has been given to the opportunities that the GPs could fulfil in the past.

HK Many GPs are concerned about the potential impact of the cuts on patients in areas like housing and social services. What will your team be doing to reduce the negative impact of these cuts on the health of Londoners?

PC For a lot of the things we work in partnership with individual local councils because they have the democratic legitimacy and accountability

for doing those things. But we do on a pan London basis things like trying to ensure that new housing is coming into London at an affordable rent. Also issues at the moment around the change in housing benefits obviously we take those issues up with national Government in terms of how they play out in London.

People often don't understand what specifically makes London different and the impact of a Government policy on Londoners in particular areas. One of our jobs here in the GLA is to make sure that Government departments are clear about why there are particular challenges in London and how each policy will impact on Londoners.

Also things like getting people into work and the changes to incapacity benefits. We've been working with the DWP in terms of their new approach to worklessness, how that will impact on Londoners and the particular challenges facing those in the hardest to reach groups. So we try to at a pan-London level to look at the issues that we can influence Government on, and to be either working with or supporting local councils, making sure that the case for London is articulated appropriately.

HK Will you be working with PCTs or GP consortia as they may become, and do you have any plans to be directly working with GPs and primary care professionals?

PC We have a very good working relationship with the NHS, traditionally meeting with the Chief Exec and the Chair. The Chair has now stepped down but they used to meet regularly with Boris to go through issues of concern for the health and wellbeing of Londoners. And of course we've had the responsibility of producing the Health Inequalities Strategy, which is now available on our website. It was done after extensive consultation with the NHS, with people like Michael Marmot, with the voluntary sector, and in future GP consortia will also be a group that we would want to engage with.

I think it's very clear we're not here to provide services, because that's other people's responsibility within the NHS. But given our power in

getting interested parties together to understand and share issues or concerns, I think it's important that we have a relationship with the GP consortia as they emerge.

We've begun to talk to some of the GPs who are taking a leading role in how they will emerge but it's for the GPs themselves to determine how they are going to manage that, rather than for us in a top down way to say this is how we think it should work. As I understand it the GP consortia are not prescribed in terms of the patient base or the geography they have to relate to. So I would imagine that there would be a bit of reflection in individual practices on how the current groupings work and whether that makes sense. This will vary across London, because one of the things we do know is that in different parts of London things work differently.

Also I think one of the real challenges for the GP consortia is how they are going to work with local authority partners. It's something in the past PCTs have done, some fantastically well so, others slightly less so. If you take the underlying determinants of health and health inequality it's going to be really important that GP consortia are working with local authority colleagues to look at the person as a whole. I think traditionally the NHS and local authorities have been relatively siloed, and really what we need to do is find a way of having a much more integrated approach which looks at the person and their needs.

I think inevitably the GP's first concern is going to be around how do I commission sensibly with public money, for the benefit of my patients. And I guess another issue which we don't quite know how it will pan out yet is public health. Clearly the local authorities will have a key role in public health, and GP consortia will need to think how it can best relate to that, and what it's expectations of the local authority are, and what local authority's expectations of them should be. So really I would be encouraging an open and ongoing dialogue between those two parties.

HK What are your views on the holistic model that's being presented by people such as Sam Everington and his healthy living centre in Bromley-by-Bow?

PC I have to confess I have yet to get to Bromley-by-Bow which I must do, but my understanding is that both the health professionals and the patients using the service think it's a great service. So that must be very much in its favour. And I think that's really the challenge. We need health professionals to be saying is that something that we think in our particular grouping

would be appropriate or not. And there are going to be a number of issues that play into that. We know that in some GPs premises there are issues around physical space. There are also issues about coming together and offering a more holistic service for patients and I think we need to be guided by the GPs themselves as to what works best.

I know when I was still chair at the Royal Free there were a group of individual practices quite close to us who said well actually it would be better for patients if we could look at a different model. And that's something which I think in this new world we should be encouraging GPs to do if that's right in their eyes.

The challenge is to learn from them. Whether it's Bromley-by-Bow or others, what is the best practice that GPs might want to implement, and what are the challenges that they've had to overcome.

HK Sure, and what about poly clinics?

PC Well poly clinics are the same. There are areas where GPs have said that poly clinics are absolutely what our area needs. On the other hand I think if they're saying actually you know what we think where we are at the moment is the best configuration, I think that's perfectly legitimate too.

So I think we've moved away from the grand design model of life and actually to be fair to the GLA it would have never been our role to tell the health service how they should be configured. We're always interested to know how it's being done and to see the impact on the health of Londoners, because we want to reduce health inequalities in London. We all know the classic jubilee line where we look and say a year of life lost for every stop or its equivalent and similarly health outcomes on major illness groups like cancer actually are not as good as we would all like to see. I think the challenge in the new world is to say how can we look at the pathways for cancer or whatever and have them delivered so that we have better outcomes.

We know that most patients given the choice would prefer to be treated nearer to home; they would prefer their long term conditions managed in a way that doesn't have the spikes that take them into A and E. But we need to think at the same time about how the whole pathway is managed so that the overall health outcomes are better.

HK OK, now previously we know that NHS London had radical plans which would have reduced the number of acute hospital beds in the capital. Do you anticipate that these will go ahead with the current Government?

PC Well I don't think Boris would ever see it as his job to dictate the number of hospital beds. The current Government has said it's not confident that healthcare for London should go ahead as originally designed because it was too top down, there wasn't enough consultation particularly with GPs, and that it was more financially led than clinically led. That's not to say that everything that went with Darzi was incorrect. There is much in the research about how patients' health could be improved, but I think it will be for GPs to be thinking about that balance when they are commissioning services.

Now that may over time take GPs into quite difficult territory, but I think the important thing about managing that is the need for much more transparent data. This will both help GPs to make good quality decisions and help the public understand those decisions, and so we from the GLA put great priority on quality transparent data as a driver of change.

HK What data will your office be facilitating or collecting that will help understand the general health challenges and specifically help influence GP commissioning to make it efficient and improve health outcomes?

PC We wouldn't normally see our role as collecting health outcome data although we do provide some of the basic data that feeds into the joint needs assessment in terms of demography and that kind of stuff. The London Observatory has a lot of data and they would help more with the collection of data.

I think what we would be more interested in is having a conversation about what the health community feels are the appropriate measures of quality. I would expect that to include both the patient experience as well as clinical outcomes. While throughput measures such as waiting times are important actually people want to be 'cured' rather than seen more quickly if there's a trade off between the two.

And I think we would then want to be encouraging the health community to communicate that data in a way that the average Londoner can readily access. I think to be honest it's quite difficult at the moment, even for someone who has a reasonable working knowledge of the NHS. And similarly hospitals, although we've got the rating system there's a much richer set of data that actually the public at large isn't aware of, and it's about exposing that. This then as a GP commissioner enables you to say but look actually I think that this set of commissioning decisions will produce better outcomes for your health.

So we would want to encourage transparent data by asking those who are responsible for delivering it to do it as quickly as they possibly can, taking the view that if you wait until you've got the perfect data set actually you'll never ever publish anything.

HK Finally what advice can you give to senior GP trainees like myself who will be GPs in a few months time?

PC I think you need to seize the moment, there can't be a better time to be about to qualify as a GP. You have an opportunity to put emphasis on primary care and the whole pathway approach in a way that is around the patient.

I appreciate that change makes everyone apprehensive because there are big responsibilities that come with it. But to link the decision of what are we commissioning and the cost with the people who have that immediate relationship with the patient within the context of their family presents real opportunities. At a time when other parts of the public sector are under real stress it's really important that GPs are there to make sure that patient care is delivered in the best way possible within the available budget.

And of course the budget will have its stresses and strains, we know the population is going up, we know the disease burden is going up and new technology and drugs are more expensive. But actually look at it the other way around, if GPs weren't in the driving seat would you feel more confident that those issues were being addressed?

The new system requires a lot of our GPs and it does put them into some new responsibilities for which they are rightly going to expect to have an infrastructure to support them. But I don't think that that's an insuperable problem, we just need to make sure that people from the NHS and local authorities are having a really sensible conversation about what are the challenges, what are the risks, and how do we take the opportunities presented and mitigate those risks in a way that we can all understand how we're going to do it.

And I think perhaps just a final observation from me, we're at the beginning of trying to work out the white papers and the consultation documents with key stakeholder groups, what this means for London and how we can collectively exploit these opportunities for the best benefit of Londoner's health. And so I very much do hope that we have an ongoing conversation.

HK Pam Chesters, thank you very much for your time.