

## **E-Bulletin from the National Association for Patient Participation: Issue 23: November 2008**

### 159. Access and Responsiveness

We have now completed our research into what patients across the UK value with respect to access and responsiveness. This was a fascinating exercise that identified some great examples of accessible, responsive primary care. Given the wide variations, we are now working with the Department of Health and others to identify the best models in areas such as appointment systems, triage, communication, booking methods and reaching out to those who rarely visit their practices. Our summary report is attached to this ebulletin. Thank you once again to everyone who contributed to this piece of work.

### 160. Dignity Newsletter

The Government's campaign to promote dignity in care has now attracted more than three thousand champions. We hope that PPGs can influence their commissioners of services to see dignity as a priority, so that commissioning muscle is used to drive up the quality of care that is provided. The attached newsletter describes the kind of work that is taking place around the country.

[http://networks.csip.org.uk/\\_library/Resources/Dignity/CSIPComment/Autumn\\_Dignity\\_Newsletter.pdf](http://networks.csip.org.uk/_library/Resources/Dignity/CSIPComment/Autumn_Dignity_Newsletter.pdf)

### 161. GP contract renegotiated

The Quality Outcomes Framework (QOF) has been revised for 2009/10 with new incentives relating to advice on long term contraception, prevention of heart disease, diabetes and chronic lung and kidney disease. The incentives to establish a patient group have been removed from the QOF with effect from April next year. It is our view that the encouragement to practices to form a PPG is likely to take other forms in future, including improving access (see above) and compliance with the World Class Commissioning requirements. We are also working hard to ensure that practices fully understand the potential benefits of an effective PPG.

The changes to the contract are summarised in this (rather technical) letter from the BMA.

<http://www.bma.org.uk/ap.nsf/Content/gmsconletter14Oct2008>

162. 31<sup>st</sup> N.A.P.P. Annual Conference

The N.A.P.P. Board decided at its October meeting that our AGM and Conference should take place on 6<sup>th</sup> June 2009 in Coventry. This means that we are reverting to a Saturday after a few years of midweek annual conferences. The theme of the Conference will be *Patients at the Heart of the NHS: dream or reality?* and it will be held at the Novotel just off the M6. Places are limited and so PPG members will be given priority.

163. Making the Most of Patient Participation

Audrey and I have now started our Department of Health funded project to promote patient participation in a dozen or so Primary Care Trusts. This is a great opportunity for us to learn more about what PPGs are doing and how they are organised. Our other objectives include the promotion of local PPG networks, educating practices about the benefits of greater engagement with their patients (and how to go about it) and identifying local volunteer ambassadors for N.A.P.P.. We will report back on this regularly as the project develops.

164. Your advice please!

Although PPGs are being removed from the QOF (see para 161 above), it seems likely that local incentive schemes will be used to encourage practices to establish or maintain Groups. The challenge is to identify a set of criteria that can be used to determine when the practice really has a functioning PPG. This is complicated by the diversity of PPGs but I think that we can all agree, for example, that a group that meets once a year is not a "proper" PPG. I would love to hear from anyone with thoughts on this issue – my contact details are below. What are the core or minimum requirements for a PPG? And should at least some of the payment go to the PPG?

Kind regards

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