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Growing Patient Participation

**A report of the 32nd Annual Conference of the
National Association for Patient Participation**

5th June 2010

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Acknowledgements

The National Association for Patient Participation would like to thank everyone who attended our 32nd Annual Conference. Audrey Hoggard, our Honorary Secretary, is to be congratulated for organising the event with such great skill and care.

Special thanks are also due to:

- ❖ Sir Denis Pereira Gray OBE, N.A.P.P. Patron and Conference Chairman
- ❖ Sir Donald Irvine CBE, Chairman of the Picker Institute Europe
- ❖ Professor Richard Baker, University of Leicester
- ❖ Rob Murgatroyd, EMIS Development Project Manager
- ❖ Peter Walsh, Chief Executive, Action Against Medical Accidents (AvMA)
- ❖ Roger Till, Chairman, The Lawson Practice Patient Participation Group (PPG)
- ❖ Michael Kelly, Chairman, Kingsway Medical Practice PPG
- ❖ Stuart Poynor, Chief Executive, NHS South Staffordshire

Introduction

The 32nd Annual Conference of the National Association for Patient Participation took place on 5th June 2010 in Rotherham. The keynote address was delivered by Sir Donald Irvine (Chairman of the Picker Institute Europe) while the afternoon session included two substantial presentations; from Stuart Poynor, Chief Executive of NHS South Staffordshire and the NAPP Patron, Sir Denis Pereira Gray.

The four interactive workshops looked at quality in primary care, developments in IT, patient safety and case studies of PPGs in action.

Keynote address: Sir Donald Irvine

Sir Donald, a former GP and chairman of the General Medical Council, argued that everyone is entitled to a good doctor, one that they can trust almost without thinking. There are several components of “goodness” including integrity, caring, empathy, respect and compassion. Crucially, doctors need to remember that nobody chooses to be ill and that the patient experience of care should be as good as possible.

The Picker Institute, both in America where it was founded and now in Europe (where Sir Donald is the chairman), is leading the way in understanding and improving the patient experience. This can now be measured in “real time” meaning that patients can report in a timely fashion while their care is still fresh in their minds.

The current survey methods have already demonstrated wide variations in the experience of patients using primary care. Whereas the top 10% of practices are rated very good or better in almost every area, patients in the poorest 10% of practices report an alarming number of poor experiences. These variations in quality need to be addressed as a matter of urgency.

Sir Donald advocated the concept of “always” events, things that should happen 100% of the time as one method to improve quality. He further stressed the importance of doctors being open about their performance as a further technique to drive up standards. This model has brought significant improvements in heart surgery, a discipline that was under enormous pressure following the events at the Bristol Royal Infirmary.

In addition, doctors have to accept the need for revalidation, a process whereby they regularly demonstrate their knowledge, skills and competences. He expressed deep disappointment that the process is currently stalled and contrasted the attitudes of some parts of the medical profession with airline pilots who accept such processes as essential to their work.

In summary, Sir Donald called for the following:

- Patients should be more “pushy” to secure the best possible standard of care for themselves and their families
- Patients should insist that practices publish their patient experience data
- Patients should insist that Primary Care Trusts (or their equivalents elsewhere in the UK) should publish meaningful comparative data
- The prompt and robust implementation of revalidation for doctors
- Patient groups should be familiar with the General Medical Council’s guidance on *Good Medical Practice* which can be found at http://www.gmc-uk.org/guidance/good_medical_practice.asp.

Responding to questions, Sir Donald urged PPGs to reflect on how IT can help to capture feedback and lead to improved care. This does not need to be expensive and should not be discarded as a result of current financial pressures. It needs to be far deeper than ticking boxes and the findings need to be transparent and acted upon.

Workshop A: IT, primary care and PPGs

Rob Murgatroyd from EMIS (the largest supplier of software to GP surgeries) described how IT is improving the patient experience of primary care. His main point was that much of the technology remains under-utilised as practices have been slow to promote some of the innovations that will benefit patients, despite the fact that many of them have no costs attached. Some of these are dependent upon the system that the practice has chosen and so may not be universally available.

Rob described a typical patient journey and highlighted:

- the use of text reminders to reduce non-attendance (system called MJOG)
- the use of text for health promotion alerts
- automated arrival systems that can call a number rather than a name to protect confidentiality
- health kiosks that can secure feedback or health-related information from patients
- technologies at home that can help to head off crises
- online appointment booking, ordering of repeat prescriptions and access to one's patient record

These systems have the potential to support the work of the PPG as practices will find it easier and cheaper to communicate with patients on behalf of the PPG. Equally, the PPG can use electronic tools for recruitment and it has a crucial role in discussing with the practice which of these systems are desirable and helping with their implementation.

Workshop B: Improving the quality of primary care

Richard Baker, is the Professor of Quality in Health Care at the University of Leicester and is also a practising GP. He described two major research projects that involve his University and the National Association for Patient Participation, as well as other partners. The first aims to understand how Lord Darzi's report, *High Quality Care for All*, is being implemented. It asks whether quality is indeed becoming the organising principle of the NHS. The second project will develop a measure for responsiveness in primary care that can be used by practices to improve their performance in this area.

The workshop discussion considered the relative importance of continuity of care for different groups of patients, the difficulties of securing continuity with increasing part-time working among GPs, the importance of moving away from a one-size fits all model, the need to translate this research into action and the value of understanding what gets in the way of change at practice level. Professor Baker encouraged PPGs to become more involved in research issues as there is a great need to include the lay/patient perspective in the planning and delivery of research projects - indeed, it is often a requirement of funding bodies.

Workshop C: Celebrating PPGs

This workshop was led by two PPG chairmen, Roger Till from the Lawson Practice PPG on the edge of Hackney and Michael Kelly from the Kingsway Medical Practice PPG in Manchester. Roger described the work of his PPG in producing newsletters (including a planned version in Turkish), discussing practice developments on an ongoing basis and starting a walking for health group. The PPG also won the Royal College of GPs award to develop a Patient Information System and their first area of work will be dedicated to *Understanding diabetes*.

Michael Kelly's PPG in Manchester has been active in pressuring Tesco to provide the community with a new surgery and medical centre, which goes live in Summer 2010. Other activities include posting out a 6-page questionnaire to 10% of the practice population (supported by a *Making a Difference* award) and joining the practice based commissioning cluster with a clear mission to initiate and develop PPGs in the 26 local practices that it covers.

Key messages from the discussions were:

- Communication is vital but extremely challenging in very diverse settings. PPGs are encouraged to connect with other organisations including pharmacies and community services and to make use of other activities, such as healthy walks or healthy promotion events, to develop relationships with larger numbers of patients
- PPGs should be seen as a grass roots way to help regenerate local communities
- PPGs are advised to seek out people who are skilled in securing funding as lack of resources can be a major obstacle to success

Workshop D: Patient safety & primary care

Peter Walsh is the Chief Executive of Action Against Medical Accidents (AvMA). This is the independent charity that promotes better patient safety and justice for people who have been affected by a medical accident. The workshop discussions, led by Peter, emphasised that there are important differences between safety in secondary and primary care. In particular, we know a great deal more about the scale and costs of medical errors in the hospital setting than we do about GP surgeries.

The following recommendations were made:

- Patient representation is an essential element in improving safety and PPGs should discuss safety issues with their practices
- PPGs are encouraged to identify a dedicated person as a patient safety expert who can link up with other PPGs (and other patient organisations) in the area
- PPGs can encourage patients to use the yellow card reporting scheme when they experience an adverse reaction to medication.

The South Staffordshire model: Stuart Poynor

Stuart Poynor is Chief Executive of NHS South Staffordshire. This has a budget of £923 million and serves 609,000 patients including a prison population of more than 5,000.

NHS South Staffordshire is committed to the success of practice based commissioning and sees patient and public involvement as a critical element. The ambition is to involve local people, engage local people and empower local people. As part of that programme, they are committed to establishing PPGs in every one of their nearly 100 GP surgeries. Members of those PPGs are then encouraged to contribute to locality decision-making and some are also involved on PCT-level committees.

The PCT is conscious of the challenges that have to be addressed in developing a successful model of engagement. In particular, there is a need to set personal agendas in context, avoid dominance by particular groups or individuals and to reflect the diversity of the different communities. By engaging at practice level, and by providing training for PPG members and practice staff (some of it delivered by the National Association for Patient Participation), NHS South Staffordshire aims to reach out and develop genuine relationships with a far larger number of people.

Future developments are likely to include a buddying scheme between PPGs, dedicated resources, improvements to the PCT website and online forums that allow PPGs to communicate across the patch. With more than 70 practices now having PPGs, the process is well under way.

The current and future NHS: Sir Denis Pereira Gray

The Conference closed with a superb mini-lecture from the NAPP Patron. Sir Denis described the causes of the current financial crisis and our huge levels of debt. He explained that spending on the NHS has tripled since 1999 (including a large increase in senior management numbers) but productivity has fallen year on year (although life expectancy increases 3 months every year). These funding increases will not be sustained and so the NHS needs to change.

Medical care is improving and needs to continue to improve, more email communication has to take place between patients and doctors, tele-medicine needs to develop further and patients need to be more engaged in their health and their care. Sir Denis further called for an end to the reorganisations that have bedevilled the NHS, resistance to co-payments (international research shows that they act as an unhelpful deterrent to timely consultation), and a shift that sees doctors as “teachers” more than “doers”.

Finally, Sir Denis predicted that the proportion of national income spent on health care will continue to grow, from its present 9% of GDP to reach 12.5% by 2020.

Conclusions

Thank you to everyone who attended this extremely informative and enjoyable day with excellent, high quality speakers and very engaged delegates.