

Spring Mini Conference Report Victoria Medical Centre, London 14th March 2009

Introduction

This mini Conference, attended by forty delegates from nearly thirty Patient Participation Groups, was designed as a networking opportunity and to allow discussion of some of the fundamental issues currently facing primary care in England.

Keynote address

The keynote speaker was Dr Susan Rankine, partner at the Victoria Medical Centre. She described the process that the practice had gone through in order to bid to run the GP-led health centre for their area. It included the submission of a 45,000 word document that took more than two hundred hours to complete. The outcome of the bid was not known at the time of the Conference.

The practice embarked on this process because they believed that they could provide an excellent service from their superb premises and in order to be well-positioned in a rapidly changing environment. Although they recognise the importance of offering more accessible services, they were also strongly influenced by the need to innovate to reach groups that traditionally under-use services. As Dr Rankine explained:

"In London SW1, we have very affluent areas (such as Knightsbridge and Belgravia) as well as Churchill Gardens which incorporates what was the largest housing estate in Europe when I joined the practice 20 years ago. If you were female and born in 2003 in Knightsbridge and Belgravia, your life expectancy would be nearly 100. However, a female born in Churchill Gardens in 2003 would expect to live to 65 years. The Invitation to Tender document required that we provide innovative ways of trying to address this inequality."

Dr Rankine went on to explain that GP-led health centres are different from polyclinics. The focus of the latter is on bringing services out of hospital that can be better delivered in the community. This broad objective is sensible and there are lots of good examples such as minor surgery and anticoagulation clinics. Twenty years ago, diabetes was always looked after in hospital but that situation is now reversed.

Dr Rankine explained that these changes should be watched carefully by Patient Participation Groups to ensure that they are always in the best interests of patients. In particular,

Loss of personal care People tend not to mind who they see for an urgent problem but for their routine care they like to see the same doctor. This is more efficient anyway.

Quality of care: Some of the new, private organisations are heavily dependent on doctors from other countries who are not necessarily familiar with the NHS and whose communication skills are sometimes limited because of their lack of command of English.

Loss of Choice: The new arrangements may undermine smaller practices so that they are no longer viable. This may result in the loss of services that are highly valued by patients.

Lots of money: The additional investment needs to be closely monitored to ensure that it brings about improvements in quality of care and reductions in health inequalities that are in line with the sums of money involved.

Dr Rankine closed her presentation by encouraging local people to get involved! There are more and more opportunities to influence the services that are delivered within GP-led health centres or polyclinics.

PPG Successes

Delegates discussed some of their achievements over the previous 12 months. These included:

- Influencing services
- Opportunities for GP registrars to learn
- Raising profile of the PPG with the wider patient body
- Securing a grant from the PCT
- Sharing key messages with other patients
- Promoting smoking cessation services in the waiting room
- Resisting pharmacy changes and saving dispensary
- Breast Cancer information evening
- Close working with local councillors
- Major improvements to the appointments system
- Healthy living event with lots of staff input and up to 300 visitors
- Health talks at practice/evening events
- Fundraising events
- Carrying out a survey of What Patients Want
- Setting up self help groups – Depression/addiction/overweight
- New Patient Survey
- Regular newsletter with feedback
- Influencing the tendering process for a new provider at the practice
- Strengthening membership scheme for PPG

The Changing NHS

The Mini Conference also included discussion of some of the most important changes currently taking place in the NHS, along with the opportunities that they present for Patient Participation Groups.

World Class Commissioning

Every Primary Care Trust now has to show that it is working towards becoming a World Class Commissioner. This includes requirements to become the leader of the NHS locally and to engage with users and carers and the wider community. Patient Participation Groups are one means by which Primary Care Trusts can meet this requirements. It is also a strong argument for bringing Patient Participation Groups together locally to discuss issues of wider interest. Every Primary Care Trust will now have the results of its first assessment under World Class Commissioning posted on its website and you may like to see how your own PCT has performed.

Practices also take part in Practice Based Commissioning. This is meant to encourage more clinical input into decisions about the health care that is needed and where it is best delivered. N.A.P.P. believes that Patient Participation Groups remain an under-used resource in this area and that, as a result, too many decisions are being taken without proper engagement with those who will use them. PPGs may wish to discuss current arrangements with their practice to see if they would like to get more involved in this area.

Public Health

The NHS is faced with many health challenges as a result of the ways that we live our lives and the changing demographics. Patient Participation Groups can encourage and support healthier lifestyles and communities. They can also work with others to ensure that the right services and systems are in place to meet local needs. By 2022, the NHS could save £30billion a year if it gets "full engagement" right according to Derek Wanless in his report to the Chancellor in 2002.

Improving Access and Responsiveness

Practices vary enormously in their ability to manage patient demand and to put arrangements in place that work to greatest effect. These include the mix of appointments that can be booked, the ways that they can be booked, the ease of contacting the practice for different purposes, the ability to communicate with the practice population, and so on. Patient Participation Groups can play a vital role in discussing issues and alternatives with their practices and helping to evaluate whether changes really are improvements.

Evaluation

The Mini Conference was an experiment to see if it proved valuable for delegates. The evaluations were extremely positive with over 80% judging it to be very good or excellent across each of the categories ie venue, facilitation, relevance, administration and value for money. Everyone who completed the evaluation form (n=37) would recommend it to a colleague from their PPG.

Ideas to make the day more useful included:

- 🌐 More time – maybe full day
- 🌐 Greater time for networking
- 🌐 More focus and less information overall
- 🌐 Larger meeting room
- 🌐 Small focus groups for people wanting to further an issue
- 🌐 More opportunity to discuss practical issues
- 🌐 Avoid some delegates dominating discussion

Positive comments included:

- 🌐 Chance to meet and talk to others
- 🌐 Very interesting and informative
- 🌐 A huge amount of information and lots of ideas to take back to PPG and also answered a lot of questions
- 🌐 Fascinating session – thank you
- 🌐 Superb – very well run
- 🌐 Very worthwhile morning
- 🌐 Would like to do this on a regular basis.

Thank you

We are extremely grateful to:

- 🌐 the Victoria Medical Centre Patient Participation Group for hosting the event and organising/serving all of the catering
- 🌐 Dr Susan Rankine and Andrew Kolenda (practice manager) for all of their help and support
- 🌐 the practice reception team who were superb
- 🌐 everyone who attended

With best wishes

Graham Box and Audrey Hoggard

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Appendix

Delegates were asked to jot down, in no more than 15 words, what a PPG is to them. We have presented them all anonymously since most people did not put their name to them. Hope that is OK with everyone.

“Patient participation in Patient Participation Groups encourages ‘positive’ input into practices – join!”

“Promoting health in the community and supporting the local medical practice.”

“What is a PPG? A sounding board of patients’ and doctors’ views for the good of all.”

“Patient and doctors combine forces for action. Improve the service!”

“Improvement of health through managed two-way communication and engagement between patients and the local practice.”

“Communication with patients - support from doctors is a great help!”

“The PPG is a necessary go-between, connecting patients and practice, practice and local government and business community.”

“A voluntary organization of patients in a GP surgery. To help the professionals deliver healthcare.”

“PPGs mean doctors and patients use time and resources better for services we need.”