

Spring 2009

Formal Notice of N.A.P.P. Annual General Meeting 2009

In accordance with our Constitution, formal notice is given that the N.A.P.P. Annual general meeting (AGM) will take place at 3.30pm on Saturday 6th June at the Novotel Hotel Coventry

All affiliated groups may attend the AGM at no cost. Whilst we hope that delegates will attend the Annual Conference taking place immediately prior to the AGM this is not a requirement for attending the annual general meeting. Please notify our Secretary if intend attending only the AGM.

Affiliated groups may nominate individuals for election to the N.A.P.P. Executive (board of Trustees). Nominations should be proposed and seconded by affiliated groups and have the agreement of the person proposed.

Nominations in writing should be submitted to the Hon. Secretary no later than :-
Saturday 30th May 2009

Address for receipt of papers can be found at the foot of the newsletter pages.

Resolutions and Motions to be presented at Annual General Meeting require **Formal Notice** to N.A.P.P. and should have been submitted to the Secretary, again by Saturday 30th May 2009.

If any resolutions or motions are received, notice of their content will be circulated to all affiliated groups by Tuesday 2nd June 2009 Relevant Papers for all affiliated groups attending either the conference or AGM will also be in their individual packs on the day.

Costs are extremely reasonable for affiliated Patient Participation Groups at £30 per person and £100 for affiliated PCOs. The price includes refreshments throughout the day together with a hot luncheon. Please contact Audrey (details below) to confirm your attendance.

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Cancer Journey Information Service

Cancer Journey is a 'one-stop' information service for anyone affected by any type of cancer at any stage of their journey. This unique service comprising of a telephone



helpline, operating seven days a week, and a comprehensive website acts as a central information point – either providing the information or directing enquirers to the help they need.

Cancer Journey was developed after an extensive consultation process showed that information provision across Sussex is at best patchy and in some cases non-existent, and that this is causing major difficulties to cancer patients and their carers. There is a wealth of information available but knowing how to find it and sometimes to understand it is creating difficulties.

Information is available on all issues affecting cancer patients and carers along the whole of their journey. Issues as varied as carers services, working with cancer, finding support, how to find help in the home will all be covered. Advice is not offered on medical treatments.

Cancer Journey is supported by, and is working in collaboration with, existing providers of cancer information, such as local hospitals, community services, hospices and major cancer charities including Macmillan Cancer Support and the Prostate Cancer Charity to ensure that the information is up to date and to a high standard.

The website- www.cancerjourney.org.uk contains links to reliable web based information for all stages of the cancer journey from diagnosis through to life after cancer. It incorporates an enquiry service; queries receive an immediate acknowledgement and a full response within 48hours with the added option of calling the helpline.

The helpline: 0303 333 000 3 operates seven days a week from 10am to 4pm with an answer phone service at other times. Based at the charity office it is manned by a team of volunteers who are working from home via a virtual call centre. They are supported by a helpline supervisor. Calls to the helpline cost the same as an 01 or 02 number so are included in most call plans

Advertising the Service: In addition to working with the cancer nursing teams in the NHS hospitals across Sussex, we are working in collaboration with other local and national voluntary organisations such as Age Concern and the Neighbourhood Networks. Leaflets advertising the service are being distributed in appropriate places, e.g. health centres, hospital outpatient departments, village notice boards, libraries and help points.

For more information please contact Jane Gambrill on 01444 458649 or email her at info@cancerjourney.org.uk

All articles, letters, photographs etc. are most welcome for insertion in our quarterly Newsletter. Please send, (Ideally electronically) to our Hon Secretary . Contact details at the foot of this page.

Technological Help for Asthma Patients

For asthma patients at Marple Cottage Surgery, taking a more active role in their healthcare couldn't be easier

Marple Cottage Surgery in Stockport, Greater Manchester has always been an early adopter when it comes to technology to improve their patients' care, and was amongst the first to offer their patients online appointment booking and repeat prescriptions through EMIS Access.

In 2008 Marple Cottage teamed up with EMIS to become the first surgery to develop and launch a remote consultation service, hosted via EMIS Access.

This new technology is aimed at helping asthma sufferers take control of their own healthcare through the completion of online questionnaires at timely intervals. The questionnaire asks key questions, such as, how many times a day they use their blue inhaler?

This is a great facility for those patients suffering from asthma as they no longer have to make routine appointments with their GP – which requires taking time away from work or home. If necessary the nurse will call the patient in for a face-to-face appointment.

It's a simple and fully secure process; the practice design and upload the questionnaire to EMIS Access which then creates a link on the specific patient's home page. The link will remain on the home page until the patient completes the questionnaire at a time convenient to them.

Once complete the form is automatically returned to the practice where it is securely held in a queue. The practice staff can then process the data and record it within the patient's medical record – allowing easy access at the patient's next consultation with their GP.

Like all new procedures it takes a little time to adjust, however the project has achieved some



impressive results – reducing emergency hospital admissions, saving GPs time, and giving patients a far greater role in their own healthcare. It is for this service Maple Cottage Surgery recently won the National Association of Primary Care's (NAPC) Most Creative use of Technology in Primary Care Award.

To further enhance the patient participation in their healthcare patients can use an additional module within EMIS Access – Medical Record Access. Using Medical Record Access patients can view their personal plan online, and send secure messages to the practice with any queries. They can also see the data captured from their completion of their asthma questionnaire.

Following the successful trials at Maple Cottage some further work is under way before the feature is made more widely available – but keep a look out, as your practice may also be offering this innovative new service in the not so distant future.

Cookham Medical Centre



Dr John Southgate from the Cookham Medical Centre tries out the wheelchair.

A wheelchair has been donated to Cookham Medical Centre by the Patient Participation Group as a tribute to its late chairman Beryl Schirn.

After Months of fund raising, the group has presented the wheelchair to the centre to be used by patients with a temporary mobility problem.

It will be available for up to two weeks at a time, on a loan scheme free of charge.

Dr John Southgate, senior partner at the centre, said " People have got to know it is there and it has been booked up for weeks ahead."

Mrs Schirn was the group's chairman for seven years and a founder member of the centre in Lower Road Cookham.

Moss Grove Surgery Kinver

(The following report was submitted by Maggie Winters Chair of the Moss Grove Surgery Kinver Patient Panel. Although we wouldn't normally publish a full report like this we feel it does give a very good flavour of what can be achieved and may help to inspire other groups.)

Our full first year has been really busy and we have established ourselves as a lively and active group within the practice.

Our first venture was held on 1 March to celebrate the first year of Moss Grove Surgery in Kinver. We opted to hold a Health Awareness Day at the surgery. Thanks to the medical and nursing staff we were able to offer the public a drop-in service for the morning for some basic health checks such as blood pressure, weight, cholesterol and general health advice. We were overwhelmed by the response – people in Kinver are obviously concerned about improving their health and we can build on this positive attitude.

In May we took part in Kinver May Fayre with its theme of 'Sport for All', and held a health promotion stall, emphasising exercise and healthy eating. We encouraged adults and children to take part in healthy quizzes by tempting them with free fresh fruit – we must have been the only stall at the Fayre that gave people something for nothing! We followed up by offering people useful leaflets with simple, practical information about how they can improve their health.

By November we were becoming quite practised at holding public events and we put on a Carers' Information Morning, to which we invited relevant organisations such as the Carers' Association, Age Concern, local hospices, the local council, Citizens Advice Bureau and others. They were able to offer carers valuable advice and support, which was much appreciated. We have formed a

good link with the Southern Staffordshire Carers Association and their excellent outreach worker, Jan Playford, and we hope to build on this in the coming year.

The panel is part of the thriving community of Kinver and we participated in the annual Christmas Tree Festival, held this year in Enville Church. Our tree was most imaginatively decorated on a medical theme, with baubles made from foil pill packages and gingerbread nurses and doctors!

At our regular six-weekly meetings we covered a range of topics such as chiropody, homeopathy, packaging of medicines, access to the local pharmacy, and the needs of isolated people, and we have taken up some of these issues with the relevant authorities. We heard about recent initiatives in primary health care such as practice based commissioning, Choose and Book, extended opening hours, and Links (the new patient involvement network). We also had an illuminating talk about 'A Day in the Life of the Practice'. We have drawn the practice's attention to a request for health visitor involvement with the children's centre, and for a toenail cutting service for housebound people. The latter has been taken up by the Seisdon Peninsula Practice Based Commissioning Group and we hope to see some progress in 2009.

The panel opted to join the National Association for Patient Participation and the Secretary and Chair attended their annual conference in Cardiff in June. Apart from being a most informative occasion in terms of patient participation, we were also able to make links with other groups – a rich source of ideas for activities and projects and joint

action on national issues. In October the Chair attended a one day workshop in Leeds, organised by the Healthcare Commission, who wanted our help to prepare a framework for monitoring the

progress of Hospital and Primary Care Trusts in consulting and involving local people in planning services. In December we were invited to join the Royal Pharmaceutical Society's Public Liaison Group, and Ann Williams has kindly volunteered to attend.



Kinver May Fayre—Moss Grove Surgery Patient Panel's Stall

Finally the panel was asked by the practice to process and analyse the 2008 GP Assessment Questionnaire survey,

an indication of the confidence the practice has in its panel. Barry Cox spent many hours on this task and we are most grateful to him. The results, to be reported at the AGM, will help the practice to identify areas for development and improvement.

Looking back on the year I think we have achieved an enormous amount. This is due to the huge enthusiasm of all the members of the panel who have participated so actively in our activities and given their time so generously. I think one of the most encouraging things I have noticed as chair this year is the way everyone has got involved. My warm thanks to all of you, and particularly to the other officers - John Tromans our vice-chair, and David Giddings our secretary, and Joy Baxter our Treasurer, for the great support they have given the panel and me over the last year. Thanks too to Sonia, our Practice Manager, who has supported the group so brilliantly, to Dr Brindley for her valuable input into our meetings, and to the clerical staff who have helped so much with the administration.

Making the Most Project Brief: Number 2: March 2009

Introduction

The first Project Brief, dated December 2008, introduced the sites participating in N.A.P.P.'s Department of Health funded support to eleven Primary Care Trusts. It clarified

- (a) the project objectives
- (b) the support that N.A.P.P. can offer and
- (c) the next steps.

This second Project Brief describes some of the progress that has been made over the past three months. Crucially, our work is now receiving additional support from the Department of Health to develop a range of resources that we hope will be useful across the country. This is part of the Access and Responsiveness workstream that is taking place nationally.

News from around the Project Sites

This is only a brief review. Over time, more detailed information and links will appear on our website at

www.napp.org.uk

Bradford and Airedale tPCT

Alexis Ritchie is extremely active in promoting PPGs. N.A.P.P. is presenting to each of the four commissioning clusters and Alexis has organised a couple of conferences, six months apart, at Bradford City Football Club. PPGs feature on the home page of the PCT website and more information can be found by following that link. <http://www.bradford.nhs.uk/Pages/Default.aspx>

Central and Eastern Cheshire PCT

The first networking meeting as part of this

project took place on 26th March. It was well-attended and identified a set of actions for future progress. The PCT has facilitated a network of PPGs for some time now.

NHS Coventry

A recent audit indicated that 29 practices have an established Patient Panel and that a further 8 have expressed their interest in establishing a panel. So, the next stage of work will focus on supporting the interested practices to get started. Coventry is also updating its booklet on Establishing a Patient Panel and will be developing an evaluation of their impact.

Hillingdon PCT

The PCT has decided to focus on introducing PPGs into a small number of practices and ensuring that these are well-formed and well-supported. The steering group met on 3rd April to consider the findings from the practice survey.

NHS Milton Keynes

Milton Keynes is working extremely hard with the various partners to see all practices having Patient Participation Groups. N.A.P.P. contributed to an excellent workshop, with attendance well in excess of fifty, and the process also benefits from the active support of the Local Involvement Network.

NHS Nottinghamshire County

The county has a very solid foundation of Patient Participation Groups. Several training events have taken place over the past year and the first county-wide networking event as part of this project will be in May.

North East Lincolnshire Care Trust Plus

The Care Trust Plus is undertaking pioneering work in developing membership schemes within its commissioning groups. It has also established regular networking meetings for

its PPGs, one of which N.A.P.P. has attended as part of this project.

Oxfordshire PCT

The initial mapping exercise has taken place and, once further replies have been chased up, the PCT will review the support and networking that is likely to have most impact.

Shropshire County PCT

The first networking event took place on the evening of 25th March. All but one of the county's PPGs attended and it was a thoroughly enjoyable event. PPGs were given three-minute soap box sessions to describe the work of the Group. This was followed by speed dating where PPGs met briefly with each other, with N.A.P.P. and with the PCT.

NHS Somerset

As with Nottinghamshire, the PCT has been actively promoting PPGs for over a year. With the interest of more than thirty practices now ascertained, four locality networking events are being lined up over the next three months or so. These will have strong input from existing PPGs and an element of speed dating is built into their programme as well.

West Sussex PCT

The PCT has a relatively high proportion of practices with PPGs. They see PPGs as a valuable method of communication, capturing the patient experience, commissioning and campaigning. In order to determine next steps locally, a workshop was organised followed by dinner. The mix of formality and food worked extremely well enjoying the support of several GPs and with breakout groups facilitated by PPG members.

Project resources

The following work is in progress:

1. Publication of a document that Makes the Case for PPGs. This has been written by a mix of GPs, practice managers and PPG chairmen and is being edited by the N.A.P.P. President, Dr Patricia Wilkie. It will be co-badged between

N.A.P.P., the Royal College of General Practitioners (RCGP), the British Medical Association and the NHS Alliance and funding is provided by the Department of Health.

2. Publication of a punchy, simple, highly visual publication on the Reasons to have a PPG. Thank you to everyone who commented on our first draft of this.

3. Publication of a revised Step by Step guide to PPGs. This will draw on work already carried out by NHS Norfolk, Milton Keynes and Liverpool PCT and will offer a template that any PCT can tailor to their own circumstances.

These resources will be launched on the 2nd June at the RCGP. There will also be a campaign website within the N.A.P.P. site. The objective is to secure more and better PPGs.

4. Online surveys to be completed by PPGs that are affiliated to N.A.P.P. (this online survey is now complete with 135 responses received. The results will be shared with members shortly).

Please do not hesitate to let me know your suggestions of resources that can be developed nationally to promote and develop PPGs.

Further Steps and Reflections

We are developing a blog on our website so that PPGs and Primary Care Organisations will be able to share ideas and solutions online. This was one of the recommendations of the Spring Conference that was held in London.

A. The N.A.P.P. Board is reviewing its logo and considering some alternatives that have been put forward by Bob Seddon, a PPG Chair in Liverpool. No decision has yet been taken and we are also considering a logo that could be used by any PPG (the idea of a national logo for PPGs received strong support in our members' survey)

B. Some PCTs are considering establishing a pot of money to which PPGs can bid. It would be useful to share any such schemes and we are also exploring whether a national pot or regional

pots could be established.

C. PCTs vary in their ability to fund practices to have a PPG. Should practices be paid if they have a PPG? How much should that be and what requirements might be put in place? Should any of that money go to cover PPG running costs?

National Conference(s)

We are still considering the options with respect to a national conference as part of this Making the Most project. Bradford, Shropshire, Somerset and Milton Keynes have all expressed an interest in helping to host the event.

One possibility would be to have a Southern and a Northern event, as concerns have been raised about how far lay people, in particular, would be willing to travel.

Note that there is also considerable interest in a South West Conference (an idea raised by St Leonards PPG) in the Autumn and plans are fairly well advanced to deliver that.

And finally...

The project has benefited from the time and advice of PPG members throughout England. We are extremely grateful to them. Their work, and the wider work of PPGs, is now being acknowledged with greater national recognition of PPGs than has ever been the case before.

We have learnt that local networking is crucial and we would encourage members who are not part of a local network to contact us and we will see if we can help to set one up, in partnership with the local Primary Care Organisation.

Graham Box
Chief Executive, N.A.P.P.
Audrey Hoggard
Project Manager, N.A.P.P.

N.A.P.P. Current Executive Committee. (All except the President are Trustees)

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Dr John Dracass Trustee

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