

Summer 2009

The Growing Patient Participation campaign launched



The Growing Patient Participation campaign was launched on 2nd June 2009. It has the support of the British Medical Association, the NHS Alliance, the Royal College of General Practitioners and NAPP, with funding from the Department of Health. So, what is it and why do we think it is important?

NAPP believes that Patient Participation Groups (PPGs) can make a real difference to patients and their practices. This is obvious in their health promotion work, newsletters, speaking up for patients to influence commissioning, and in their service delivery and fundraising work. This campaign will see, for the first
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Back Row: Sandy Gower N.A.P.P. Trustee
Dr Graham Box N.A.P.P. Chief Executive.
Richard MacRae, Chairman, Eric Moore Partnership PPG, Warrington
Front Row: Dr Laurence Buckman, Chairman, General Practitioners Committee, British Medical Association
Dr Michael Dixon, Chairman, NHS Alliance.
Dr Brian Fisher National Patient/Public Lead, NHS Alliance
Professor Steve Field, Chairman, Royal College of General Practitioners.

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time, these major national organisations coming together to acknowledge and promote those benefits. As a result, we hope to see more PPGs but we also hope that existing PPGs will be given a boost and some fresh ideas and support.

What, then, is the campaign going to do? Well, a number of documents have already been produced, including a Step by Step guide to Setting up a PPG (based on the work of NHS Norfolk and others).

These publications can be found at www.growingppgs.com and we are very grateful to all those who have contributed to them. We would encourage you to register on that site to receive regular campaign updates. Over the next 9 months or so, the campaign will develop additional resources including some tips and tools for PPGs to communicate more effectively with the wider practice population. The campaign will also promote networking of PPGs and we are actively encouraging Primary Care Trusts to support such local networks. Although the funding is only for work in England, we expect that the materials will be equally valuable in Scotland, Wales and Northern Ireland.

What will success look like? This will partly be about spread with NAPP believing that PPGs should be an integral part of *every* general practice. The national Director for GP Access and Responsiveness, Dr Mike Warburton, is thinking along similar lines with his aim to double the number of PPGs (he was canny enough not to set a date for this...). This would mean that 80% of practices in England would have a PPG. Success must also be about impact. PPGs need to be influential and respected wherever they operate. Here, the challenge is to share good practice more effectively, to put structures in place that allow PPGs to support each other and to work with the campaign partners to ensure that practices that have PPGs really want to work with them in the most constructive fashion.

Growing Patient Participation campaign launches 'Making a Difference' fund for patient-led initiatives in general practice

A new £20,000 fund has been launched by the *Growing Patient Participation* campaign to support initiatives undertaken by Patient Participation Groups (PPGs).

The *Making a Difference* fund offers PPGs a chance to bid for financial support to help run local initiatives. PPGs in England can bid for up to £4,000 of the £20,000 available, to fund a new initiative or support the continuation of valuable existing activities. All bids will be judged by a panel including the National Association for Patient Participation, PCT, PPG, GP and Practice Manager representatives.

All types and sizes of initiative will be considered, however the successful bids must demonstrate that they are achievable, will respond to local patient needs, and will have a real impact on the health and well-being of the local population.

Awards will be made in two rounds. The deadline for application for the first round is 23rd November 2009. Awards will be made to successful bidders in December. The deadline for applications for the second round is 12th January 2010 and awards will be made in February. PPGs can apply by email or in writing.

Application packs can be downloaded from the campaign website at www.growingppgs.com. PPGs can also sign up there to receive regular campaign updates

Dr Graham Box July 2009

Rochdale Surgery Patient Participation Group Set up to Help Practice



Senior nurse Sarah Pountain, Senior partner Dr Abid Hamid, Practice Manager Sahda Ali & Dr Khurram Ahmed

THE MANAGER of one of Rochdale's busiest doctor's surgeries says it is at breaking point because of patients failing to turn up for appointments.

Sahda Ali, of Dr Abid Hamid's surgery, based in the Nye Bevan Health Centre in Maclure Road, says the surgery is also under massive strain by patients seeking treatment for minor complaints which could be solved at home by over-the-counter remedies.

Between 1 July and 21 July, 254 appointments were missed at the surgery. One doctor alone recorded 73 patients who failed to turn up for appointments.

The practice serves an area with high levels of social deprivation and most patients do not have to pay for prescriptions.

Every Tuesday morning an out-of-hours service is offered to patients who work, but in 16 out of 30 cases in the first three weeks of July patients did not turn up.

Mrs Ali said: "Patients say they want our female doctor to visit more, but she had 13 missed appointments for the first three weeks of July and she's only in one day a week.

"Doctor's surgeries get a lot of bad press with patients not being able to get appointments, but I wish people knew what we were up against."

Mrs Ali says she fears patients with chronic illness who genuinely need medical attention could be put at risk.

She added: "People just don't seem to understand how to self medicate at all. Patients are booking to see the GP to get things like paracetamol on prescription, rather than paying for it themselves.

"Some patients say they can't afford to buy over-the-counter medicines, but we buy in more travel vaccines than any other practice in Rochdale. If you can afford to travel, then you can afford to spend 20p on paracetamol.

"It's a case of educating people. We've been doing a lot of work but the message doesn't seem to be hitting home yet."

A patient participation group has now been set up at the surgery in a bid to educate the community about self-medicating and raise awareness about what other services are on offer.

The group comprises three lay people from the Pakistani community, one from the Polish community and one from the Bangladesh community, as well as a community matron, prescribing technician and other medical professionals. They will meet quarterly to discuss health issues, which the group members will then pass on to the community

"Article reproduced Courtesy of Rochdale Observer"

If you have an interesting article, photographs or important issues that you would like airing please get in touch with our Editor Danny Daniels. Contact details can be found on page 8 of the Newsletter.

Your Medical Records Accessed Online.

Imagine you are someone with a long term condition – heart disease or diabetes, for instance. You're sitting in the hospital outpatients department with the consultant. The notes are temporarily lost, the consultant doesn't know why you are there, and no one has any idea what treatment you're on or what has been changed since the last appointment. Sound familiar?

emis

official partner of N.A.P.P.

However, you reach over to the consultant's keyboard and within 45 seconds, you pull up your

full GP record. In it are all the latest letters, the results and the referral letter. Smiles all round and an effective and efficient consultation is about to begin.

Via EMIS Access, patients registered at an EMIS practice can now access their full medical record, whether they are at home, work or abroad from any PC with an internet connection. They are also able to access this information whilst in their surgery waiting room via a HIP (Health Information Portal) kiosk.

A benefit of medical record access was recently highlighted when a man became ill whilst on holiday in Florida. Unable to communicate his condition to the healthcare professionals he accessed his full medical history online, and gave consent to the doctor to view his medical record so they could quickly administer the correct treatment.

Medical emergencies like this may not happen everyday, but when they do it demonstrates how powerful this facility is as the information held within your medical record could well save your life.

This facility also allows you to play a more active role in your healthcare, for example; you're home from the GP surgery, at your computer. You can only recollect and understand half of what the doctor said. You pull up your notes and look at the last consultation. Despite typing errors, the advice and guidance is clearer. Information buttons on some technical terms offer information tailored to your health needs: clicking on Asthma, for instance, takes you to Asthma UK's site, leaflets about self-care advice and links to other voluntary agencies.

Record access has many advantages for patients, borne out by international experience, such as:

- enhancing communication between clinician and patient
- increasing patient satisfaction
- enabling patients to correct data errors, such as updating demographic data, but the errors can also be about clinical process and outcomes
- patients feel better informed and almost always reassured, even when they read bad news
- patients feel they understand about 60% of what they read
- improving compliance and support health education messages, such as smoking quit rates
- improving self-care by linking to relevant websites, e.g. Asthma Campaign and DOH leaflets can be tailored to the condition
- patients can look at their investigation results, immunisations, letters and allergies on computer without contacting reception
- patients can share information with family, carers and other healthcare professionals, reducing the requests for clinical information from the practice.

Your practice may already be offering this free service, so please ask at reception to find out if medical record access is available to you.

Alternatively if you would like to find out more, please visit www.icmcc.org clicking on record access or www.paers.net

Health Care Questions answered



Back row from left to right: Mr R. Hornsby, Mr T. Clements, Mr J Reece-Mogg, Mr D. Perdicchia. Middle row from left to right: Mrs A. Norton, Mrs J Biggs, Mr D. Ellis, Mrs M. Bull, Mrs A. Paget and Mrs M. Dagger.

Front row: guests Dr Andrew Smith and Amanda Simpson.

On Friday, 12th June, a question and answer session was held with Amanda Simpson from Assura Minerva and Dr Andrew Smith at the Somer Centre, Midsomer Norton, answering questions about the services being offered at the NHS Bath Health Care Centre that opened on 1st April this year at James Street West, Bath.

The meeting was organised by the Friends of Widcombe, Hope House and St Chads Surgery's patient groups. After the concern expressed in May with the BMA campaign, it was important to establish what is happening now.

There is no longer a 'Walk in Centre', but in the same building is a G.P. Surgery, the out-of-hours service and now the Walk In Bath NHS Health Care Centre who offer a 8 a.m. - 8 p.m. G.P. and Nurse service. No appointment is necessary, but if you want to make an appointment you can. Patients from all over Bath & North East Somerset attended this meeting and asked a lot of interesting questions and, in return, got some very honest answers.

Due to the fact the centre is so new, it had a few problems that needed ironing out. 20% of patients seen so far, live out-side of B&NES. The average age group being seen is from seventeen to twentyfour years old, many being students. It was established that only 50% of G.Ps in B&NES supported this centre and had very mixed views on it opening.

It also came to light that the closing time is 7.30 p.m. to 8 p.m. at the G.P's discretion! This is a grey area that needs to be sorted out quickly. Patients as far as Chilcompton (for example) can use this centre and if they had an emergency and had to drive all the way to Bath and arrived at 7.30 p.m., thinking it was an 8 p.m. close, they would be bitterly disappointed to find it closed on arrival. They will treat minor illnesses, not on-going illness and will refer the patient back to their own G.P.

The main purpose of the centre is to reduce the amount of people going to the A&E unnecessarily and can be seen at this new centre.

The Friends groups would like to say thank you to everyone that helped and supported them to enable this meeting to take place.

Julie Biggs

N.A.P.P. Conference 2009 Report

A Full Conference Report has been published on our website at www.napp.org.uk

If you would like a hard copy of the report please request from our Hon Secretary whose contact details are on page 8 of this Newsletter.

Our next Conference will be held in Sheffield in the early part of June 2010

LOCAL PRACTICE BASED COMMISSIONING GROUP STRIKES RICH VEIN

“HuntsComm” the local practice based commissioning group was established in 2006 to represent some 22 GP practices, comprising 96 GP’s and a mixed population of approx 170,000 patients.

At its heart was the intent to reflect wherever possible best practice and patient needs within its commissioning decisions. The Board consists of 4 GP’s (one as Chair) a Practice Manager, Nurse Representative and most importantly from my standpoint an independent Lay Member with full voting rights.

Huntingdonshire (most famous for Cromwell) has always had a reputation for active patient involvement (we prefer to call it influence). Some 3 years on we now have around 70% penetration on patient participation groups active within practices, together with specialist groups such as diabetes, and an Acorn Support Group for those with life threatening conditions. Patient power is alive and kicking.

However, we have now gone a step further in the formation of a Huntingdonshire Patient Congress (HPG) which encompasses every practice and every locality within our patch.

For us that means the market towns of St Neots, St Ives, Huntingdon and Ramsey, (that’s the one in the Fens). We launched this to an enthusiastic audience on the 3rd

July 2009 at our local DGH Hinchingsbrooke, a much valued facility within our population. Our keynote speaker was HuntsComm Vice Chair, Dr David Roberts, who laid out the vision which was well received. Draft terms of reference were tabled and accepted together with the appointment of a Lay Chair and Vice Chair. Most importantly HPG will have a seat at the HuntsComm Board to ensure effective communication in its role as a critical friend to HuntsComm and as a conduit to practice based patient groups.

I was able to announce that the Board had commissioned a substantial number of sessions of the “expert patient programme” which assists those patients with long term chronic conditions and enables them to manage them more effectively in a way that minimises their reliance on both primary and secondary care support. Coincidentally we were early implementers of this programme nationally and therefore recognise the results it can produce. This in itself opens the gates to greater efficiencies, additional savings and the opportunity for greater investment in local primary care.

It would be wrong not to record my thanks to NHS Cambs and its Head of Patient Engagement, Susan Last, and Gene Dunbar our PCT Business Manager who both contributed to our success.

Finally, to my colleagues on the Board of HuntsComm who have provided unstinting support to me personally and to the whole project which is now enshrined in our strategic plan.

Alan Morris
Independent Lay Member HuntsComm PBC.
Enquiries to :-
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A month in the life of the National Association for Patient Participation

Have you ever wondered what goes on at the National Association for Patient Participation (NAPP)? This article describes some of the activities of a month in the life of NAPP. It doesn't cover the day to day running of the charity and all of the time that, for example, our Secretary and Treasurer contribute, nor the work that Board members do in their own PPGs. The diary starts just after our Annual Conference.

9 June: Our vice-chairman, Royce Franklin delivered a presentation to the national practice managers conference in Manchester, organised by *Management in Practice*

10 June: NAPP delivered a workshop for Sandwell Primary Care Trust (PCT) to promote Patient Participation Groups (PPGs) within their practices

12 June: Graham Box, NAPP CEO, met with the National Children's Bureau to discuss how we can increase the influence of children and young people in the work of PPGs

15 June: NAPP Chairman, Danny Daniels, met with Royal College of General Practitioners (RCGP) Wales to discuss how the two organisations might work together to support the development of PPGs in Wales

16 June: NAPP chaired a networking meeting of PPG chairs in Central and Eastern Cheshire (CEC) organised by CEC PCT

17 June: Graham ran a training event for practices in Hillingdon with an interest in developing PPGs

18 June: N.A.P.P. Chairman Danny Daniels delivered a presentation to the practice and members of the PPG at North Cardiff Medical Centre.

22 June: NAPP attended an evening meeting of PPGs in the Hook area of Hampshire to discuss how they might develop in future

25 June: NAPP led a workshop with practice managers and other staff to promote PPGs in South Staffordshire

1 July: Clive Oakley, NAPP representative in NHS Somerset spoke at a networking event for PPGs in the county attended by about 50 people.

2 July: NAPP received an invitation from RCGP Scotland to meet with them in September to consider how we might work together to promote and support PPGs in Scotland

7 July: NAPP was a co-applicant (with several Universities) to undertake national research to understand the impact of the Department of Health's report entitled *High Quality Care for All*

9 July: Graham presented to a meeting in London to promote PPGs with the patient and public involvement leads from Strategic Health Authorities across England, followed by a wonderful PPG evening meeting in Wheathampstead.

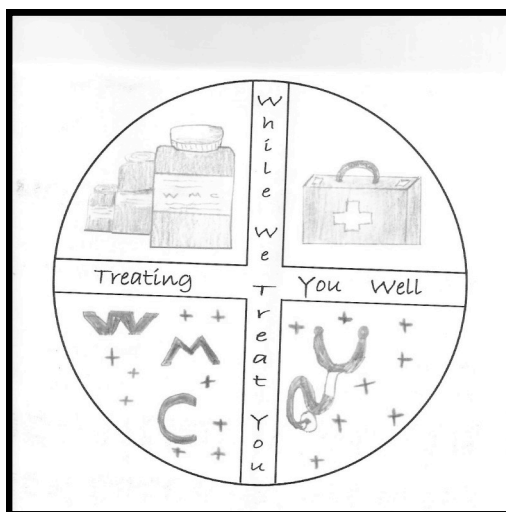
Wellington Medical Centre PPG Logo Competition



Bethany Holland—Aged 11 is seen in the photograph receiving her prize for designing the winning entry for the Group's competition to find a logo for their Newsletter.

Valerie Byrne the Chairperson of the Wellington Medical Centre PPG is on the left of Bethany and the Practice Manager Lydia Daniel-Baker is on the right.

Bethany's winning entry is reproduced below.



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