

**Winter/Spring 2009**

**Making the Most of Patient Participation**

Around 40% of English practices now have a Patient Participation Group (PPG) according to a telephone survey just completed by the NHS Information Centre. This is a tremendous foundation upon which to build. It is also a great credit to all of the PPGs (and forward thinking practices) who have demonstrated the value of a model whereby patients and their practices work together to improve services and the health of communities.

The National Association for Patient Participation is now undertaking two major streams of work to encourage the formation of more, and better, PPGs. The first strand sees us working intensively with eleven Primary Care Trusts and their PPGs until June 2010. The areas covered and our "seven steps" approach are described in the project web site which can be found at [www.makingthemost.org.uk](http://www.makingthemost.org.uk). Outcomes of the project include better sharing

of good practice, more networking between PPGs in each area and greater scope for PPGs to influence local commissioning decisions.

The second line of work (which is still being developed) will promote PPGs across the whole of England. We are working with other stakeholders (such as the Department of Health, the Royal College of General Practitioners and the NHS Alliance) to produce high quality resources that will be supported by a high quality communications campaign. These will make the case for patient participation in primary care in a more concerted way than has ever happened previously. It will also produce new resources and signpost to existing resources so that the formation and development of PPGs is made as smooth as possible.

Although the work is focused on England, we believe that many of the materials will be equally valuable in the other three countries of the United Kingdom.

"How can we help?" I hear your ask, The simplest way is to keep telling us what you are doing,

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what works for you and what hasn't worked. We hope, therefore, that PPGs will continue to send us their newsletters and website addresses so that we can post these on the N.A.P.P. website at [www.napp.org.uk](http://www.napp.org.uk). We find that these give an excellent overview of the activities that are taking place. We would also value your ideas about what needs to happen to Make the Most of Patient Participation. These can be emailed to [audrey@napp.org.uk](mailto:audrey@napp.org.uk) or you can phone Audrey on 0114 287 4035. But rest assured that in the coming months we will be in touch with our members to ask more formally for your ideas and suggestions.

## Department of Health Launches National Patients' Prospectus -

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'Your health, your way – a guide to long term conditions and self care', was launched on 2<sup>nd</sup> November 2008 on the NHS Choices website ([www.nhs.uk/yourhealth](http://www.nhs.uk/yourhealth)).

'Your health, your way' has been designed to help people living with a long term condition such as asthma, stroke and diabetes, take greater control of their own health and lives, by making them aware of the support available. At the touch of a button, people can now access all the information they need to help them understand and exercise choice in relation to self care services. Services that will support people to manage their condition better, maintain greater control, and keep as well as possible. The website content includes:

- a short quiz to see if patients can benefit from additional support to self care;
- videos of patient stories so people can Share their knowledge and experience;
- advice on living with long term conditions, & details of local support groups

- a social networking facility to enable those with long term conditions to chat to other people affected by the same condition as them.

It describes the **five areas** where people can expect to receive support if they want to self care, in partnership with their professionals:

**Information** - more informed patients are more empowered people,

**Confidence/skills courses** - helping people to take care of their condition better,

**Equipment** - helping people to monitor their condition and control their medicines,

**Support Groups** - boosting people's confidence and learning from each other's experience,

**Healthy Lifestyle** - support and advice for people on how to live a healthier lifestyle.

It is hoped that raising awareness of these services will encourage people to start a conversation, perhaps as part of a care planning discussion, that explores the type of support they would like in order to better manage their condition(s). If services aren't available by April 2009, then '*Your health, your way*' explains to people how they can get involved in shaping local services.

'Your health, your way' sets the framework across England - Primary Care Trusts are expected to let their local communities know what services they provide to people with long term conditions under the five key areas above. They should include information about local services to support self care in their Guides to local services, but it will also be accessible through NHS Choices. The information on the '*Your health, your way*' website is being developed in other formats, so it is accessible to all areas of the community.

**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.**

## QResearch®.

Wouldn't it be great if we could foresee a flu epidemic? Well, we can and that's not all we can do...

At the University of Nottingham the largest and richest medical database is being housed – QResearch®. The database is a consolidation of anonymous patient health records of over 11 million patients from over 600 practices across the UK.

QResearch® is a not-for-profit partnership between EMIS and the University of Nottingham. The aim of the collaboration is to develop and maintain a high quality database of general practice derived data for use in ethical medical research and to improve patient care.

GP's across the UK are embracing the idea of securely sharing their anonymous patient data through scheduled collections via their EMIS clinical system. QResearch® collects the encrypted data in real time and sends it securely to the primary care division of University of Nottingham.

The QResearch database contains socio-economic details of each patient's postcode, but no strong patient identities - patients can opt out of the research if they choose.

QResearch® has led to a number of research documents being produced, including two ongoing projects - QSurveillance® and QRisk2®.

QSurveillance® is an initiative that collects, analyses and reports the rate of infectious diseases as well as influenza related conditions, flu vaccine and pneumococcal vaccine uptake.

QSurveillance® already has the capability of providing timely data in the face of emerging public health problems. It can also respond to chemical incidents, concerns about safety of medication or report in extreme weather

conditions to help estimate the scale of the problem and plan a response.

QSurveillance® was used to monitor public health in the aftermath of the Avon floods and the Buncefield oil disaster – helping to inform government on vital health issues.

QRisk2® is helping to improve prevention of cardiovascular disease, the nation's biggest killer. QRisk2® analyses a 15 year period of the patient's medical history to determine the patients likelihood of developing cardiovascular disease. The analysis takes into account the area in which the patient lives, their ethnic group, family history and lifestyle and other factors in their medical history.



QRisk2® computer software is now being used to highlight to GPs who is at high risk within their patient population. This means preventative care can begin to reduce the patient's risk of developing cardiovascular disease. Patients can also use the tool for self assessment to get an idea of their individual risk of cardiovascular disease (<http://www.qrisk.org>)

For further information on QResearch® and its projects please visit [www.qresearch.org](http://www.qresearch.org)

**Have you viewed the various Newsletters, submitted by our affiliates, on our web site?  
Get in touch with our Hon Secretary in order to add your newsletter to the examples**

## **Major shake up of London stroke and trauma services will save hundreds of lives**

**F**ive hundred lives a year will be saved through the creation of specialist stroke and trauma centres in London, according to a recently launched consultation.

Expert clinical care and the latest technology would be concentrated in a few super-centres which would treat the most serious and life-threatening cases.

And they would be linked to a network of A&E and stroke units across the capital dealing with less serious cases, rehabilitation and continued treatment.

The consultation, which is on part of Lord Darzi's ten year vision for the capital Healthcare for London, will look at the location and coverage of potential sites for eight specialist stroke and four major trauma centres.

Stroke is the second biggest killer in London and the most common cause of disability – around 11,500 Londoners suffer a stroke each year, about one person every hour.

The consultation calls for an extra £23m a year to be invested in delivering improved stroke care. The new stroke services would start to be delivered from early 2010.

Dr Chris Streather, Healthcare for London clinical stroke lead, said: 'Londoners deserve better access to life-saving treatment if they suffer a stroke. Clinical excellence is essential, but time is of the essence too. Many patients are treated in hospitals close to home, but the quality of clinical care they receive can be poor.'

Delivering this high quality care requires specialist multidisciplinary teams and high quality equipment available 24 hours a day, 7

days a week.

However, in 2006, out of 30 hospitals in London providing stroke services, only three treated over 90 per cent of stroke patients in a dedicated unit.

The best stroke care means rapid access to a CT scan to determine the cause of stroke, immediate treatment with clot-busting drugs, if appropriate, and physiotherapy within a few days of the stroke.

Thrombolysis – the use of clot-busting drugs – needs to occur within three hours of the onset of a stroke to be effective, and a CT scan is required before thrombolysis can occur. In 2006, no London hospital provided 90 per cent of patients with a scan within 24 hours.

Major trauma centres would deal only with the most serious cases, such as badly injured car crash victims and patients with life-threatening knife and gunshot wounds.

Currently each hospital only treats around one major trauma victim per week, 1,600 cases a year across the capital.

London currently only has one major trauma unit at the Royal London Hospital and this would be boosted to four. Up to £12m would be invested in the centres, along with improvements to all A&Es in London.

Matt Thompson, vascular surgery professor at St George's Healthcare NHS Trust said. 'The best evidence shows that dedicated major trauma centres with expert teams of professionals are able to save more lives.

'People will have a much better chance of surviving and recovering from a major trauma injury when they have direct access to specialist teams and state-of-the-art equipment to ensure immediate treatment is (continued on page 5)

available, 24 hours a day, seven days a week.'

David Sissling, Programme Director, Healthcare for London said; 'There must be radical changes in how stroke and major trauma services for adults are delivered in London. Doing nothing is not an option.

'All stroke patients and trauma patients in London will benefit from improved trauma centres and hyper-acute centres. Our proposals will ensure investment, new services and world class quality for all Londoners.'

Under the Healthcare for London proposals, all Londoners will be no more than 30 minutes from a specialist stroke unit and no more than 45 minutes from a major trauma centre.

The consultation will last 14 weeks and its findings will be considered by a joint committee of primary care trusts in the summer.

## **Xmas Carols and a Xmas Feast**

*(The following article was submitted by Julie Biggs of the Friends of Widcombe Surgery)*

**F**ollowing on from last year's success the Friends of Widcombe Surgery organised this spectacular event for patients. We were joined by Widcombe school choir singing Christmas Carols around the Christmas Tree. Patients enjoyed a beautiful traditional Christmas Turkey dinner and later in the afternoon a glass of sherry and a mince pie. The patients loved talking with the children during their well deserved break! It was

such a pleasure watching them meet old friends and making new friends! The atmosphere was lovely and the children made it simply magical.

Patients were picked up from their homes via mini bus and taken to their Xmas party at Widcombe Social Club where they were welcomed by the management Bob and Dawn

Everyone enjoyed being outside their four walls, loved each other's company, really appreciated the magic the children gave and a good time had by all!

The Friends of Widcombe Surgery would like to say Thank You to Dawn, Bob, Chef and all their staff for their wonderful hospitality and for all their hard work. A huge **Thank You** to all the children and teachers who sang so beautifully. We also want to say well done to the children for being so well behaved. You made a lot of people very happy and you gave a performance to make your school very proud. Thank you to all the volunteers who kindly gave their time to make this event happen! The Friends would also like to extend their appreciation to everyone who helped and supported this event .

## **The Smethwick Medical Centre PPG**

**T**he Smethwick Medical Centre PPG not only has input and support from the Practice (continued on page 6)

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Doctors but also has a very good relationships with PHD CiC and Sandwell PCT. This enables us to join with other organisations such as 'Healthy Eating' - 'Stop Smoking etc.

One of our main projects over the past 18 months has been Cardiovascular Disease (CVD). The group's objective has been to reach those who do not regularly visit the doctor but nevertheless can still be at risk from the disease.

The team has worked very closely with Asda and Tesco and the response from their staff and customers has been encouraging.

The form asks very few questions but helps to uncover potential health problems. If the individual agrees the completed form is sent to their own doctor who in turn is able to assess whether the patient should be seen.

Feedback has been good and this prompted an open night for patients at our surgery with PPG members attending. The Lord Mayor and members of the council attended as guests.

The outcome of the event was that we agreed with the local council to use their offices for alerting staff and visitors to the dangers of CVD and we will be using our current forms , undertaking health checks and signposting.

Our most recent event (a day long session at a Tesco store) attracted more than 300 visitors).

*(This article was submitted by Dave Talboys of the Smethwick Medical Centre PPG)*

## Meadowfields Practice PPG

*(The following article was submitted by Alan Stanbury—The Chair of Meadowfields Practice Alan also submitted a very interesting page from the Derbyshire Evening Telegraph concerning the practice. However because of the limited space we have decided to reprint the Chairman's Report which we think highlights and demonstrates a truly proactive PPG.)*

**A**fter several years of members talking with Patients in the waiting room on a twice weekly basis, it was decided as an alternative, to install a Suggestion Box with printed slips available, to maintain the prime purpose of the group being 'Two Way Communication'. All comments are referred to The Practice and when possible resolved or in most cases appreciated. Over the year the item which attracted most attention both for and against was the radio in the waiting room! Without consulting every patient it could not be resolved by majority opinion so to 'compromise a low volume output was the applied solution. It is for the new Committee to decide if it might now be time to resume visiting the waiting room perhaps on a lesser rota than in 2007.

Over 2008, our work has revolved around two main events: The PPG Networking in March and The Meadowfields Practice/ Meadowfields PPG, 10<sup>th</sup> anniversary.

Apart from an annual National Patients Groups Meeting we have very little contact with similar groups to ours and it was therefore suggested at committee to

invite other PPG groups in the Derby area to an evening at Meadowfields. The event was arranged and attended by other established groups as well as persons who came to see what was required to set up a Group. A most enjoyable informal evening that provided a good input of ideas and exchanges in operational methods, an initiative recently acknowledged by the National Group NAPP.

To celebrate 10 years we held a complimentary Coffee Morning in August which was much appreciated by the Patients and therefore very rewarding for our members. Many changes have taken place over the years and it is therefore appropriate to acknowledge and thank especially Jackie Bradbury and Geraldine Evans who have been with the PPG from day one.

In September Meadowfields Practice held a Garden Party which was attended by many familiar people who have been involved over the years as well as two political celebrity figures.

In celebration the PPG provided the Practice with three items of equipment; a Dermoscope for detailed skin examination, an Ultrasonic Doppler to monitor foetal heartbeat and thirdly a Play Station for children in the waiting room.

A memorable day for all, enhanced by a collage of photographs and scrapbooks Showing development over the years-Well done Meadowfields

The PPG was delighted to welcome two new members in June, Iris Burke and Arline Stanbury both of whom have shown good aptitude for the work involved. Our help with the recent Flu' Clinics was acknowledged by Patients as being helpful back up to enable

medical staff effect a no waiting service.

Our involvement with Body Mass measurement created a cordial atmosphere in Reception.

My thanks go to all members of the group for a good year which has put us in good heart for the next ten years!

The continued support of Catherine Baraniak and Pippa Evans and the general willing attitude of the staff to help is greatly appreciated

Alan L Stanbury  
Chairman. "

## Taking Care of your Bones

The Friends of Hope House surgery, Radstock hosted an Osteoporosis awareness evening in their local church hall.

We were so lucky in having a lovely guest speaker, Sue Meadows who gave such an interesting and enjoyable talk alongside showing us some enlightening pictures on Osteoporosis. Osteoporosis effects one in three women and one in twelve men.

We all came away a lot wiser and realised how important healthy eating and drinking is to keep your bones strong and healthy!

For further information please call the National Osteoporosis

Society's Help Line Tel: 0845 130 3076

Email: [info@nos.org.uk](mailto:info@nos.org.uk)

Website: [www.nos.org.uk](http://www.nos.org.uk)

The Friends of Hope House Surgery, Radstock would like to say Thank you to Sue Meadows, the practice nurses and kind volunteers who gave their time to help make this event happen and a great success

## Magical Westonbirt

The Friends of Hope House Surgery organised a trip for their patients, family and friends. The enchanted trail took them on to a path that weaved itself through the Arboretum, passing magnificent trees from all over the world, standing proud silhouetted in the dark



Some of the patients drove buggies for the first time and needed 'L' plates on. At times it was like wacky races! A few had chauffer-driven wheelchairs and some hung on to their independence and walked the walk!

We were blessed with wonderful volunteers, some drove the minibuses and some cared for those who needed assistance.

We then went to the Holford Arms, near Knockdown, where we were greeted by the warm glow of an open log fire to warm ourselves. Patients, family and friends ate good food, enjoyed warm drinks, met new friends and had a good old chat with jolly good company before the journey back home.

The PPG chairman said: "We were blessed with wonderful volunteers - thank you to everyone for all your help and support. Also a big thank you to Bath Building Society who gave the Friends a grant to help towards the cost of transport to make this trip happen!"

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

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