



# N. A. P. P.

## Newsletter

Patron. The Rt.Hon. The Baroness Chalker of Wallasey.

Registered Charity no 292157

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### Spring 2003

## 25th Anniversary Annual Conference

#### NOTIFICATION OF ANNUAL GENERAL MEETING

**In accordance with our Constitution, notice is given that the AGM will take place at 4 pm on Saturday 7th June at Barnsley District General Hospital Post Graduate Education Centre Barnsley, South Yorkshire**

**All affiliated groups may attend the AGM at no cost. While we hope that delegates will attend the Annual Conference earlier that day, this is not a requirement for attending 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 Secretary no later than 17th May 2003.**

**Resolutions and Motions to be presented at the AGM should have been submitted to the Secretary by 10th May 2003. If any resolutions or motions are received, notice of them will be circulated to all affiliated groups by 24th May 2003.**

**T**he theme of this year's conference is titled 'The Brave New World of General Practice –What's in it for Patients?' The subject will be driven by the new GP contract and the way it will (once accepted) impact upon Patient Services.

The morning will be chaired by

- ◆ **Professor Sir Denis Pereira-Gray, OBE**  
**FMedSci, Patient Partnership RCGP.**

-and we are fortunate in securing the services of three respected speakers -

- ◆ **Dr Simon Fradd**, Chairman - Doctor Patient Partnership  
⇒ *Who will deliver the doctors' perspective*
- ◆ **Mrs Eileen Hutton OBE**, Chair - Patient Partnership RCGP  
⇒ *Who will review the issues on behalf of patients*
- ◆ **Dr Barbara Hakin OBE**, Chief Executive—Bradford South & West PCT  
⇒ *Who will be looking to the future*

When N.A.P.P. first decided upon this year's conference theme, we wrongly assumed that the contract would have at least been ratified and hopefully adopted by the time our annual conference came around. The contracts content is not in dispute—and by now all affiliates would have hopefully received a letter outlining the problems attached to the formula for remuneration. On page two we've included the latest intelligence available concerning the G.Ps' concerns and what is being proposed.

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Regardless how the contract develops—the conference debate focuses upon the content of the contract and how it may benefit or effect patients.

For affiliates attending the conference who have not had the opportunity of reading the proposed contract and digesting its content:- downloadable versions may be accessed on the following web sites:-  
www.nhsalliance.org This is the website of the NHS Alliance who have been active in negotiating the contract on behalf of the NHS together with the BMA whose website is www.bma.org.uk

### **Contract latest**

**T**he following press release was published by the NHS Alliance on Tuesday April 4th:-

The BMA's General Practice Committee should dump the Carr-hill formula, says the NHS Alliance. It is now completely discredited and has lost the profession's confidence. As a result, there is a real danger that GPs will vote against the proposed GMS contract even though most support its principles. Instead, the GPC should ballot GPs on the proposed contract without the Carr-hill formula. The Minimum Practice Income guarantee and the agreed uplift should apply to all practices, instead of only to the 70% who expect to lose under the current formula. A 'Yes' vote would mean the contract could be implemented from April next year as expected. Then the negotiators should immediately start work on

developing a new formula that would command the confidence of the profession, holding a second ballot perhaps in April 2004. If that ballot resulted in a 'Yes' vote, the new funding formula would be implemented at a later stage, possibly April 2005. A fundamental flaw in the Carr-hill formula is that it assumes all practices within each census area have identical case mixes. Everyone agrees that is patent nonsense. It comes about because there is no practice specific data on deprivation, ethnicity, refugee status and other profiles. Yet these are issues that have massive effects on patient need and practice workload. The two-stage approach the NHS Alliance recommends would allow practice data to be gathered to give a practice needs weighted formula. The formula must be specific and sensitive to practice registered populations. That is the only way the new system can be fair to both GPs and their patients. NHS Alliance chairman Dr Michael Dixon said today: "The principles of the new contract are too important to be lost because of some half-baked mathematical formula that has lost all credibility." Dr David Jenner, NHS Alliance national lead on the GMS contract, said: "The proposed compromise would result in practices being funded according to one of two entirely different unrelated systems. It would be complete folly to have two formulas running at once, never mind one that is fundamentally flawed. It would perpetuate the existing inequities the new contract was supposed to address. MPIG for all practices give us the least worst scenario for the next year."

## The Patient Involvement Unit for NICE

The National Institute for Clinical Excellence (NICE) was set up in 1999 to provide authoritative and reliable guidance on health care for patients and carers, NHS professionals and the wider public. NICE has made a commitment to involve those who speak for patients in its work and funds the Patient Involvement Unit for NICE (PIU) to support this involvement.

The aim of involving patients and carers in the NICE work programme is to ensure that patient issues and perspectives are directly addressed and presented in ways that are meaningful and acceptable to patients and carers. In order to achieve this, the PIU has been developing fair, transparent and defensible methods for patient and carer involvement.

The Patient Involvement Unit for NICE is based at the College of Health, a national charity which promotes patients' interests and user/carer involvement in the NHS. PIU was established in April 2001 and is funded by NICE to:

- provide independent advice on patient and carer involvement to NICE and its collaborating centres
- identify patient and carer organisations interested in contributing to NICE's work programme
- promote effective patient and carer input to the NICE work programme
- provide information, training and support to patient and carer organisations and patient/carer/lay representatives who contribute to the work of NICE.

Initially the PIU's support for patient/carer involvement centred on NICE's **Clinical Guidelines and Service Guidance** programme. Clinical guidelines make recommendations about a range of aspects of clinical care and the clinical management of specific conditions. They are designed to help both the health professional and the patient draw on evidence-based recommendations to help inform decisions about treatment and care. The first NICE clinical guideline was published in December 2002 and deals with treating and managing schizophrenia. It was developed by a multi-professional group including three user/carer representatives, with the wider consultation process involving national mental health user/carer organisations.

The PIU has recently expanded its work to cover support for lay members on NICE's **Advisory Committees** and support for patient and carer involvement within NICE's **Technology Appraisals** programme. A technology appraisal is an evaluation of a discrete medicine, piece of medical equipment, diagnostic test, surgical procedure or health promotion activity. This is perhaps the best known area of NICE's work, with over 50 technology appraisal recommendations published to date.

The PIU has started to evaluate the effectiveness of the processes put in place for patient/carer involvement, with the first phase of evaluation focusing on the Clinical Guidelines and Service Guidance programme.

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**Items of interest**

The Royal College of General Practitioners (RCGP) awards a prize of £2000 each year for Patient Participation. Established in 1996, this award is to encourage development of patient participation in general practice within the United Kingdom. It is to be used to benefit the patients of a practice or to further patient participation in the UK. Award: Prize awarded at the College AGM

Eligibility: General practices within the UK. Application may be accepted from any member of the practice team, patient group, or patient of a practice. Applications: To the Chairman of the Awards Committee including a brief description of the patient participation activity being put forward and the intended use of the award.

More detailed information can be found on the RCGP website [www.rcgp.org.uk](http://www.rcgp.org.uk) or write to: The Awards Administrator, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU

**Closing dates: End June each year**

**PCT initiatives**

**16 PCTs are now actively working with N.A.P.P. to develop patient participation in their part of England.**

**And Finally**

**B**y now you should have received details concerning our annual conference and AGM. If not our Secretary's telephone number can be found on the first column of this page.

This newsletter has been kept deliberately brief not least because the amount of communications from affiliates has been sparse.

So far we've received two 'thumbs down' for the inclusion of crosswords and one 'thumbs up' for the inclusion of cartoons. In the summer issue of the newsletter I'm introducing a competition for affiliates.

**First Prize**

Our past Chairman Joe Corkhill was a recent recipient of a joint first prize with fellow contributors for his work on:-

Master Classes in Primary Care Research NO 5. Patient Participation and Ethical Considerations. The book may be obtained from RCGP 14 Princes Gate London SW7 1PU Price £16-20 RCGP members and £18 for non-members. ISBN -0 85084 264 6.

The prize was awarded in the non-commercial Category of the 2002 BMA medical book competition.

**Have you visited our updated website lately?  
There is now a password protected members area.  
Visit the website to see how to get your password.  
Please send any comments on website content to the  
Editor.**

**Anything interesting happening in your group?  
Why not share it with others?**