

# Changes to N.A.P.P. Organisation

**Spring 2004**

This June Roger Battye completes his 3 years as Chairman of N.A.P.P. He will be succeeded by Edith Todd, who is currently vice chairman as well as hon.treasurer. Audrey Hoggard will continue as hon. secretary. All the existing trustees have agreed to remain on what will in future be referred to as the board, to bring us into line with similar organisations. Our President, Dr Tim Paine and Vice-president, Hazel Ackery have agreed to remain in office. We expect to confirm the appointment of a new treasurer at the next board meeting, before the AGM.

We are developing a business plan that will provide N.A.P.P. with a more extensive organization, so that the work of running the organization on a day-to-day basis can be achieved without loading too much on any one volunteer. It is our intention to establish a small staff, supplemented by a support panel of experts in various fields. Clearly this will cost money. Currently we do not have the funds needed, but the business plan will include the development of income to make this change possible.

So that we can start to build our experience, in preparation for these changes, Roger will take on the role of Honorary Chief Executive and Audrey will become Honorary Administrator. Because it would be difficult for him to remain a board member in his new role, Roger will step down from the board and report to the board through the new chairman.

By these means we hope to develop the skills needed to run an expanded organisation at minimal cost. We will also be able to develop practical job descriptions, ready for when we need to recruit paid staff. The tasks undertaken by N.A.P.P. have expanded with the increase in interest in patient and public involvement. We therefore see it as important that we allow the trustees to concentrate on good governance, setting policy and steering the direction of the charity. This should make the role less onerous and encourage others to join in this rewarding work without the need to make a major time commitment.

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## Frequently Asked Questions – Insurance

### FAQs – Financial and Legal

The second in this series is about insurance. Once again, I emphasise that we are prevented by the terms of N.A.P.P.'s own Professional Indemnity policy from offering direct financial advice. But we can share the experiences of other PPGs and pass on information received from the National Council for Voluntary Organisations (NCVO) and the Charity Commission.

I have included details of two insurance companies which offer policies tailored specifically for voluntary organisations and charities.

#### Insurance

**Q1** Does my PPG need insurance cover?

**A** Possibly not. It depends on what the group does. Many PPG activities do not require separate insurance cover. Do not be alarmed by the list below. Your PPG may require just one of these, or perhaps none of them.

**Q2** What insurance cover might my PPG need?

**A** Check the list to find out which might apply.

**Q3** What about Health promotion events or public meetings?

**A** Public liability insurance indemnifies a PPG against compensation for injury, loss or damage claimed by third parties, including volunteers. This may be required if a PPG holds events or public meetings in venues, such as village or church halls. This does not apply to committee meetings held in members' homes. For events held in health centres, practice or other NHS premises, it is essential to establish whether the PPG needs to obtain appropriate insurance.

**Q4** Do we need cover for volunteers?

**A.** Organisations using volunteers are advised to regard them as employees. Employers Liability Insurance is compulsory for employers to ensure that employees are compensated for personal injury or damage arising from their employment.

**Q5** What do we need to know if we have Volunteer drivers ferrying patients to the doctor or hospital?

**A** A Volunteer Motor Protection Policy provides for loss of bonus or excess for volunteers using their own private vehicles. It is essential to establish that drivers are covered, either by extension to their own car insurance policies or by a policy in the name of the PPG.

**Q6** What other issues should the PPG consider?

**A.** Professional Indemnity Insurance is expensive and is not normally appropriate for PPGs, unless it is providing advice to patients, which might be the case if the PPG mans a Health Information or Resource Centre. Merely pointing patients in the direction of other information - books, leaflets, patient information sources, etc is not deemed to be advice under the terms of such a policy. The policy provides cover against costs or damages awarded against a PPG for loss or injury suffered as a result of wrong or negligent advice.

Trustee Liability Insurance (for PPGs with charitable status) provides limited protection for trustees against the risk of personal liability arising from breach of trust. It does not cover losses as a result of illegal actions. Until recently, the Charity Commission has decreed that such policies should be obtained by and paid by each trustee as an individual, and not by the organisation. There have been some changes to this. Information can be obtained from the Charity Commission

**Q7** Which insurance companies have offered competitive terms to other PPGs?

**A** It does pay to shop around. These are two we know about, which have policies tailored for the voluntary sector. Please let us know of others you have found helpful.

AON Insurance, Charity Division, Capital House, 1 Houndwell Place, Southampton, SO14 1HU

Tel: 08457 402003 Fax: 02380 357350

Charity Assured policies cover all aspects of insurance for voluntary organisations. A Surrey PPG

reduced the annual premium by £268 by switching to AON from another company. Another in Hampshire pays an annual premium of £251 for Public Liability insurance, which also covers volunteer drivers. This too is a significant reduction on the previous premium.

Keegan & Pennykid Insurance Brokers) Ltd, 50 Queen Street, Edinburgh, EH2 3NS

Freephone 0800 731 8030      Freefax      0800 731 8448

Email;      www.keegan-pennykid.com

Website      www.keegan-pennykid.com/charities/index.html

Encompass Insurance Policy, recommended by the NCVO, is designed specifically for voluntary organisations with options to tailor appropriate cover under one policy, 24 hour access to legal advice.

**Q8** Where else can we get information on insurance?

**A** Your local Council for Voluntary service

NCVO      Tel: 0207 520 2597

www.ncvo-vol.org.uk

Charity Commission: Tel: 0870 333 0123

www.charity-commission.gov.uk Click on Commission Publications and scroll down to document CC49 (Charities and Insurance)

I would be delighted to have feedback from you, either by sharing the benefit of your own PPG's experience or by raising further topics. Networking between groups and the exchange of useful information is one of our most important functions.

Topics to be addressed in forthcoming issues will include VAT, tax and sources of funding for voluntary organisations.

If you have members of PPGs who have legal or accountancy expertise, I should be especially pleased to hear from them. We particularly lack input from a legal perspective.

Edith Todd

## N.A.P.P. 26th Annual Conference

The above conference will be held on Wednesday 16th June at 'Friends House' 173 Euston Road, London. (*Opposite Euston Station*)

Registration will commence at 9.30 and the AGM takes place between 10-10.30 with the conference introduction and welcome starting immediately afterwards.

This year the theme of the conference is **The Active Patient** and there are both morning and afternoon workshops which reflect this topic.

Although the sessions are currently being finalised the main headings for each workshop at the moment are as follows:-

- The patient as expert

*The Expert patient programme and how it affects the lives of those with chronic conditions.*

- The patient as community link  
*How patients are rebuilding their community*
- The patient as carer  
*The extra dimension of being a carer.*
- The patient as critical friend of the practice  
*How patients are helping doctors to assess and improve what they do.*
- The patient as non-executive director  
*How non-executive directors present the needs of their patients.*
- The patient as forum member  
*How PPI forums are developing*
- The patient as participant in general practice  
*How should patient participation groups respond to the changes.*
- The patient as sounding board  
*How patients are influencing the work of organisations such as CHAI. (continued P4)*  
*(continued from P3) Each sitting will be*

facilitated by a specialist in the appropriate field and delegates will choose those sessions which hold the most interest for them.

The programme looks interesting and it is hoped that delegates will enjoy the participative nature of this year's conference.

## Articles from Contributors

*(The following three articles have been sent to the editor for inclusion in this issue of the Newsletter. A big thanks to contributors)*

(1.) The Park Medical  
Patients' Participation Group  
Kingston Park and Fawdon Practices

### Achievements 2003:

A Garden Party was held at the home of Pat and John Perry. This raised £261.00 plus other fund raising that has allowed us to present the practice with a Doppler Machine for use by nurses in both surgeries.

Ailsa Henry has co-ordinated 'Message in a bottle' This is a very useful aid for people with a medical condition as the attendant is fully informed and therefore able to treat the person instantly and inform relatives where necessary. This could save lives.

The group organised a public meeting that was held in Fawdon Community Centre at 6.30 pm. on the 6th October 2003.

(2.) The National Patient Safety Agency  
Patient Experience and Public Involvement  
Team by Julia Hookway

More than a million people are treated successfully and safely in the NHS every day. When errors do occur, the vast majority result in either no harm or minor harm to patients. But

sometimes, errors can result in devastating consequences for patients, their relatives and health care staff.

The National Patient Safety Agency (NPSA) was set up to find out more about what goes wrong, to learn from these patient safety incidents and to find solutions that prevent them from recurring. By examining trends, patterns and what caused the problem in the first place, the NPSA can develop solutions to try to help prevent them from happening again.

As part of this work, the NPSA also looks at examples of best practice, recommendations and expertise already in use by NHS staff.

### The NPSA and public involvement

Patient Experience and Public Involvement (PEPI) Directorate was set up to make sure that the NPSA as a whole includes patient experiences in everything that it does. We can do this by learning about individual experiences and finding out patients' views on our suggested solutions to safety issues. The NPSA data collection system called the National Reporting and Learning System (NRLS) highlights an NHS staff perspective on problems, but the NPSA is aware that patients can identify a completely different issue relating to the very same problem.

PEPI are encouraging people to take part in safety solutions work to help improve patient safety and can provide a range of support and assistance to ensure people can relay their views, comments and suggestions in a way they feel most comfortable.

I am the Patient Experience & Public Involvement lead for facilitating the views of people who are deaf, hard of hearing, deafblind, blind, partially sighted and those with literacy problems. I know for many people with specific communication needs accessing healthcare services can be a frustrating and anxious time. Learning about such experiences forms a valuable part of the

NPSA safety solution work and can help improve patient safety for everyone.

If you would like to find out more about helping the NPSA and sharing your knowledge and experiences as a patient please contact me:

[Julie.Hookway@npsa.nhs.uk](mailto:Julie.Hookway@npsa.nhs.uk)

Minicom: 020 7436 9818

Mobile: 07980 617009

Tel: 020 7927 6572

Or you can write to me at:

National Patient Safety Agency  
4-8 Maple Street  
London W1T 5HD  
United Kingdom



*Keeping people in circulation*

**PLEASE HELP US RAISE  
AWARENESS  
OF PERIPHERAL VASCULAR  
DISEASE (PVD)**

Peripheral vascular disease (PVD) is a narrowing of blood vessels in the legs, and sometimes in the arms, restricting blood flow and causing pain in the affected area.

In most cases, PVD is caused by *atherosclerosis* (hardening of the arteries). Factors that contribute to the risk of atherosclerosis, such as high blood pressure and inadequately controlled diabetes mellitus, are associated with PVD. However, the greatest risk factor is smoking – more than 90% of patients are, or were, moderate to heavy smokers.

When narrowing of the arteries develops, the first symptom is usually an aching, tired feeling in the leg muscles when walking. This occurs most often in the calf, but may be felt anywhere in the leg. Typically, the pain is relieved by resting for a

few minutes but recurs after roughly the same amount of walking as before. At this stage, the condition is known as *intermittent claudication*. However, as the disease gets worse the level of activity before pain is reduced until eventually pain is present at rest, even disturbing sleep. By this stage the affected leg is dangerously short of blood supply.

Patients suffering from intermittent claudication are an identifiable symptomatic subgroup at high risk of future cardiovascular problems, such as heart attack or stroke. Indeed, a patient diagnosed with PVD is likely to have arterial disease elsewhere in the body.

The need for improved management of vascular disease is recognised as a priority by the Government through its publication of National Service Frameworks – however, PVD is often overlooked as a disease area.

Therefore the British Vascular Foundation is embarking on a nationwide campaign to raise awareness of Peripheral Vascular Disease. The first stage of this campaign is the distribution of an A4-size poster to all primary care settings and this is where NAPP members can help. We would be most grateful if you could encourage the Senior Partner or Practice Manager at your surgery or health centre to place at least one of our posters in a prominent place in the waiting room. Hopefully, people will then become more aware of this potentially fatal condition and seek further advice if necessary.

Should you require more copies of the poster, details of our patient information service or about the British Vascular Foundation itself, please contact Karen Lody, Office Manager on 01483 726511 or email [bvf@care4free.net](mailto:bvf@care4free.net).

You should have received a copy of the poster with this issue of N.A.P.P. News. If yours is missing, please contact Karen as described above

## Best Practice in Patient Participation

N.A.P.P. has just been advised that its bid for DoH funding for the next three years has been successful. The project will seek to identify and share best practice. This is an exciting prospect and is something that we have wanted to undertake for some time.

The surveys that were completed in 1999 and 2003 have provided some information about what is going on throughout the UK, but has necessarily been fairly simplistic. We will now have the opportunity to seek excellence and publicise it. Groups affiliated to N.A.P.P. will obviously feature strongly in what we

investigate, but we are aware that there is a great deal of participation going on which is not within our current network. It includes patient participation in many forms, of which the PPG is but one example.

We hope to support and encourage all those who are active participants in the NHS. We will also be looking at ways to recognise excellence, both in performance and leadership. To do this we will be asking for the support and involvement of our affiliates. This will be your opportunity to tell us what you consider to be the important aspects of patient participation and what characteristics demonstrate excellence. Would you welcome some kind of achievement award? If so what form should it take?

## Out of Hours Service

One of the most noticeable changes to the GP contract is that doctors can opt out of the provision of 24 hour cover. Many have been doing so for some years, by forming co-operatives. These have generally involved a call centre, that contacts doctors on call. If you were extremely lucky you might get a GP from your own practice ringing you back to advise or arrange a visit. More frequently it was a GP from another local practice. The most frequent concern was that a strange GP did not know your medical history.

This pattern is set to change. Primary care organisations will be responsible for the

provision of out-of-hours cover when the GP ops out. Primary care organisations have to balance their budgets and many will decide that continuing the existing out-of-hours cover is not affordable. They may opt to use nurses or paramedics to provide most of the care, reserving access to a doctor for only the most serious cases.

It is difficult to criticise this approach as there is no evidence to suggest that it will not work. Analysis of out-of-hours calls would probably confirm that many calls could have been dealt with by a nurse or paramedic.

N.A.P.P. is interested in hearing your views on the changes. Do you know what arrangements will be made for your area? Do you have confidence or concern? What do your doctors think about it?

## Competition Results

The winner of the 'Who am I?' competition from the last issue (Winter 2003/04) was the solitary entry received from The Friends of Parkfield Medical Centre, The Walk, Potters Bar, Herts, EN6 1QH. Congratulations to the Secretary of this PPG who correctly identified 'Mickey Mouse'

This issue's competition is on page 9

## Members Handbook

We are on our final editing run of the new handbook. Apologies to members who are anxiously awaiting their copy. The new handbook is, we hope, comprehensive and up to date. Some of the more humorous typos we've discovered during the editing process are:- 'Wakes' instead of **Wales** and 'wailing room' instead of **waiting room**. Initial distribution will take place within the next few weeks.

## More People Benefit From Organ Transplants

The UK has seen the highest number of organ transplants in seven years - saving or enhancing the lives of 2,854 people.

The increase is due to the generosity of 1,229 donors, one in four of whom was a living donor by giving one of their kidneys, or part of a liver or a lung, to a friend or relative.

The year ended 31 March 2004 also saw an 8% increase in the number of youngsters aged under 18 who were able to benefit from an organ transplant.

A further 2,365 people had their sight restored by a cornea transplant - the highest number for six years.

Sue Sutherland, chief executive of NHS UK Transplant said: "The results are very pleasing. The increased number of transplants, which exceed the significant improvements of the previous year, should be set against falling death rates, changes in neurosurgical practice and a relative refusal rate of 43%."

In the last three years the special health authority has invested more than £5.75 million into living kidney donor programmes, additional nursing staff and other hospital based schemes to increase opportunities for donation.

"Overall the picture is encouraging," said Mrs Sutherland. "The decline in transplant rates has been halted, more transplants are being carried out and more patients are benefiting - but there is no room for complacency.

"There is still a chronic shortage of donated

organs. We know that many relatives say "no" to organ donation simply because they do not know what their loved one would have wanted.

"More lives could be saved if only more people talked with their friends and families about whether they wanted to donate organs or tissue after their death and to register their wishes on the **NHS Organ Donor Register.**"

During 2003-2004: 64 more people received a kidney-only transplant (the highest number for 14 years) organs from 772 people who died were used to save or dramatically improve many people's lives through 2,397 transplants

the number of living kidney transplants rose to 450, representing one in four of all kidney-only transplants 164 people received heart transplants, 12% more than last year

147 people received lung-only transplants, the highest number ever

a 20% increase in non-heart beating donation meant that more people than ever received a transplant from these donors

860,000 people joined the NHS Organ Donor Register (ODR), taking the current total to nearly 11.3 million.

You can join the NHS Organ Donor Register by telephoning the Organ Donor Line on 0845 60 60 400 or by visiting [www.uktransplant.org.uk](http://www.uktransplant.org.uk).

For further information contact UK Transplant Press Office on 0117 975 7470 or 0117 975 7475.

### A Plea to Readers

Have you any interesting articles and/or photographs that you wish to submit?

Is there anything that you would like to see featured within the newsletter?

Is there anything you believe should not feature in the newsletter?

Write/ or email to the Editor - Danny Daniels 21 Croffta, Dinas Powys, CF64 4UN.

## National Patient Safety Agency Annual Conference 2004 (A lay delegates perspective)

In the last issue of the Newsletter I promised to include a more in depth article concerning the NPSA. You will find, on page 4 a contribution submitted by Julia Hookway of the Public Experience and Patient Involvement team at NPSA.)

I was fortunate enough to be invited to the conference in order to represent N.A.P.P. The following is titled 'A Lay Delegates Perception' and gives an account of the Conference from my viewpoint. Unfortunately because of the limitations on space I cannot include all speakers or go into too much depth on any of the topics. However I hope that the report will give readers a flavour of the conference.

The venue was the Birmingham International Conference Centre and the conference took place on February 24th and 25th. It was my first visit to Birmingham in at least 30 years and I was impressed by the city centre and the facilities available at the venue.

Obviously a great deal of work had gone into organising the conference and attendant exhibition. The whole experience was extremely professional and the use of audio visual aids ensured that all delegates could enjoy the sessions and easily participate.

Over 700 delegates attended of which the majority were healthcare professionals (clinical and management) from both primary and secondary sectors.

Apart from the plenary sessions there were a number of options to attend workshops dependant upon individuals' preferences.

Conference began with an address by the NPSA Chair, Lord Hunt of Kings Heath who outlined the huge task which the agency was engaged with. He gave an overview of the patient safety challenges for healthcare and stated that safety must be at the heart of investment and reform within the NHS.

The event was facilitated by Dr James Bellini who undertook an excellent job in keeping the various speakers to time, engaging panels in meaningful dialogue and above all being challenging and probing where appropriate.

Amanda Cale gave a heart tugging account of the circumstances surrounding her father's untimely death. The thrust of her presentation was to urge that there must be systems within the healthcare profession to be open and honest when things do go wrong in order that all may benefit so that the likelihood of repetition is minimised.

Suzette Woodward, currently Assistant Director of Patient Safety NPSA, shared her experiences of when she was nursing as a specialist within paediatric intensive care. The error that she made in the administering a medicine dosage to a young patient was explained and the resulting torment and anguish that she suffered from the incident has obviously influenced her in her approach to patient safety. Luckily the patient suffered no lasting effects. The message would appear to be that we are only human and we can all make mistakes. Lets move away from the blame culture and embrace a system of transparency and reporting of incidents from which professionals can learn.

The first workshop that I attended was broadly headed 'Involving patients and the public'. Professor Ragnar Löfstedt, Director, King's Centre for Risk Management, King's College London and Jeremy Laurance, Health Editor for the Independent gave lively and entertaining presentations on patient safety in the news- the risk communication challenge.

Many examples were given and included how other industries approach the problem. To paraphrase Jeremy Laurance "If the story will sell

newspapers it stands a good chance of being included. Unfortunately good news doesn't sell newspapers"

Professor James Reason Emeritus Professor , University of Manchester looked at other industries and offered an excellent model to illustrate how things go wrong if all the circumstances are lined up to facilitate such an event.

Dr Rohan Hammet Director of Healthcare Improvement Projects, New South Wales Institute for Clinical Excellence offered the Australian approach to patient safety. His presentation was enlivened by amusing visual aids which emphasised all of the points that he was making. He explained that there had to be a change of law in Australia in order to ensure that litigious incidents would not emanate from professionals reporting clinical errors.

Lord Warner the Minister for Health emphasised that patient safety was an International issue and not just a NHS issue. He went on further to say that the NPSA's national reporting and learning system for patient safety incidents marks a major step in assurance of patient safety of care.

Professor Onora O'Neill, Principal of Newnham College Cambridge posed some deep philosophical questions concerning patient trust. Professor O'Neill offered that some procedures used in the NHS for ensuring accountability and trustworthiness have actually made it harder for people to judge where to place and where to refuse trust. She called for more intelligent forms of accountability.

*My final thoughts are that the NPSA is wholly supported by Government, and that the patient safety agenda is taking priority. Nevertheless because of the complexity and fragmentation of the NHS coupled with the vast number of employees, the NPSA has a huge task ahead of it. There is a need to change perceptions, procedures and culture. I personally and sincerely hope that the work of NPSA will continue until patient safety in all its guises is wholly addressed.*

## N.A.P.P.

### Current Executive Committee. (All except the President and Vice President are Trustees)

Hazel Ackery Vice President

☎ 01639 850604

John Barlow

☎ 01628 484191

Email [john.barlow@napp.org.uk](mailto:john.barlow@napp.org.uk)

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Email [etodd@napp.freeseve.co.uk](mailto:etodd@napp.freeseve.co.uk)

## N.A.P.P. Trustee Vacancies

The Board of Trustees are seeking to increase the number of active trustees.

The positions are open to all affiliates and individuals who have an interest in promoting Patient Participation. It will also be your opportunity to contribute and influence the direction of the Association in this time of major change for both Primary Care and N.A.P.P.

The Board meets quarterly and travel, accommodation and subsistence expenses are reimbursed.

If you either wish to apply or need further information please telephone or email our chairman, Roger Battye (contact details on page 9)

### Competition No. 4 'Who am I?'

Send your solution in an envelope marked 'Who am I?' Spring 2004  
To the Editor—Danny Daniels 21 Crofta, Dinas Powys, CF64 4UN. Entries to be received by June 26th 2004

- I was born in 1912
- My parents wanted me to become an engineer but I became a sports reporter.
- I was an accomplished all round athlete with a special interest in boxing
- Eventually I became a singer being 'discovered' in 1939
- I'm attributed with being the first singer to have teenage girls ("bobbysoxers") screaming at me.
- My first film was screened in 1953 and 50 more films followed
- My last public appearance as a singer was in 1995

### Who am I?

*The competition is open to **currently registered affiliates only**. Trustees are not eligible. First correct solution opened will win a one year's free membership for their group. Editors decision final. Winner to be announced in next issue of Newsletter.*

**The winner of the last issue's competition (Winter 2003/04) can be found on page 6**