

Winter 2006

**Extracts from the recent White Paper:-
Our health, our care, our say: a new direction for
community services**

The above White Paper was published in January of this year after an extensive period of consultation which in total sought the views of over 143,000 individuals. The methodology employed for research purposes can be downloaded from the Department of Health web site as can the full White Paper. However I would recommend just downloading the Executive summary as the White Paper itself is over 200 pages long.

Hard copies of the short version of the paper can be obtained from
DH Publications
PO Box 777
London
SE1 6XH

The following is taken from the Executive summary and concentrates on the White Paper's aim to achieve four main goals which are highlighted in **bold type**:-

Goal 1

- Health and social care services will provide **better prevention services with earlier intervention**. GP practices and Primary Care Trusts (PCTs) will work much more closely with local government services to ensure that there is early support for prevention.
- We will introduce a new NHS 'Life Check' for people to assess their lifestyle risks and to take the right steps to make healthier choices. This will be a personalised service in two parts. First, the assessment tool will be available either on-line as a part of Health Direct Online or downloaded locally in hard copy. Second, specific health and social care advice and support for those who need it will be available.

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- We will bring in more support to maintain mental health and emotional well-being – something people raised with us as needing more attention. We will develop a high-profile campaign encouraging everyone to contribute to the drive for a Fitter Britain by 2012.

Goal 2

- People give a high priority to convenient access to social and primary care that they can choose and influence. We will give people **more choice and a louder voice**. We will give patients a guarantee of registration onto a GP practice list in their locality and simplify the system for doing this. To help them in making this choice, we will make it easier for people to get the information they need to choose a practice and understand what services are available in their area.
- To ensure that there are real choices for people, we will introduce incentives to GP practices to offer opening times and convenient appointments which respond to the needs of patients in their area. In social care, we will increase the take-up of direct payments by introducing new legislation to extend their availability to currently excluded groups and will pilot the introduction of individual budgets, bringing together several income streams from social care, community equipment, Access to Work, Independent Living Funds, Disability Facilities Grants and Supporting People. We will develop a risk management framework to enable people using services to take greater control over decisions about the way they want to live their lives.

Goal 3

- We need to **do more on tackling inequalities and improving access to community services**. We will ensure that local health and social care commissioners work together to understand and address local inequalities. There will also be a clear

focus on those with ongoing needs. We will increase the quantity and quality of primary care in under-served, deprived areas. And we will ensure that people with particular needs get the services they require – young people, mothers, ethnic minorities, people with disabilities, people at the end of their lives, offenders and others. In social care, we will develop new ways to break down inequalities in access to services, for example through Social Care Link.

Goal 4

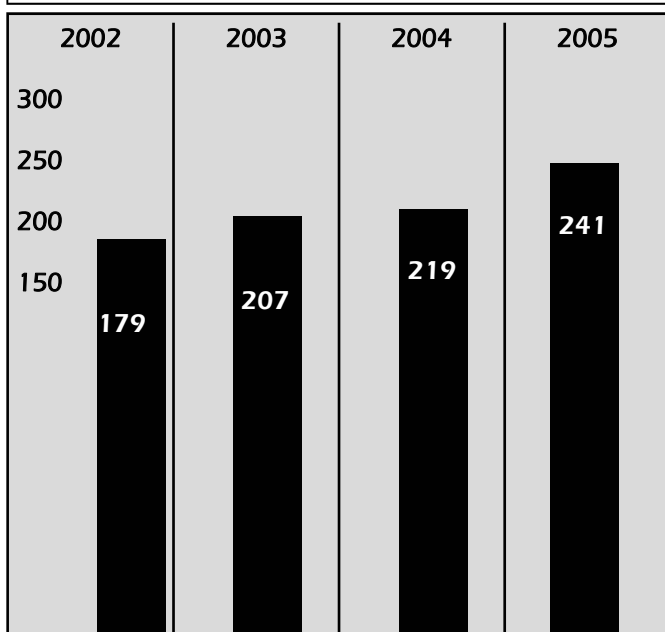
- There will be **more support for people with long-term needs**. People with long-term conditions will be supported to manage their conditions themselves with the right help from health and social care services. At the moment, half the people with long-term conditions are not aware of support or treatment options and do not have a clear plan that lays out what they can do for themselves to manage their condition better. If people have a clear understanding of their condition and what they can do, they are more likely to take control themselves.
- We will support people to do this by trebling the investment in the Expert Patient Programme, developing an 'information prescription' for people with long-term health and social care needs and for their carers, and developing assistive technologies to support people in their own homes.
- Many people with a long-term condition have social care as well as health care needs. To support a more integrated approach we will develop Personal Health and Social Care Plans and integrated social and health care records. To help people receive a more joined-up service, we will be establishing joint health and social care teams to support people with ongoing conditions who have the most complex needs. Carers are a vital part of the whole health and social care system – we will give them more support.

*Regarding the article taken from the Executive Summary
N.A.P.P. follows an apolitical perspective and it is our policy not to comment on Government Strategies. However if you feel that there are elements contained therein which you feel are worthy of debate please let us have your views by writing to the Editor (Contact details on page 7) and we will publish them in the next issue. Hopefully we can attract a significant number of both positive and negative comments.*

In addition to the above we welcome letters on any issues or topics from our readers. We cannot guarantee to print them in full and we reserve the right to edit as necessary. We also welcome notification of events, activities and matters of general interest to our affiliate PPG's. Examples received are given in this issue on pages 5 & 6

Affiliate numbers maintain growth in the 21st century

The growth in the number of Patient Participation groups affiliating to N.A.P.P. remains healthy. The graph below illustrates the trends since year end 2002 :-



Dr Tim Paine

Dr Tim Paine has stood down as the President of N.A.P.P. after a four year term of office. As you are mostly probably aware Tim has been a member of N.A.P.P. since its inception. As previously reported in the Autumn 2004 issue -he retired from his Bristol general practice in 2001. Tim joined his 2 partners there in 1971, having trained as a GP in the Scottish Highlands. In 1973 he invited the patients to form a Practice Association, unaware that they had been beaten to it by 2 other practices – one at Berinsfield near Oxford; and the other in Aberdare, South Wales. These 3 patients' groups – christened 'patient participation groups' by Tim – along with groups from Glyncorrwg, the Isle of Wight, and Kentish Town in London, formed the 'core' of N.A.P.P. when it was started in 1977. I am sure that affiliates would like to join members of the board in wishing Tim a long, healthy and enjoyable retirement

STOP PRESS

We are pleased to announce that Dr Patricia Wilkie has agreed to accept our invitation to become our next President following the retirement of Dr Tim Paine. Board members extend a warm welcome to Dr Wilkie and are pleased with her decision. We sincerely hope she will enjoy her tenure. A short biography will feature in the next issue.

Connecting for Health Collaborative Conferences

These are provisionally arranged for

- 27 April in Derby,
- 27/29 June in Coventry and
- 31 May in Newcastle

These will involve a mixed audience of local PPGs and members of the public. Essentially the meetings will combine information on electronic health records and an opportunity for N.A.P.P. to address the issues and concerns of local PPGs.

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

Please accept this notice as the formal announcement of the intention of the National Association for Patient Participation to hold the 2006 Annual General Meeting on June 7th at 4.30 pm at the Corus Hotel Swindon. The meeting will follow immediately after the annual conference. Appropriate AGM papers will follow six weeks before the event.

PPG Survey

Our Hon. Secretary, Audrey Hoggard, has completed 50 telephone surveys but she is

finding progress slow and difficult. Thank you to respondents so far. The bulk of affiliates still to be surveyed will receive a questionnaire with this newsletter. We would urge contacts to complete the survey as soon as possible and return it to Audrey. Thank you in anticipation of your cooperation in this matter.

Patient Participation Group Directory

At a recent Board meeting the concept of a PPG Directory was debated and approved. We are therefore putting plans into place to produce such a directory. It is envisaged that the reference work will be in the style of a hotel directory and professionally printed and published.

A photograph of your individual practice will eventually be required and details of the necessary format will be conveyed to affiliates in due course. We are looking to publish the completed work by mid 2007.

Quality Award Scheme

Thank you for your responses to our notion of introducing a quality Award Scheme. It is anticipated that our Chief Executive, Dr Graham Box, will produce a report next month and the findings will be published in the Spring issue of the newsletter due out in May.

Is there anything that would you like to see featured in your Newsletter? Please contact the Newsletter Editor

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Patient Participation in Practice

The following communication was received from Sue Morris-Newnham the Communications/PPI Manager of the Thurrock Primary Care Trust in Essex

"I thought you may be interested to learn that we have three patient participation groups in Thurrock Essex, attached to GP practices and one group (who have been very active for over a year) recently won our Thurrock PCT 2005 Patient Focus Award. This group of patients have regular meetings with their GP practice to ensure the smooth running of systems for patients and also hold regular seminar evenings for the public promoting public health issues. Seminar evenings they have run so far include, Well Women, Diabetes and Heart Conditions. They invite along expert clinicians in a particular field to speak to patients and explain in simple language what effects these conditions may have and how to prevent them, the evening is also social and they have refreshments and discuss relevant issues about their local community."

"The success of the above practice has encourage other practices in Thurrock to set up their own groups and we have a new group formed in Purfleet, Essex who are very keen to adopt the same style group as the one in Chadwell St Mary and are learning from each other."

Dr Ambikapathy, of the Dilip Sabnis Medical Practice in Chadwell St Mary, is sure that the work put into the practice's Patient Participation group not only empowers his patients, it eases his workload too. The PPG holds quarterly seminar evenings on key health topics and has advised the practice on improving access. A new nurse triage scheme is now being piloted.

"Empowering patients to take responsibility for their own health can only be achieved if the patients are sufficiently informed and they have help and advice at their disposal."

The Group was initially formed through personal invitation from the GP and its work is promoted through regular newsletters and with each prescription issued by the practice. It is not costly to run as meetings are held monthly within the practice and the seminar evenings are funded by the PCT. At a cost of £50, this is not a bad investment for the health of the local community.

Over time, the Group will be made more representative through choosing health promotion topics that cover all age ranges and by securing greater local press coverage (again with the support of Thurrock PCT) to encourage all groups of people to take an interest in their own health.

On page 6 we reproduce an example of a leaflet that advertises a forthcoming seminar as an example of good practice.

Liverpool PPG Investigate Hospital Acquired Infection

William Dunn The Chairman of the Sandringham Medical Centre PPG wrote to N.A.P.P. to inform us of his groups' investigations into MRSA in their area. He reports that all local hospitals replied to the initial enquiry with full details of measures in operation. One of the hospitals (The Women's Hospital) invited members of the PPG to visit in order to view the procedures in place to combat and prevent the incidence of Hospital acquired infections. It was considered a worthwhile exercise.

Competition No. 11 'Who am I?'

Send your solution in an envelope marked 'Who am I?' Winter 2006 To the Editor—Danny Daniels, 21 Crofta, Dinas Powys, CF64 4UN. Entries to be received by Friday April 28th 20056

- I was born in Germany in the second half of the 19th century
- I became a naturalized Swiss citizen by the time I was 22 years old.
- I wanted to be a teacher but on graduation I had to accept a job as a technical assistant
- In 1905 I obtained my doctorate and my career 'took off' until the first world war when I renounced my adopted citizenship and reverted to my initial nationality.
- However in 1940 I became an American
- I am famous for a particular theory
- I went to meet my maker in 1955

Who am I?

*The competition is open to **currently registered PPG affiliates only. Trustees are not eligible.** First correct solution opened will win a copy of our DVD or Video 'How patients are helping Doctors & Patient Participation in Practice. (please state preference on your solution) - Editors decision final. Winner to be announced in*

Competition Result No. 10 Spring 2005

next issue of Newsletter.

The correct answer to competition number 10 was 'Rudolph the Red Nosed Reindeer.' Unfortunately no entries were received.

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

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Joe Corkill Trustee
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Sylvia Guyler Trustee
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Dr Patricia Wilkie President

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Sue Line Trustee
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Chief Executive

Dr Graham Box
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Advertisement

SAPC

THE SOCIETY FOR ACADEMIC
PRIMARY CARE

35th Annual Scientific Meeting of the
Society for Academic Primary Care

The contribution of research
and education to
patient-centred primary care

Wednesday 12 – Friday 14 July 2006

hosted by

Primary Care Sciences Research
Centre and the
North Staffordshire Primary Care
Research Consortium

At Keele University
Staffordshire



Photo courtesy of KUDIS, Keele University

Steering committee

Joint Chairs: Professor Peter Croft & Rhian Hughes

Programme chair: Professor Pauline Ong

Social programme: Dr Mark Porcheret & Dr Mark Shapley

Organisation: Joanne Bailey

Programme and abstracts

The programme will include keynote presentations, parallel sessions, workshops and posters to address current key issues in primary care research and education.

The deadline for submission of abstracts will be Friday 10 March 2006. Further information about the conference and the call for abstracts will be posted on the website (www.sapc.ac.uk then click on Annual Scientific Meeting 2006). Information will be available from the end of January 2006.

Location

Centrally located in the UK, Keele is a short taxi or bus ride from Crewe (10 miles) or Stoke (5 miles) stations, and is 3 miles from Junction 15 of the M6. Main attractions nearby include the visitor centres of Wedgwood and Spode potteries, Alton Towers, several historic homes and gardens, and the cathedral towns of Chester, Shrewsbury and Lichfield

Social programme 2006

Welcome reception on Wednesday 12 July

Conference dinner on Thursday 13 July

Accommodation

En-suite accommodation has been reserved on the beautiful University campus, within close walking distance of the Chancellor's Building, where all plenary, parallel and poster sessions will be held.

Information

Updated information will be sent via email to all SAPC members. If you are not a member please email office@sapc.ac.uk to request further information and you will be added to the emailing list.

For more information:

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