

Winter 2006/7

Collaborative Talks Proceeding

Further to the Board discussions in October about potential partners for N.A.P.P., our chairman and chief executive met with the chair and chief executive of the NHS Alliance in London on the 16th November. Both parties expressed an enthusiasm to work more closely together and it was agreed that N.A.P.P. would prepare a proposal for collaboration between the two organisations.

This partnership could make a powerful contribution to N.A.P.P.'s work. For example, the Alliance has a network of over 4000 practice managers and 90% of primary care trusts are signed up to it. So we look forward to finalising something that meets with the approval of the N.A.P.P. Board as well as our President and Patron. The Board will discuss the matter further at its meeting on 7th February.

Following our initial meeting, the chair of NHS Alliance, Dr Michael Dixon, issued a press release to coincide with their annual

conference in Bournemouth.

The Press Release stated:-

'In a patient-centred NHS, what could be more natural than a real partnership between patients and primary care? Yet patient and public involvement has been slow to get off the ground.

Now the NHS Alliance and the National Association for Patient Participation are forming a partnership to make sure clinicians and managers listen to patients, and that patients understand more of how the health service operates and how they can contribute.

Nearly 300 GP practice patient participation groups are already members of the Association. They are actively encouraging more to be set up.

In his day job, NHS Alliance chairman Dr Michael Dixon represents a practice that was one of the first to set up a patient group. One

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or two of his GP partners were initially reluctant but experience has made them enthusiastic supporters of the movement. He said:

"I have been tremendously impressed by how quickly our patient group got to grips with issues like resource limits and the need to establish priorities. They don't hesitate to tell us when we've got it right – and when we've got it wrong. The NHS needs input like this.

"A recent official paper was called: A stronger voice. Why should patients have to shout instead of the NHS listening better? That is what we want to change, and together we are determined to do so. In fact, it is patients who can best rattle the cage of NHS complacency."

Graham Box, Chief executive of the National Association for Patient Participation, said:

"Patient participation groups have been making an important contribution to GP surgeries for more than thirty years, demonstrating that patients can make a real difference to the health and well-being of their local community.

"Frontline professionals and primary care trusts should see patients as allies they can depend on. We share the same objectives – better health and the best possible treatment. Through our partnership with NHS Alliance, we expect to see an increase in both the quality and quantity of patient participation groups in primary care."

It is emphasised that whatever model is finally arrived at our relationships with affiliates and our unique identity will not alter significantly.

As progress in this matter continues we will keep our affiliates updated.

Can Choice Improve Health?

The desirability of choice varies according to the severity of the condition and it is likely to be of most benefit to wealthy and educated patients unless specific measures are introduced to help disadvantaged groups.

These are the main findings of a recent research project commissioned by the NHS Service Delivery and Organisation (SDO) Research and Development Programme.

The report argues that patients do want to be treated as consumers of health care, with better information about treatment options and greater involvement in decision-making about which option to follow. But it finds no evidence that greater choice will, in itself, improve the quality of care. Moreover, the authors suggest that *reduced* choice may actually be more cost-effective in a range of settings.

For more information, visit <http://www.sdo.lshtm.ac.uk/files/adhoc/80-briefing-paper.pdf>

Patient Perspectives on the Electronic Health Care Record

Introduction

In April, June and July this year, N.A.P.P. organised three workshops (in partnership with NHS Connecting for Health) to explore patient views on the electronic health care record that is being introduced across the NHS. Over 60 people attended from widely varying backgrounds. Most were local patients with a higher than average level of understanding of the NHS. In general, they expressed broad support for the introduction of electronic health care records. But they also voiced important concerns in areas such as:

- ◇ Ensuring equality of access for those with disabilities or who are not familiar with IT
- ◇ Ensuring value for money and that resources are not taken away from patient care
- ◇ Access rules both for professionals and patients and the ways in which information can be concealed by either party
- ◇ Availability of information to partner organisations such as hospices, social care providers,

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- private providers (who may be carrying out NHS business), nursing homes, dentists etc
- ◇ Operation of Chinese walls if private companies are able to access electronic health care records
- ◇ Ensuring information is accurate and encouraging patients to check it before they access care
- ◇ Managing the additional workload if GPs have to filter information and answer patient queries
- ◇ Ownership of the electronic health care record

The views of those who attended the events have been communicated to NHS Connecting for Health. They have agreed to address the issues raised and to provide clarification. Indeed, Lord Warner has already addressed one of the points in his recent statement that patients would be assumed to have opted in to the system but would be able to opt out if they wanted.

No more hanging on the telephone

Queuing on the phone to get a doctor's appointment is fast becoming a thing of the past. Thousands of patients across the UK are using EMIS Access to book appointments over the internet, 24 hours a day.

EMIS Access puts the patient in the driving seat and by doing so saves both the patient and the surgery valuable time. The convenient, online service can be used from home or work and is widely used by patients of all ages. Regular users include the over 65s known as 'silver surfers' and families that juggle work with caring for small children.

The free service, which utilises the same stringent security methods as online banking, is so popular that it has surpassed over half a million appointments booked online.

Patient experience

More than 1,000 patients at Lime Tree Surgery, Worthing – a NAPP affiliated practice – are already taking advantage of EMIS Access, and the freedom it provides those with irregular hours or a busy lifestyle.

Busy professional couple Carole and Brian Matthews from Findon in West Sussex have found online booking to be a huge help. The couple, who have three grown up daughters, has been making the most of the technology since 2005.

Carole, who works for the Schools' Library Service, run by West Sussex Council, spends the majority of her working week out and about – and has little time to book doctor's appointments during standard working hours. Her husband, a Legal Executive, has a similarly busy schedule. Carole explained: "It's very difficult to make an appointment on the telephone – because I'm pushed for time and the line is often so busy. I think this is a frustration shared by patients around the country.

"I can book a non-emergency appointment at my leisure. I can do it first thing in the morning before I go to work, or at any time in the evening. One of the great advantages I've found is that you can make an appointment there and then – rather than having to wait until the surgery opens in the morning – by which time you may have simply forgotten."



Other useful features of EMIS Access include repeat prescription ordering and secure messaging. More about repeat prescribing with EMIS Access will feature in the next

newsletter.

EMIS Access is available to GP practices that run EMIS, the UK's leading clinical software supplier, used by more than half of GP surgeries in the UK. Ask at your surgery to find out what system is currently in place.

The above article is the first in a series on Information and Communication Technology, drafted by emis, that will appear in the N.A.P.P. Newsletter.

Email bulletins

By the time you receive this newsletter we will have distributed three email bulletins. To date the response from affiliates is positive. The information sent out is fresh and arrives in your 'inbox rapidly.

We are anxious to increase the number of recipients and one way of achieving this is for PPGs without email facility to approach their practices. If the practice is willing to receive email on your behalf let our Secretary Audrey Hoggard know the respective email address and ensure that she has your details as well. We will then send information to you via your practice.

(The following article was submitted by Roger Battye ex Chair of N.A.P.P. and currently the chair of Cookham PPG)

"I look forward to the E-mail bulletins. We have started a similar scheme in our PPG. We will also provide our quarterly newsletter on line. We expect that this will reduce (but not eliminate) the need for printed copies.

Would there be any objection to information from the N.A.P.P. bulletins being transmitted to PPG members? It might be appropriate for us to add local information. If others think like us it could be a great opportunity for N.A.P.P. to be in direct contact with significant numbers of the population."

Roger then goes on to say:-

'Perhaps N.A.P.P. could reassure groups that keeping a register of e-mail addresses for this

purpose is exempt from registration under the data protection act. It would be interesting to hear of other PPGs that have e-mail groups.'

Let us know how you feel about this new service and feel free to share it with your members.

Best Practice Pilot Project

The 26 pilot sites concerned with the Best Practice Project have now been contacted and the baseline telephone surveys are complete. The next stage will be to visit each PPG to share what works well and to encourage further networking.

Brown Clee Medical Practice PPG

Formed by the Practice in 2002 in anticipation of the new GP contract, the PPG initially started with a handful of invited patients and was chaired by a volunteer organisation with links to community projects.

The Practice has 2875 patients, covers an area of South Shropshire countryside which is 250 sq. miles and has a branch surgery.

The two surgeries are situated in the locations which house the two largest groups of patients. Two doctors are permanently in residence and various clinics are held by visiting providers of primary health care.

Following a tentative and misdirected start, when community matters seemed to take precedence over medical matters, the group was reformed in 2004 and a revised programme of concentration on health issues was adopted. The PPG took responsibility for surveys which gave an accurate picture of performance in the eyes of the patients and to-date we have conducted three such surveys (2 IPS and 1 GPAS). The PPG have presented the results to the practice and the scores collated by CFEP-UK SURVEYS have been of a consistently high level. Comments by patients on

individual service areas have been the focus of a meeting with Doctors and all clinical and ancillary Practice staff.

Since affiliating to N.A.P.P we have undertaken a number of duties on behalf of the Practice and have increased our membership threefold. Currently we are undertaking with the Practice an exercise to locate all local Parishes in which our patients reside in order to recruit a PPG member from each of them.

In Shropshire we experienced a traumatic situation with respect to funding created by mismanagement by the NHS Trusts and are now having a consolidation period whilst remedies are discussed and put in place. Because of this, input from 'the Primary Care Trust has been sadly lacking. However when re-organisation is finally in place we look forward to working with the PCT in order to ensure our PPG is given the support required to care for our patients which cover an ageing demographic profile. Patient recruitment and working with The Practice are our main current goals.

'Which?' Survey into the patient experience

Which? have conducted interviews with patients and carers and heard from many Which? members about hospital care. Early results threw up some common themes which are going to be crucial for hospitals and staff to get right if they are to meet patients' needs.

- **Ward environment:** patients and their visitors want well maintained, clean surroundings and quality food.
- **Organisation:** patients want to see hospitals and their staff working efficiently. Both they and their visitors notice and can worry when things go wrong.
- **Information:** Patients feel more confident when they receive regular and consistent updates on their care from hospital staff.

•**Attention:** Patients want to have positive relationships with staff, to be treated with respect and to maintain privacy and dignity.

Have you been an in-patient or visited someone staying in a UK hospital? Whether your experience is of NHS or private healthcare or your stay in hospital was long or short, your opinions matter.

Which? are also consulting patient groups, professional bodies and others involved in healthcare services to gather their views and experience of how to improve the experience of patients (see link for the initial consultation paper below).

All responses will help them drive forward their campaign to improve the patient experience across the UK. In case you would like to help them out, the consultation can be found at

<http://www.which.co.uk/files/application/pdf/Patient%20Experience%20final-445-96212.pdf>

And the link to the survey is

<https://www.web-revolution.co.uk/surveys/601136/>

Dr Julian Tudor Hart

Dr Julian Tudor Hart, a general practitioner who has captured the imagination of generations of GPs with his groundbreaking research, was awarded the inaugural RCGP Discovery Prize at a special ceremony on the 27th September 2006

The Royal College of General Practitioners (RCGP) presented the award to Dr Tudor Hart for his methodical and highly influential approach to research in general practice. He is best known for his formulation of the Inverse Care Law in which he showed how patients with the greatest need tend to receive the poorest health care.

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Dr Tudor Hart's practice in Glyncoirwg, Wales, was the first in the UK to be recognised as a research practice, piloting many Medical Research Council studies. He was also the first doctor to routinely measure every patient's blood pressure and as a result was able to reduce premature mortality in high risk patients at his practice by 30%.

Dr Roger Neighbour, ex-President of the RCGP, said: "Julian Tudor Hart showed how good systematic general practice could significantly improve the health of a deprived Welsh mining community. His simple but far-reaching observation on inverse care continues to inform health policy throughout the world to this day."

Graham Watt, Professor of General Practice at the University of Glasgow, nominated Dr Tudor Hart for the award. Professor Watt said: "His ideas and example pervade modern general practice and remain at the cutting edge of thinking and practice concerning health improvement in primary care. His work on hypertension showed how high quality records, teamwork and audit are the keys to health improvement. His life-long commitment to the daily tasks of general practice has always given his work and views a salience and credibility with fellow general practitioners. Julian Tudor Hart has been and will remain an inspiration to health practitioners and the communities they serve."

Now retired from practice, Dr Tudor Hart has over the years communicated his results and ideas to the wider world via 160 publications in scientific journals, four books and over 25 first author papers in the British Medical Journal and Lancet.

Editors Note:-

Dr Tudor Hart's practice in Glyncoirwg was one of the first in the U.K. to set up a Patient Participation Group in the early 70's. The group is still going strong and have been affiliated to N.A.P.P. since its inception

Feedback to "Moving Beyond Them and Us"

The following comments have been submitted by Overdale PPG in response to our call for comments on our publication :- 'Moving Beyond Them and Us' and other matters.

The booklet is easy to read and interesting.

At the moment the PPG is considering the following ways of assisting patients –

- 1 Providing a group of experts who have experienced a serious illness and who would be prepared to talk about their experiences to other patients who have concerns.
- 2 Providing a bank of PPG funded equipment and finance, for use by patients at the discretion of the practice
- 3 The possibility of forming Overdale's own Charity

The group is happy for the secretary's e mail address to be passed to other groups.

Our PPG likes time to present items to the group for discussion before giving opinions – this inevitably means a delay before getting back to you – like others we meet once a month – though we do try to pull in other meetings when we can and if necessary.

N.A.P.P. might best recruit local volunteers by visiting local PPG meetings with a programmed intention of identifying suitable people who may be willing to take on a role locally, regionally or nationally.

Perhaps NAPP should have a development page in their newsletter – things do need to be clearly laid out

We think that NAPP could contribute to national debates by responding to issues in the general press – with a non-political view (Continued on page 7)

of course - the response should be in the best interest of patients and doctors working together

Areas we would like to address are –

- ◇ Recruitment – having a wider range of ages on our committee
- ◇ New ways of connecting with patients
- ◇ Clarifying our objectives
- ◇ Developing a local network
- ◇ Training for PPG members

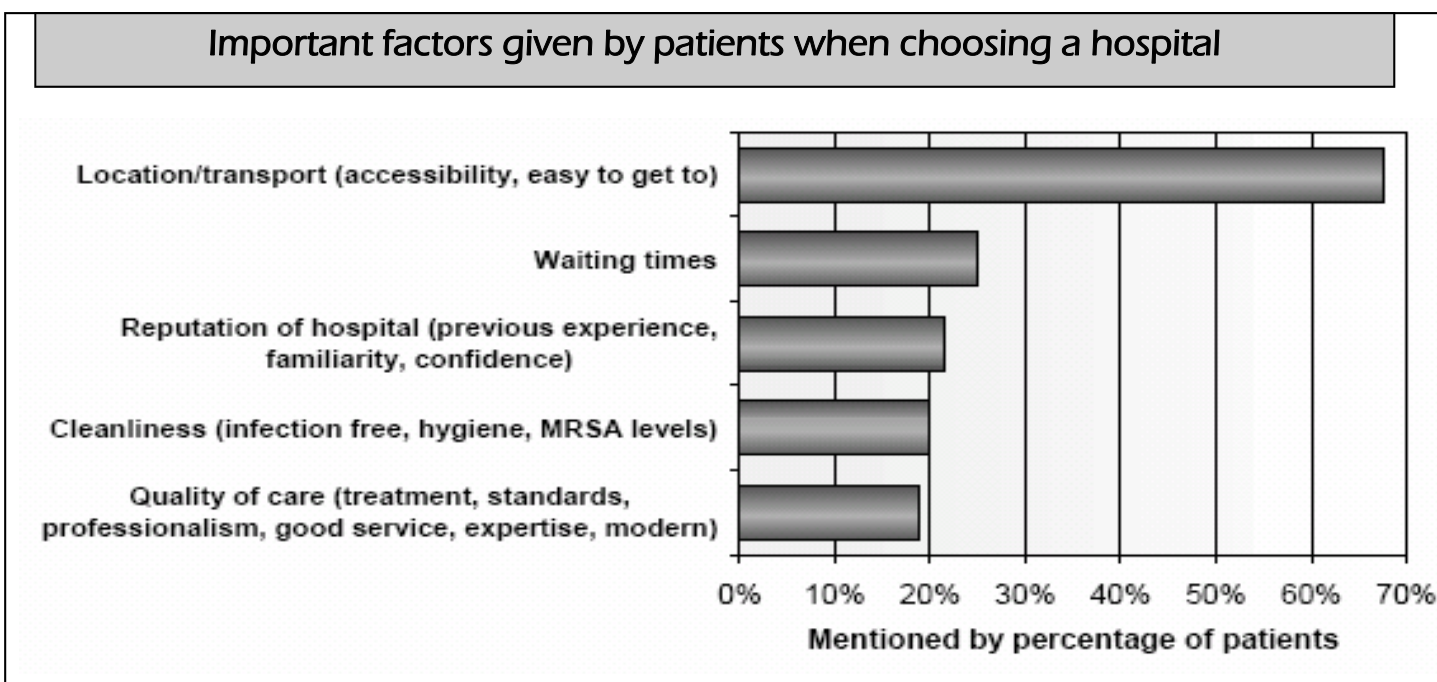
This report gives the results of around 70,000

Department of Health Report of the National Patient Choice Survey, England - July 2006

responses to the second national patient choice survey commissioned to assess the implementation of choice at PCT level. The headline figures were published on 13 November 2006. The surveys were conducted by Ipsos MORI on behalf of the Department, as part of a series of surveys planned to monitor patient awareness of choice and recall of having been offered a choice of hospital for their first outpatient appointment.

They were designed to provide a national overview of choice and summary results at PCT level.

- More patients recalled being offered a choice of hospital for their first outpatient appointment, 35% compared with 30% in the May/June survey.
- 32% of patients were aware before they visited their GP that they had a choice of hospitals for their first appointment, compared with 29% in the May/June survey.
- 55% of patients who were aware of choice recalled being offered choice, whereas 26% of those not aware of choice recalled being offered it, compared with 51% and 21% respectively in the May/June survey.
- 26% of patients who were offered a choice of hospital were also offered a copy of the 'Choosing your hospital' booklet, compared with 20% in the May/June survey.
- 75% of patients who were offered choice were satisfied with the process and 6% were dissatisfied, similar to the May/June survey.
- Location or transport considerations were again given most often, by 68% of patients, as an important factor when choosing a hospital.



**Recruitment of Patients or Service
User Representatives to Peer
Review Research Proposals**

The HTA, part of the **National Coordinating Centre for Health Technology Assessment**, has policies to ensure that patients and public are involved at all stages of prioritising and commissioning of research proposals; indeed the HTA as a funding body exists to ensure that all research it sponsors is both current and relevant to the needs of NHS patients, and patients' views are integral to this. In doing so we need members of the public with experience of being a customer of the NHS to volunteer to comment on research proposals.

At the moment we are seeking to commission 36 separate pieces of research in early March this year and for each one we need the views of the public, by this I mean people who can offer a non-professional, non-medical perspective on the competing bids by researchers to carry out the proposed research. Whilst not all our topics are primary care related a large number are and most would possibly be of interest to affiliates of N.A.P.P.

We do pay for review work carried out but more importantly it is an opportunity for people to become involved in shaping the future of NHS treatment.

If you are interested please contact :-

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