



Registered Charity No. 292157

E-Bulletin from the National Association for Patient Participation Issue Number 54 June / July 2011

1. Annual Conference Press Release

At the Annual N.A.P.P. Conference was held on 11th June 2011 in Bracknell, Berkshire, 140 attendees were addressed by video link by Dr Clare Gerada, Chair of Council, RCGP. This was followed by a full programme of workshops and the day was reviewed by NAPP patron Sir Denis Pereira Gray OBE., FRCP, FRCGP.

The full press release, the Conference Report and the content of some of the workshops are available on: <http://www.napp.org.uk/stop-press/press-release-annual-conference-2011/>

2. RCGP report

This report promotes the need for primary care to be local, accessible and familiar according to the report. It outlines the evidence of the cost-effectiveness of general practice, the important link between access and continuity of care, and ways to help patients achieve effective 'therapeutic' relationships. GPs already know that high-quality general practice is the most cost-effective means of providing healthcare to patients, and this new paper reiterates the often overlooked fact that one day's GP care is equivalent in cost to one tenth of a day in hospital.

Written by Dr Alison Hill, GP and Medical Director, NHS Westminster, and Professor George Freeman, Emeritus Professor of General Practice, Imperial College London, it calls on policy-makers, managers, commissioners and practices to consider their everyday practice, and makes 30 recommendations to improve the way that we provide joined-up care, including:

- Give ongoing patients opportunities to develop relationships with GPs they know and trust.
- Prioritise relationship continuity when commissioning primary care
- Involve patients in plans for service changes and improving continuity.

The full report is available at: http://www.rcgp.org.uk/pdf/RCGP_Continuity_of_Care.pdf

The summary paper is at: http://www.rcgp.org.uk/pdf/RCGP_Continuity_of_Care-summary.pdf

3. Ministers to rethink CQC registration for GPs

Ministers have torn up plans for practices to register with the Care Quality Commission by next April in a bid to create a 'more streamlined' process for GPs. The Government has today confirmed that the deadline for registering practices with the regulator had been set back by a year until April 2013, in order to allow the regulator to 'review and refine' its plans.

It has launched a six week consultation on the plans, to allow further development of quality schemes such as the RCGP's practice accreditation scheme that could help 'reduce the burden' of applying for [CQC](#) registration. It said the extension would also allow CQC to 'make further changes to its regulatory systems and methodology', and ensure its 'systems, tools and processes' were 'refined in the light of the experience of the earlier registration rounds'. But out-of-hours services will still be able to register from October 2011.

The full story is available on: <http://www.pulsetoday.co.uk/story.asp?storycode=4129854>

4 Future forum

The NHS Future Forum was launched on 6 April as part of the Government's listening exercise on the current Health and Social Care Bill. It has now published its recommendations to the Government on the modernisation of health and care and has made 16 key recommendations related to the pace of the proposed changes; the responsibility & accountability of the Secretary of State for Health for the NHS; the involvement of nurses, specialist doctors and other clinicians in making local decisions about commissioning of care.

The report also recommended that competition should be used to secure greater choice and better value for patients; and the drive for change in the NHS should not be based on Monitor's duty to 'promote' competition, which should be removed, but on citizens' power to challenge the local health service when they feel it does not offer meaningful choices or good quality. The Forum's [recommendations](#) will now be considered and responded to by the Government.

Forum Chairman Professor Steve Field, recognised the need for the NHS to change, and supported the principle of devolving control to clinicians, giving patients real choices and control, and focusing on outcomes. He also acknowledged the genuine and deep-seated concerns from NHS staff, patients and the public that must be addressed if the reforms are to be progressed. Read the full report at <http://healthandcare.dh.gov.uk/future-forum-report/>.

5. Government Response to NHS Future Forum Report

Key changes the Government intends to make in response to the NHS Future Forum. In April, the Secretary of State announced the start of a listening exercise, to pause, listen, reflect on and improve the Government's proposals for modernising the NHS. The listening exercise was led by the independent NHS Future Forum, which published its report on 13 June. The Government announced its initial response on 14 June.

This document sets out the Government's detailed response to the Forum's report. It explains how we will make significant changes to improve our plans, in line with the Forum's recommendations. Parliamentary scrutiny of the Health and Social Care Bill will now follow.

[Download Government response to the NHS Future Forum Report CM 8113 - published 20 June 2011 \(PDF, 512K\)](#)

6 Patient Involvement and Public Accountability:

This report explores: the reality of systematic patient involvement in order to make shared decision-making the norm. There must also be robust public accountability of the organisations responsible for commissioning and providing care.

There are three inter-connecting priorities that the Forum has identified in this theme of patient involvement and public accountability:

- Integrated care for patients and communities;
- the voice of patients and the public embedded in our health services, including the voices of children, vulnerable adults, carers

- and those who are often excluded; and
- effective systems of accountability and governance.

It identifies ways of implementing recommendations in particular developing integrated care for patients and communities; embedding the voice of patients and the public in the health service, and the development of effective systems of accountability and governance. It also considers the role of Health and Wellbeing Boards in identifying actual or potential conflict of interest in commissioning consortia decisions.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127544.pdf

7. NICE consultation

The National Institute for Health and Clinical Excellence (NICE) has begun a consultation on the proposed programme manual for its new Diagnostic Assessment Programme. The consultation closes at 5pm on 9th September 2011. They ask for comments from anyone who has an interest in or is affected by the programme. Please contact bushra.hussain@nice.org.uk if you have any questions about the consultation.

8. . Impact of reforms on accountability

A report from the King's Fund, Accountability in the NHS: Implications of the Government's Health Reform Programme seeks to inform the debate around the nature of accountability relationships in the NHS and how these will change under the reforms. The authors identify five types of accountability most relevant to health care – by scrutiny, management, regulation, contract and election. Link at [Impact of reforms on accountability](#)

9 Blue badge scheme reformed

The government has announced reforms of the "blue badge" scheme which entail the transfer of the assessments of blue badge eligibility from GPs to independent mobility assessors. PCTs used to fund the GP reports, but funding has passed to local authorities. GPs will need to invoice local authorities if the latter need to request information from them. Further [information](#) is available from the Department for Transport website.

10. Patient choice beyond borders

An EU law clarifying the rights of patients to receive healthcare in other EU member states was adopted in March 2011.

The relevant directive will have the effect of extending patient choice beyond national borders, with significant implications for both NHS commissioners and providers.

This [briefing](#) provides an overview of the EU rules and their implications for a changing NHS.

11. Working with patients and members of the public: current practice and future plans, 2011-2012

Patient and public involvement (PPI) mapping activity, undertaken within the Manchester Biomedical Research Centre

This report is based on the findings of a patient and public involvement (PPI) mapping activity, undertaken within the Manchester Biomedical Research Centre in late 2010, which compiled the views of senior researchers on: what kinds of PPI work they and their teams had done; the challenges of PPI work; and what could be done to best support PPI. [More](#)