



# Patients Matter

Charity No. 292157

N.A.P.P. Quarterly Newsletter.

Winter 2011/2012

## Getting to grips with the Patient Participation DES (Directed Enhanced Service)

Members will be aware that from April 2011 for two years, the General Medical Services Contract has introduced a Patient Participation DES to encourage GP practices to promote the proactive engagement of their patients. Participating practices are required to set up 'Patient Reference Groups' (PRG) and to undertake local surveys based on patients' priorities. To qualify for the DES payment practices have to achieve a number of milestones set out in the BMA guidance which can be viewed following this link:-

<http://www.nhsemployers.org/Aboutus/Publications/Documents/Patient-participation-directed-enhanced-service.pdf>

N.A.P.P welcomes the DES as a strong message to general practice promoting the importance of working with patients as partners ensuring that patients are involved in decisions about the range and quality of services provided. N.A.P.P has met and is working

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official partner of N.A.P.P.

collaboratively with the GPs at the BMA responsible for writing the DES. Many existing PPGs exemplify the value of this positive partnership built on mutual trust and respect.

Patient Reference Groups (PRGs) are described by the DES as structures that reflect and gain the views of registered patients and help the practice to obtain feedback about its services from the widest cross section of the patient population.

Where practices have an existing PPG it is anticipated that the PPG will provide the foundation for the development of a PRG. PPGs and PRGs are essentially the same mechanisms sharing the same aims and objectives as a 'critical friend' bringing the patient perspective into the practice.

The PPG model that has evolved over the years has developed a wider 'added value' role as a partner supporting practices in many practical ways such as promoting health matters, supporting health campaigns, improving communication between the practice and patients, analysing and feeding back annual patient survey results.

[http://www.napp.org.uk/fileadmin/user\\_upload/Campaign/295952\\_GPP\\_21Ways\\_acc.pdf](http://www.napp.org.uk/fileadmin/user_upload/Campaign/295952_GPP_21Ways_acc.pdf)

N.A.P.P. is promoting the benefits of this model to practices and encouraging the longer term development of PRGs in this way.

N.A.P.P. is strongly encouraging existing PPGs to work closely with practices that are taking up the DES to help them meet the DES requirements. PPGs can assist by:

Drawing new members into the group from across the spectrum of the population to gain the widest possible representation of perspectives

- Supporting the practice to establish a virtual PPG which communicates with patients by email
- Reviewing how the PPG operates to

take account of new membership and feedback from the virtual group

- Encouraging patients to feed their views and priorities into the group through PPG and practice activities
- Developing new activities appropriate to the evolving wider range of patients perspectives
- Helping the practice to develop a local survey based on patients priorities

N.A.P.P. has provided 'getting started with the DES' sessions throughout the summer to practices in Northamptonshire, Bedfordshire, Hertfordshire, Avon, Wessex and the West Midlands. The quotes below demonstrate these have been well received....

*.... "Good practical advice delivered with enthusiasm"...."the trainer was excellent....great ideas – thanks to Stephanie!"*

*...."Very helpful guidance and chance to share experiences"*

*... "If I adapt the strategies I have learnt today it should be rewarding and worthwhile"*

N.A.P.P. membership has risen by 27% this year and 30% of those new members joined up during the month of June. This sudden flurry of activity has undoubtedly been caused by the implementation of the DES.

N.A.P.P. continues to offer support to practices and PPGs and has produced a 'Quick Guide to the DES' available to affiliates in the members' area of our website and through our DES getting started sessions.

N.A.P.P. is working closely with the Practice Management Network to develop a range of support options to practices including further guidance and facilitating some peer learning events for Practice Managers. We are also trying to encourage Local Medical Committees to become patient participation exemplars by affiliating all practices in their area to N.A.P.P. (cont. p3)

so they and their patients have the benefit of N.A.P.P support.

We aim to offer an early Christmas present to our member practices of a 'myth busting' leaflet in collaboration with the Family Doctor Association which counters many of the popular anecdotal misconceptions we hear about the DES being 'too difficult to do'. Look out for this on our website soon.

Please tell us about your experiences of the DES so that other members can benefit.

## **N.A.P.P. Conference 2012**

### **Empowering Patients Supporting Practices**

We aim to give members from other regions an opportunity to attend our conference every four or five years. Following last year's successful South East event, PPGs in the North and Midlands will be best served by the 2012 event to be held in Manchester. The venue is next to Manchester Piccadilly mainline station so is very accessible by rail. We know that those from other areas will always join us. The date is a little earlier than usual to accommodate the shift of Bank Holiday from May to June.

Details of the programme and registration will be on our website later this month and will be emailed or posted to all member groups as soon as possible.

**Where: Manchester**

**When: 26<sup>th</sup> May 2012**

**PPG member discounted rates**

**Book before 7<sup>th</sup> April: 25% off**

***The 33<sup>rd</sup> N.A.P.P Annual Conference will  
be supported by NHS North West***

## **Corkill Award: N.A.P.P. PPG of the Year**

In recognition of Joe Corkill's contribution to the promotion of patient participation over more than twenty years, the NAPP Board has established the Corkill Award. This will be awarded annually at the NAPP Conference and AGM.

The Award will be a cash payment of £500 to the successful Group and a plaque or framed photograph of the presentation for display within the winning practice. The prize money can be used in any way that the PPG chooses. The winning group will be invited to write a piece for the N.A.P.P. newsletter and to speak at a future N.A.P.P. seminar. (Only an idea)

Applications are to be submitted by March 31<sup>st</sup> 2012 on the form that can be downloaded from the NAPP website. The winner will be decided by the NAPP Chairman, Vice Chair and Chief Executive.

- Only PPGs that are members of NAPP on the 1st January in the year of the award are eligible to enter.
- The Award will recognise outstanding work by a PPG in 2010-11.
- Outstanding achievement may relate to helping a large number of people but can also include a scheme that had a big impact on relatively few people.
- Entries are particularly encouraged where the PPG has managed to succeed in difficult circumstances.
- PPGs can nominate themselves but they can also be nominated by a patient, the practice or another community organisation.
- PPGs which are entered for the Award must be willing to share their achievements with other PPGs, through local and national media and through

NAPP's own communication channels.

- The work or project conducted by the PPG should be something which can be replicated by other PPGs.

**To apply: The application form will be emailed to all eligible PPGs in early January 2012, when it will also be available on the N.A.P.P. website. For those without email addresses, a copy will be posted to the PPG's main contact. For further information, please email [admin@napp.org.uk](mailto:admin@napp.org.uk)**

#### **About Joe Corkill**

Joe Corkill's professional background includes work for local government social services, teaching arts and crafts to adults with disabilities, managing day centres and serving for 15 years prior to retirement as a community development officer. This proved an ideal background for Joe's work with his own PPG (St Georges in Wallasey) where he first got involved in 1988/9. He was quickly elected as the North West rep for NAPP in 1989 and went on to serve as Hon Treasurer (1991-98), Vice Chairman (1995-1998), Chairman (1998-2001) and Trustee (2001-2009) when health problems forced him to step down.

### **New N.A.P.P. Chair**



**Dr Patricia  
Wilkie PhD  
FRCP (Hons)  
FRCGP (Hons)**

We are pleased to announce that our President, Dr Patricia Wilkie has taken over the role of Chair following the

resignation of Royce Franklin. Royce has also stood down as a trustee of N.A.P.P. The Board wish to thank Royce for his hard work, professionalism and input into the association over the past three years.

Dr Wilkie became our President in 2006 and since that time she has worked tirelessly on behalf of N.A.P.P. She believes passionately in the worth of Patient Participation and views the quality of care standards in the NHS should be of paramount importance for clinicians, managers, administrators and support staff.

Patricia Wilkie has been a major force in developing patient partnership in British medicine over more than thirty years. Currently president and Chair of the National Association of Patient Participation, she has chaired the lay committee of the Academy of Medical Royal Colleges since 2002, and serves on the General Medical Council and the Royal College of Radiologists as well as many other medical and pharmaceutical organisations.

Patricia started her long term interest in health matters as a mother in the 60's when she was involved in setting up the National Childbirth Trust in Scotland. In the 70's she took a sociology degree, and started a career researching ethical and patient issues, mainly in the field of genetic counselling, culminating in a PhD in 1992.

Moving down to Woking in the early 90's she started a busy career as a lay voice in medical matters, starting with medical research ethics committees and the Community Health Council. She rapidly became Chairman of the Patient's Association. Shortly after this she became a member of what was then the Patient Liaison Group of the RCGP, becoming Chair in 1998. She pioneered the role of lay observer on RCGP Council, making a lay voice an essential part of the debate. She served on the Ethics Committee, was a lay assessor for Fellowship by Assessment, and served on many College committees.

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# The GMC (General Medical Council) & Good Medical Practice

***We have received this request from the GMC:-***

You can help us shape *Good Medical Practice* for the future.

Today we have launched a major public consultation on the new draft of the guidance *Good Medical Practice* and we write to invite you to get involved and give us your views.

*Good Medical Practice*, the General Medical Council's core guidance for all doctors, sets out the standards, principles and values expected of doctors. It plays a vital role in keeping patients safe and improving professional standards, and we want to ensure it remains up-to-date and relevant to doctors in their day to day practice.

Throughout 2011 we have been encouraging debate and discussion about what is good medical practice today and what makes a good doctor.

Now you can take part by completing an online questionnaire on the GMC's website at [www.gmc-uk.org/gmp2012](http://www.gmc-uk.org/gmp2012). You can choose to answer:

1. The main questionnaire for organisations or individuals;
2. A questionnaire for doctors and other health professionals; or
3. A questionnaire for patients and the public.

Please respond by **10 February 2012**.

If you would like to be more involved, receive copies in other languages or formats, or just want to find out more visit [www.gmc-uk.org/gmp2012](http://www.gmc-uk.org/gmp2012), email the Standards Team at [gmp2012@gmc-uk.org](mailto:gmp2012@gmc-uk.org), and follow us on Twitter @gooddoctoruk.

We look forward to hearing from you.

Yours sincerely

**Professor Jim McKillop**

Chair of the Good Medical Practice Review Group

**Niall Dickson**

Chief Executive and Registrar of the General Medical Council

## A Message from the Editor

*Apologies for the late release of this issue. Factors beyond our control the contributed to this situation.*

*The printed version will be distributed within the next fortnight*

In this issue we are pleased to feature four reports from fairly recently formed PPGs. They do give an insight into the undoubted uniqueness of groups and the methodology employed to make a difference with their respective practices. A big thank you from N.A.P.P.

Without your submission of articles the Newsletter would be somewhat divorced from our affiliates so please keep sending in your copy. Interesting photographs of activities are always welcome.

Margaret Matthews from Leek in Staffordshire Has been co-opted to the Board of Trustees. She is currently vice-chair of Leek and Werrington Patient Forum (cluster of PPG's) and past Chair of Stockwell Surgery, Leek PPG group 2009-2011. A more detailed biography will be featured in the next issue of the Newsletter.

*Danny Daniels January 2012*

## The John Kelso PPG

***This article was submitted by Chris Botham***

The John Kelso PPG was set up in October 2007. I joined in April 2009, becoming Chair in March 2010. The Practice serves the town of Leek and part of the Moorlands. There are 7658 patients listed. We meet monthly, one month with at least one representative from the practice and one month on our own for a brain storming session. These meetings are held at the Surgery, but on different evenings. This is to accommodate everyone. Two new members joined recently and will be attending their first meeting at the end of September. Our total membership is now 12 representative patients. We feel this is just the right number. Our main objective is and always has been to ensure patients of our practice have an opportunity to have input into how services are planned developed and evaluated. By doing this we feel we can help our GPs provide an accessible and responsive service. We do not deal with personal issues and this is made quite clear in our literature.

In the past we were involved in the setting up of an Elephant kiosk in the surgery. Currently we are helping with the maintenance of the surgery notice boards, regularly write an article for the Practice Website and have recently produced a small pocket size information card showing a list of useful telephone numbers for patients.

Following a presentation by Graham Box at Westwood Golf Club in 2008, the Group decided to look into the possibility of setting up a Virtual PPG for our Practice. During the early days this concept was viewed by many

with suspicion, and there were pitfalls which had to be overcome, namely confidentiality and security. This made progress difficult.

However, with the change of Government and subsequent change in thinking Groups are now actively being encouraged to develop a virtual group and the help we are now being offered will help us in achieving our goals

We are producing leaflets which are handed out to patients with repeat prescriptions. These leaflets are also given to Health Visitors to pass on. Finally we have a display in reception. This leaflet encourages people to consider joining and tells them what is involved. We stress the point that if they join, they decide when and how much time they give.

More recently, having read though the latest guidelines, we realise we must revisit the question of representation. It is important no particular section of the patient base be disenfranchised. Results of a recent

questionnaire have shown that quite a high percentage of our patients do not have a computer. It is, therefore, felt steps need to be taken to see these people also have input if they wish to do so. To this end, we now have a suggestions box in reception for people to use if they prefer.

We have talked to one of the local Colleges to establish the best way of communicating with young people in the 16 –18 age range, and invite them to become involved with either the PPG or VPPG. The school have suggested the use of their internal web site to get across our message. We are currently looking into the best way of maximising this opportunity. We are also helping out at this school's Fresher's Fayre in October so that we can talk to the Students. (continued on page 7)

If this is successful we hope to approach other schools in the same way.

We are fortunate, to have a strong Cluster Group comprising six surgeries in Leek and Biddulph. We have worked together for even greater effect, as was the case with the failure of the Podiatry Service in this area. The group were instrumental in insisting on a review of the system and for the consequential alterations now underway.

Our Group realises that the changes in the pipeline will be challenging. The task before us is not going to be easy. We have to be sure to get the message across to the public and encourage them to become involved so that the new ethos of patient involvement is not lost.

**The PPG at Audley Health Centre,  
North Staffordshire**

***The Audley Patient Panel, at the Audley Health Centre has sent us an update on their progress within the last two years.***

The Audley Health Centre is a modern practice which serves 9,600 patients.

The PPG was set up in June 2009 in line with the government plan to ensure patients are at the centre of the delivery of care. We achieved this by working closely with the practice to develop common goals, and to communicate our existence and purpose to the wider community. The Group meets once a month at the Health Centre

**A brief overview of our achievements over the last 2 years includes:**

- Set up a framework for operating effectively (a constitution, aims and clear goals for the future)

- Developed a number of methods of communication: a website [www.audleypatientpanel.btck.co.uk](http://www.audleypatientpanel.btck.co.uk), a newsletter published quarterly (available on the website) and posters displayed in useful locations
- Set up a bank account and securing funding.
- Assisting the practice with flu clinics, improving disabled facilities, and reorganisation of the waiting room and reception area to improve patient access.
- Invitation of guest speakers to help us to be more involved with the community.
- In partnership with the practice, we have developed, implemented and analysed two patient surveys, the latest (Summer 2011) being the new Patient Participation DES survey which encourages and rewards practices for routinely asking for and acting upon the views of patients.
- The Practice has now published the results of the survey using the “*You said... We will*” method; this is available on the practice website [www.audleyhealthcentre.co.uk](http://www.audleyhealthcentre.co.uk) . Whilst the majority of patients were satisfied with the service they received, the practice is working to act on the suggestions that were made for improvement.

We are also aiming to be more active nationally and to network with other groups, being a member of N.A.P.P. helps considerably with this goal.

## ST. JAMES MEDICAL CENTRE, TAUNTON - PPG

Our PPG was formed in late 2009. St James MC has its main surgery in St James Street, Taunton and a branch surgery in Norton Fitzwarren. Originally planned to cover 7,000 patients, it now has approx. 12,000 patients.

We meet monthly for approx. 1.5 hours + and time is spent between meetings on various projects, depending on what's needed.

An early task was to agree our Terms of Reference, and these are on the St. James website, within the Patients Participation Group link, as are our meeting Minutes.

Jeff Chiswell is our Chairman and Guy Patey, Practice Manager, and Dr. Rosie Bennyworth are our main practice links, with other GPs taking an interest in our activities.

During the short time we've been together, we've been involved with/had input into:-

- Encouraging use of online repeat prescription and appointment systems.
- Assisting at the 2010 flu clinics.
- Upgrading the St James practice website.
- Introducing separate PPG noticeboards in each waiting room, which are changed regularly.
- Ascertaining the views of some patients who have experienced the pilot stages of ISS (Integrated Support Service), which aims to provide co-ordinated services to keep patients out of hospital, or when they leave hospital. Services were co-ordinated individually for each patient and included care packages, physiotherapy, occupational therapy, etc.

Jeff, our Chairman, has close links with most of the other Taunton area PPG chair persons

and we see these as useful on-going contacts for future activities. Two of our members attended the NAPP annual conference on Saturday 11 June, which they found informative and thought provoking. Several major NHS topics were discussed. We're all very conscious of the current NHS proposals and it's not always easy to keep up, or for lay folk to understand, but we try! We are considering organising our first "event" this autumn, and we will be having input into the DES (Directed Enhanced Service) initiative and into the planning of new surgeries from the patients' perspective, as and when they come on stream.

Recently a new member joined us - he's an IT wizard and is heavily involved with upgrading of the website

[www.stjamesmedicalcentre.co.uk](http://www.stjamesmedicalcentre.co.uk).

We'd like more patient members so that we cover most age groups and ethnicities. We have a constant request on the website and regular noticeboard requests. More members, able to attend our regular meetings plus some spare time to assist with our activities, would mean our input becomes even more valuable to the practice. To sum up, we're still fairly new but, with the encouragement of the practice, we're getting involved and hopefully, it's working to the benefit of the patients.

## 12<sup>th</sup> PAGB Annual Self-Care Conference

The National Association for Patient Participation were well represented at the recent Self-Care Conference in London. Our Chief Executive gave a presentation in order to update delegates on the N.A.P.P. progress in this field.

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Following the presentation our President and Chair Dr Patricia Wilkie, Roger Till Trustee and Stephanie Varah our Chief Executive answered questions from the assembled delegates.



Left to Right - Dr Roger Till Trustee,  
Dr Patricia Wilkie President and Chair of N.A.P.P.  
& Stephanie Varah CEO of N.A.P.P.

A full report together with selected videos of the presentations are available on the PAGB website at :-

[http://www.selfcareforum.org/wp-content/uploads/2011/11/1184-PAGB-SC-Conf\\_report\\_FINAL.pdf](http://www.selfcareforum.org/wp-content/uploads/2011/11/1184-PAGB-SC-Conf_report_FINAL.pdf) **Report**

<http://www.selfcareforum.org/wp-content/uploads/2011/11/Stephanie-Varah.pdf>

### **Stephanie's N.A.P.P. Presentation**

A Video of Stephanie's Presentation will shortly be available on our website at [www.napp.org.uk](http://www.napp.org.uk)

### **Amblecote Dental Care - Patient Participation Group**

*This article was received from Dave Bruton  
Chair - PPG of Amblecote Dental Care*

'After the Amblecote Dental Care Management attended the Regional Launch (**a pioneering pilot to encourage PPGs in Dental**

**Practices in the Midlands and is a new & exciting direction for Patient Participation)** in the autumn of 2010 where various methods of recruiting members for the PPG were discussed - open invitations via letter or e-mail, advertising posters in the waiting room etc. But the conclusion was that the success of the PPG would be from a joint partnership of committed individuals.

All staff were asked to put forward names of any patients that they thought might be suitable and who were identified as especially interested in their own dental care. It was in this context that personal approaches were made to various individuals and information of the PPG concept was given to them so they knew what a PPG was about

At the inaugural meeting in January 2011 the Principal of Amblecote Dental Care, Dr Paul Worskitt and ADC Manager Jayne Vallance outlined the idea of the PPG and the role that PPG Committee members would play.

At the next meeting in February a committee was set up where ideas and suggestions were muted that would involve a theme based on ADC's involvement with its own patients and the local community.

It was also important from the offset that the committee would liaise at all times with the ADC management to ensure complete understanding and approval of any ideas put forward.

From the patients point our first suggestions to the ADC Management was to formulate a mission-type statement to the Practice's patients indicating the formation and involvement of the PPG and two A3 sized framed posters were created and wall mounted at strategic points in the waiting room for all to view.

Our next step was to create an information folder with a Q and A theme. For example we suggested that it would be a good idea to (cont page 10)

explain the reasons why, that when entering the surgery, various questions are asked by a dentist prior to any treatment. From this, the Practice staff formulated the most common asked questions with the answers. The folder also prompts the patient the opportunity to put forward any questions they may wish to ask the dentist. The Information Folders are now being constantly updated to ensure that all patients' needs and understandings are considered.

Whilst dealing with the Patients of the Practice's needs we then looked at what could we do in the community? This proved to be not as hard as first envisaged.

It so happened that one of the committee members, who is a primary school teacher, mentioned that coincidentally the school she taught at had recently contacted the Practice for some information about dental care, The school's Year 4 project was Hygiene and they felt that an understanding of dental care for the children would be of interest to them.

As a committee we felt that this fell exactly within the mandate of what we considered a community involvement project.

We discussed this with the ADC staff and the bottom line was that it was agreed that a staff member Dr Adam Joy would visit the school and talk to all 125 children about Dental Hygiene.

The PPG also suggested that if some of ADC suppliers were approached and explained the reason behind his visit that could they provide some form of 'freebie' to give to the children. We were more than pleased when suppliers donated children's toothbrushes, brushing charts and dental related activity sheets - colouring charts, word searches, quizzes for children were also taken off the internet.

The whole exercise proved to be a total success with Adam setting up an internet Blog page for the children to contact him with any issues they wished to discuss directly with

him.

So what next? We are now in the early stages of considering producing an information DVD - featuring members of the ADC staff - which can be shown in the waiting room areas. The DVD can also be adapted for children of different ages so it can be copied and sent to any school requesting information on dental care. Likewise the DVD can be aimed at Care or Nursing homes etc. for senior members of the community.

To implement these ideas we will be shortly contacting colleges in the Dudley borough who have media studies and the necessary digital video equipment to see if they would be interested in being involved producing and working with the Amblecote Dental Care on this scheme.

I hope this brief insight to how the Amblecote Dental Care PPG's is progressing is of interest to other PPGs.'

## **BBH Awards 2011**

In February this year our Vice Chair Danny Daniels was invited to join the judging panel of Building Better Healthcare (BBH) for 2011 as a Patient Representative.

The biggest and most respected awards in the healthcare built environment. The Building Better Healthcare Awards have been recognising, rewarding and celebrating best practice and world class architecture, design, facilities and estates management in the healthcare built environment for over a decade.

The BBH Awards reflect the need for healthcare buildings and spaces to be well-designed, therapeutic places which aid recovery and recuperation, and it is the aim of BBH to reward and celebrate the projects that have achieved this.

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Open to building, improvement and design projects which demonstrate all-round excellence, the BBH Awards celebrate the achievements of individuals and teams working in either the public or private sectors.

A full list of the winners and the shortlists are available on the BBH Awards Website at

[http://awards.bbhealthcare.co.uk//BBH\\_2011.asp](http://awards.bbhealthcare.co.uk//BBH_2011.asp)

Apart from having an input in all categories Danny was responsible for selecting the Patient's Choice Award. With 202 entries to consider he was looking for a winner that has made the most valuable contribution to the patient experience. This came in the form of the Derby Door, developed by Paul Brooks, Head of Facilities Management at Derby hospitals NHS Foundation trust in partnership with Airquee. The Derby door is in effect an inflatable barrier for use in healthcare buildings. The product enables decontamination to be carried out where there have been outbreaks of infections such as C.difficile or novirus.



The Derby Door

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## Stop Press

### GP practice data available to patients and professionals

The publication of GP practice data aims to provide the public with information on services they access on a regular basis, enabling individuals to make informed choices and decisions. GP practices are usually the main or first port of call for patients seeking health care advice or treatment within the NHS.

GPs are responsible for the majority of patient contact within the NHS and are the gate keepers to specialist healthcare providers. They are therefore central to both the patient, their family and to the NHS as a whole. The performance of a practice in delivering services and care to their registered patient can be a key to the health outcome for the patient as well as the effectiveness of the NHS for that community.

To deliver the commitment the Department of Health has worked with primary care organisations including the Royal College of General Practitioners to bring together clinical service and outcome data on each GP practice in England.

Publishing this data will enable patients, academics, data intermediaries and other organisations to identify relationships and make comparisons, enabling more informed choices. The data can also be considered, linked and analysed to improve the quality of patient care and make services responsive to the people that use them. Information about practice population, demographics and the prevalence of chronic conditions has been included to help in understanding practice performance. This information will now be available in one place.

Patients can access some of the data in a user friendly format on the NHS Choices website, through GP practice profiles. Data intermediaries and NHS organisations are able to access the raw data, in a spreadsheet format through the NHS Information Centre indicator portal. A more user friendly tool to enable patients to make comparisons across all practices will be delivered by April 2012.

[NHS Choices, GP practice profiles](#)

[NHS Information Centre indicator portal](#)

(Continued from page 4)

During this time she helped to set up patient liaison groups in several other Royal Colleges, notably the Radiologists and Pathologists. She worked with the Committee on Safety of Medicines, and founded and chaired the Lay Advisory Panel of the College of Optometrists.