

# BPSLG Newsletter

Issue 4

February 2002

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## Relocation of Balham Park Surgery

### THE MOVE

#### Address

The Practice will be moving premises shortly. The new address is:

236 Balham High Road

London

SW17 7AW

Tel: 020 8772 8772

We will also have an ISDN line which will allow direct access to individual members of the administration team.

#### Date

The date for the move has been set for the 6<sup>th</sup> April 2002.

#### What It Will Be Like

The new Practice is situated in a modern, purpose-built building. It is on Balham High Road between café Viva and Christ the King Polish Church, with access through a small alleyway.

All consulting rooms will be on the ground floor and are designed in the same style. The waiting room will be large enough to accommodate all users of the building.

The reception area will be open-plan and telephones will be answered away from the receptionists, to enable the receptionists to deal with patients undisturbed by calls.

## Late Night Surgeries

We are currently seeking ways to improve access for our patients. Dr Shaba Nabi has introduced a late-night surgery once a week, which operates until 9.00pm.

These appointments can be booked for anyone who would prefer to be seen out of usual hours.

## BPSLG's Strategic Priorities

### 2001 - 2003

At a strategy session at the end of the summer facilitated by development consultant Tamara Essex, the BPSLG committee came up with the following priorities to guide our work over the next three years from September 2001. You will find progress reports on some items included in this newsletter.

#### Within the next six months (to 1st March 2002)

- Influence the plans for the new premises to address some of the needs listed in the 12-month targets.
- Influence the plans for the new premises urgently, in order to consider provision of a separate playroom / waiting area for parents with small children.
- Liaison Group members to meet more patients, inform them of the group and its aims, and develop wider networks (phone, post, or in person).
- Access to own full medical records, review for validity / accuracy / content, and arrangements for alteration if necessary (Data Protection Act).
- Close liaison between the Practice, the Liaison Group and other patients.
- Feed into the consultation process on the Wandsworth Primary Care Trust (PCT).

#### Within the next twelve months (to end August 2002)

- Publicise the work of the Liaison Group and its priorities through a full mailing to all patients when the Practice sends out its change-of-address notices early in 2002.
- Carry out a patient satisfaction survey.
- Ensure space is provided for exercise classes in new premises.
- Ensure space is provided for complementary therapies in new premises, and explore feasibility of offering some evidence-based complementary therapies.
- Ensure flexible space is available in the new premises to meet emerging needs.

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## New Members

There have been several new appointments within the Practice. They are:

### **Dr Shaba Nabi**

We are very pleased to welcome back Dr Nabi who achieved outstanding results as a GP Registrar. She has spent 18 months away from the Practice, working as a GP on ships. She has returned for at least the next 6 months working 6 sessions per week.

### **Dr Sangeeta Patel**

Dr Patel will be returning in March, reducing from 4 sessions per week to 2 sessions per week (Monday and Thursday). It is likely that she will reinstate her early morning surgery, which again increases access out of usual hours.

### **Dr Joanna Smail**

Dr Smail will be joining us from 27<sup>th</sup> May as a full-time salaried GP, working 8 sessions per week.

She qualified as a GP in August 2001 having worked in a well-established 7partner training practice in Hampshire. She has most recently been working in Surrey for a 5-partner PMS practice on a temporary contract. We are looking forward to welcoming her as a new member of our team.

### **Partners**

#### **Dr Previna Chana and Dr Shona Lockie**

Dr Chana and Dr Lockie will become partners of the Practice in the near future and no longer salaried GPs.

### **Practice Nurse**

#### **Charlotte Fitzpatrick**

Charlotte is our most recently appointed practice nurse. She is fully trained in all practice nurse areas. Charlotte works 2 days per week, running our baby clinics and evening surgeries. She has a Diploma in Asthma Care.

### **Admin Staff**

#### **Jo Blazye**

Jo started in November 2001 as PA to the GPs and Deputy Practice Manager. She works part-time, assisting the GPs and developing her role in deputising for Natalie. Her work for the GPs includes chasing up referrals and liaising with hospitals. In the future, she will become an initial point of contact for patients regarding referrals, therefore freeing up valuable time of the doctors.

#### **Malcolm Finnie**

Malcolm started at the Practice in November 2001. He is responsible for overseeing the role of the General Administrator. Responsibilities include ensuring the accuracy and integrity of patient records, all EMIS administration and induction and development of users. He manages GP Links, runs routine recall systems and is responsible for the smear and immunisation targets.

#### **Donavan Sunkur**

Donavan joined us in December 2001 as a non-clinical IT expert, who provides in-house trouble-shooting of the

computer systems.

He is currently developing the internal intranet system to enable faster access to Practice policies and protocols by installing a search engine. He will oversee the programming of telephones and ISDN, which will be run from computer.

### **Receptionists**

#### **Melanie Butler**

Melanie has recently joined us as a part-time receptionist and has a thorough knowledge of Customer Services.

#### **Sajeda Taqi**

Sajeda has also recently joined us as a part-time receptionist and is an experienced front-line staff member.

#### **Maureen Spearink**

We said goodbye to Maureen who retired on Friday 25<sup>th</sup> January. She will, however, be back to provide support for Practice meetings.

### **General**

#### **Natalie Whyte**

Natalie has recently married and has returned with an extended name – Natalie Goldsmid-Whyte. She is currently practising her new signature.

## Vacancies

### **Doctor**

With our move to our new building, we will be extending our list size and catchment area. In order to work effectively with increased demands, and in order to further develop our services, we will be appointing another salaried doctor. Interviews are currently taking place.

### **Nurses**

We have just put in an advertisement for an appointment of an experienced practice nurse on a full-time basis to meet the needs that we currently have. Access to nurses has proved more difficult than to doctors recently and we are seeking to redress this balance.

## Skill Mix

We are beginning to change the skill mix of the Primary Healthcare team to meet the new agenda for healthcare.

We have recognised for some time that some of our patients would benefit from some additional input prior to seeing a doctor, particularly in gathering information for new registration checks, height, weight, urine analysis, recording past medical history, routine blood pressure / peak flows and venepuncture.

Currently doctors can waste valuable consultation time collecting or updating data, before they are able to act upon it. Practices are starting to introduce Health Care Assistant (HCA) posts as a way of aiding patient care. The HCA will be fully trained to collect health information, which is necessary for GPs to provide preventative treatment. Patients would see a HCA while they are waiting for their appointment.

We intend to advertise for an HCA when we move to our new building and will provide patients with full details of the scope of their role once it has been agreed.

- Ensure that a flexible meeting room space is available in new premises.
- Ensure that new reception and waiting area is bigger and more accessible.

### **Within the next two years (to September 2003)**

- Joint disability awareness training for practice staff and Liaison Group.
- Lobbying to ensure that Wandsworth PCT takes a major role in attracting a lead cancer clinician.
- Consider gaps in this Strategic Plan and add further targets.

During the whole period, we want to address the following outstanding questions, and we need your help to do it:

- How do meetings need to be managed in order for all this to happen?
- How do we involve more patients?
- How do we represent the breadth of patients better?

No one has a monopoly on wisdom where this is concerned and all contributions, suggestions, and friendly criticisms are warmly welcomed via the BPSLG post-box in the surgery waiting room.

## **Nurse Practitioner in Primary Care**

Just when you thought you could tell a Health Visitor from a District Nurse at 50 paces and not get either of them confused with our own hard-working Practice Nurses at the surgery, get set for a new kind of nurse to join the BPS health professional team – a Nurse Practitioner in Primary Care (NP for short). This is a development linked to the Practice becoming a Personal Medical Services (PMS) pilot site in order to expand its healthcare services.

So what is an NP and, more to the point, when recruited, what will she – or it could be he – be able to do for us, the patients, and the other members of the surgery team?

If you've been to the Tooting Walk-In Centre at St George's, chances are you've already come across NPs who provide the services there. The Royal College of Nursing (RCN) identifies about 2000 primary care Nurse Practitioners in the UK who

- Have an honours or higher level degree following a Nurse Practitioner study pathway plus several years of community nursing/general practice experience.
- Can make professional decisions by themselves and take sole responsibility for them, in the same way a GP does.
- Can take patients with "undifferentiated and undiagnosed problems", assess their healthcare needs based on higher levels of nursing knowledge and skills, admit or discharge patients from his/her own caseload, refer them to GPs, other nurses in the surgery or to hospital if necessary, and prescribe for them within Practice protocols.

- Can screen patients for disease risk factors and early disease signs and develop with patients a care Plan, emphasising preventative measures including counselling and health education.

This may sound like a "mini GP" or, in the graphic American phrase, a "physician extender", but NPs are not substitute doctors. Having an NP in the Practice will expand and complement what our GPs and other nurses can offer and give patients a wider range of choice of care providers at the surgery.

The search for Balham Park Surgery's Nurse Practitioner is starting, but there is a lot of competition for these (so far) relatively scarce people. Keep your fingers crossed that we attract a good one to our "beacon practice" as it prepares to relocate to expanded premises.

You can read more about how British NPs are developing at: <http://www.nursepractitioner.org.uk/>

## **THE NHS ALPHABET Part 4 of a guide for local users**

This time the lengthening list of NHS developments relevant to our local healthcare covers:

### **WPCT – Wandsworth Primary Care Trust**

Now agreed by the Secretary of State for Health following the public consultation in September-October 2001 to which BPSLG made a significant contribution, a Wandsworth Primary Care Trust covering the whole of the London Borough of Wandsworth will come into being on 1<sup>st</sup> April 2002. It will be formed from four existing NHS bodies: Balham Tooting and Wandsworth, Putney and Roehampton, and Battersea PCGs plus the Furzedown area with the addition of the staff and facilities of the South West London Community Health Trust within Wandsworth. WPCT will be big: 330,000 population; £220million budget; more than 600 employees. WPCT will be governed by a board of local lay people, chaired by Melba Wilson who just happens to be a patient of this surgery! The Health Authority's analysis of the consultation responses mentioning BPSLG is at: <http://www.mswha.nhs.uk/files/documents/20011113-689-conreswand.pdf>

### **STBOP - Shifting the Balance of Power**

STBOP is the latest instalment in the rapid and radical programme of NHS modernisation. Nigel Crisp, Chief Executive of the NHS summed up 'Shifting the Balance of Power' thus:

*"These reforms will and must be driven by giving patients a greater voice in the running of the NHS. Patients will become active partners in their care, receiving more information so they can make more informed choices, both about the health services they receive and about their own treatment. Communities will also be involved in the strategic planning and decision making to ensure the NHS is responsive both clinically and to patient experience overall."*

STBOP includes more commitment to effective involvement in healthcare by patients and the general public, a new NHS complaints system, a Patient Advice and Liaison service in all PCTs by April 2002 and an Independent Complaints Advocacy Services to provide an independent source of information and support for people making complaints. For STBOP details, see

<http://www.doh.gov.uk/shiftingthebalance/index.htm>

## LIFT - Local Improvement Finance Trust

Another National Plan innovation, NHS Local Improvement Finance Trusts are meant to provide capital for local primary care investment. LIFT uses partnerships between the NHS and the private sector to improve GP and dental surgeries, community pharmacies, health centres and long-term care facilities. The first six NHS LIFT projects are agreed, the first step in a process that could eventually unlock up to £1 billion for inner-city practices in particular. Wandsworth PCGs are well advanced in assessing what their practices need in terms of premises and equipment so that the new Wandsworth PCT can benefit from LIFT.

For more details, see [www.doh.gov.uk/pfi.htm](http://www.doh.gov.uk/pfi.htm)

## Balham Park Surgery has become a PMS Practice

### WHAT DOES THIS MEAN?

In October 2001 we were awarded extra funding to appoint additional clinical staff following our application to become a Personal Medical Services (PMS) Practice.

This means that we can increase time for GPs within the Practice to further develop and enhance the quality of services in areas of clinical priority, including National Service Frameworks (NSF) and local Health Improvement Plan (HIMP) targets. We also aim to provide a wider choice of direct access to clinical services in surgery and over the telephone. We plan to achieve this through:

- Recruitment of an additional whole-time salaried GP.
- Recruitment of a Nurse Practitioner.
- Further increasing access times to clinical staff.
- Taking part in Pilot schemes which trial best practice.
- Supporting other Practices within our locality.
- Providing routine surgeries outside usual hours to allow more choice for patients.
- Reviewing and improving the skill mix of our Primary Health Care Team in order to free up time for doctors and nurses to focus on the more complex needs of patients in general and of people in vulnerable groups.

### WHAT IS EXPECTED OF A PILOT PMS PRACTICE?

Some PMS objectives that we are expected to achieve are already part of our daily practice, for example, targets for vaccination, immunisation and smear tests. Others require maintenance of systems in place such as Personal Development Plans. All management targets are achieved already and require only a review to ensure systems remain active. The following are the areas that the Practice is required to demonstrate as a Pilot and the time-scales to which we are working.

- Implementing the clinical governance processes of the Primary Care Group (PCG) (ongoing).
- Achieving a range of clinical targets (all over three years):
  - Chronic disease management.
  - Management of mental illness.
  - Provision for the needs of carers.
  - Provision for the needs of patients with learning Difficulties.
  - Improved access to health care professionals (Gps and nurses).
  - Enhancing the skill mix of the nursing team.
  - Recruitment of a whole-time equivalent salaried GP.
  - Monitoring rates achieved for vaccination and immunisation of children (both initial and boosters, 90%) and cervical smear tests (80%).
- Continuing the personal and professional development of the Practice staff.
- Delivering the Health Improvements Plan (HIMP).
- Reporting adverse health care events.
- Complying with all Health and Safety at Work Regulations.
- Undertaking three clinical audits a year.
- Managing the Practice's human resources (staff).
- Providing a range of other services and monitoring the access times for patients.
- Operating a published complaints procedure.
- Producing an up-to-date information leaflet available to patients.
- Recording data in a way that will measure progress and allow the production of an annual report.

### ADDITIONAL INFORMATION RELATING TO PMS

The Practice plans to appoint two Whole-Time Equivalent GPs (WTEs) by March 2002 to replace Dr Law and our Retainer, both of whom were funded under PMS.

**NOTE A full description of the PMS pilot scheme as it affects the Practice is available on request.**

### 'Improving the Practice' Questionnaire

The Balham Park Practice is seeking feedback about how to improve its service. We recently conducted a patient survey, in which over 200 other Practices in the UK have taken part.

The questionnaire took about three minutes to complete. The doctor will not see the score, but only the total scores of all their patients' responses. Each doctor needed 40 of their patients to complete the questionnaires. Individual doctors will analyse their results to see whether there are things that they or the Practice can improve upon.