

# BPSLG Newsletter

Issue 5

September 2002

## INSIDE THIS ISSUE:

|   |       |
|---|-------|
| Flu Vaccine Season Approaches           | 2     |
| Patient Satisfaction                    | 2     |
| Evening Meetings                        | 2     |
| The 2 <sup>nd</sup> Annual Open Meeting | 3 - 4 |
| Surgery Opening Times                   | 4     |
| Staff Profiles                          | 5     |
| NHS Alphabet                            | 5     |
| Pharmacist Medication Reviews           | 6     |

## MOVE GOES SMOOTHLY

Most patients are already well aware that the Surgery is now based in a new state-of-the-art building off Balham High Road. The move from number 92 at the beginning of April went as well as any such upheaval can go, and every thing seems to be running well in the new Surgery. As if the switch to new premises wasn't enough, it also coincided with the absorption of several hundred patients from the Surgery just up Marius Road in Upper Tooting Park run by Dr Hennessey, who retired at the end of March.

Generally comments about the new building have been favourable, although some patients have mixed views about seeing their names rolling along in red lights on the dot-matrix screen.

## PATIENT RECORD SURVEY

Patients are now entitled to see their own medical records held by GPs. The committee decided to act as guinea pigs for our own Practice and hold a review to learn what difficulties or otherwise such an examination might throw up. On 6<sup>th</sup> December 2001 ten members took part in studying their own records; two were members of staff whose records came from other Practices.

A questionnaire was prepared to assist members in analysing their reactions to the clarity and accuracy of their records, as well as recording any surprises and omissions. The range of

answers varied considerably, but all those taking part welcomed the opportunity. Whilst some inaccuracies were uncovered, no-one was shocked or offended or found reason to be upset by what they read.

Comments collated after the exercise included the following:

- Patients should be encouraged to see records regularly. This could be a positive advantage as dialogue should be two-way and could lead to a joint responsibility for what is recorded.
- Doctors did not need to be concerned about patients reading records. They were not always easy for a lay person to understand, but comprehension should be encouraged.
- Handwritten records were in the main difficult to read. Computer printouts are a great improvement, when factually correct.
- The charge to patients for reading their own records was considered prohibitive. It should be justified in detail.

For the future:

1. Could e-mail or Internet access to records be a possibility?
2. Would there be an opportunity to access records or notes jointly at any consultation, with both patient and doctor sharing information? (It was pointed out at the meeting that doctors have an obligation to screen records to ensure that patients do not see anything harmful or detrimental to their well-being.)

In summary, all who took part believed it a worthwhile exercise, and some were strongly committed to patients' right to see their records. The general view was that it could help the doctor-patient relationship in the future. Clearly this will depend on individual patients' desire to see their records, but the major impediment would appear to be the cost. If this is an initiative the government or the NHS wish to promote, then a way of reducing the cost needs to be found.

**Bridie Tobin**

## REVIEWS FOR PATIENTS WITH LEARNING DISABILITIES

As part of our Personal Medical Services proposals we are now offering regular health checks and reviews for all our patients with learning disabilities. Often these patients are seen by various organisations for different aspects of their care but never reviewed as a whole. Therefore their physical health can be neglected, and the purpose of the review is to pick up on problems such as obesity, hypertension, etc.

I have started doing a weekly surgery to which I invite these patients and their respective carers for health checks, when I review their medical problems, treatment and any other relevant aspects of their care. For those that cannot attend the surgery I will try to visit them at home. If there are any patients with learning disabilities who would like a review, they or their carers can contact me at the Surgery to arrange an appointment.

**Dr Prevena Chana**

## FLU VACCINATION SEASON APPROACHES

Thoughts of winter colds and flu may be a long way off, but we at the Practice are already planning the vaccination programme. The first delivery of vaccine arrives at the surgery at the end of September, and we will invite patients for flu vaccinations starting in October.

### Who is entitled to a flu vaccination?

Everyone of 65 years of age and over; and those with any chronic disease such as diabetes, high blood pressure or chronic lung problems such as emphysema or recurrent bronchitis. Anyone without a spleen should have a flu jab, and those who are immuno-suppressed.

### Are there any side effects?

Some people may have a sore arm for a day or two. Occasionally some people can react with a temperature, but this is unusual.

### Is it true that you can get flu from having the flu vaccination?

NO! The vaccine is inactive and CANNOT GIVE YOU FLU.

### Is there anyone who should not have a flu vaccination?

Only those who have a severe egg allergy, as the vaccine is grown on egg protein.

If you are invited for a flu jab we strongly advise you to attend one of the flu clinics. If you are seeing a doctor or nurse for something else during October or November, you can ask them to give you the flu jab in that appointment rather than come to the flu clinic.

**Sara Maloney (Lead Practice Nurse)**

## PATIENT SATISFACTION

The Practice conducted a patient satisfaction survey in March this year. Almost 400 patients took part, rating different aspects of their experience at the Practice either poor, fair, good, very good or excellent. Overall, we came out with very similar scores to other Practices. We had hoped that we would achieve much higher than average scores, but many factors need to be considered in evaluating the final outcome.

The Practice reviewed the results as a team and made commitments to action in particular areas that arose from the survey:

- A drop-in baby-weighing facility. We have ordered some additional scales and will be providing an area in the waiting room for patients to weigh their babies themselves if they so wish. This self-service facility will be available during baby clinics on Mondays and Wednesdays. Parents and guardians are welcome to come along and use them. An appointment to discuss any subsequent concerns can always be made with a health visitor or your GP.
- Providing patients with leaflets on their conditions. The GPs can print these out from their computers during consultations. GPs will be making an effort to use these more. We would also encourage patients to ask for them if they would like more information on a particular condition.
- A blood-test facility at the Practice. Whilst patients will continue to be referred to Balham Health Centre (since this has been fully funded by the Primary Care Trust) our Health Care Assistant will be trained to carry out blood tests so that they can be done on the premises when it is appropriate.
- Routine Saturday surgeries. We have responded to your request for routine doctor appointments out of usual hours and in addition to our late night surgeries these have been available from Saturday 27<sup>th</sup> July 2002. They can be booked via the receptionists at the Surgery.
- Improving communication with patients. The GPs will video some consultations as a way of reviewing and improving their one-to-one skills. Videoing consultations only ever takes place with the consent of the patient and can only be used for the purposes agreed with the patient at the time.

We continue to welcome your comments and suggestions. Please let us have these via the Suggestions Box in the reception area or you can call or email me at [Natalie.Whyte@gp-h85066.nhs.uk](mailto:Natalie.Whyte@gp-h85066.nhs.uk)

**Natalie Goldsmid-Whyte (General Manager)**

## EVENING MEETINGS

Following suggestions at the AGM, the GPs have agreed to run a couple of evening information exchange meetings for patients. The topic of the first one is likely to be "Alternative Therapies – What Evidence is There for These?" as suggested at the AGM. We will publicise the date nearer the time.

Please let us know if there are any other topics you would like to hear about. You can do this by:

- Dropping a note into the Suggestions Box in the Surgery
- Calling Natalie Goldsmid-Whyte the Practice Manager on 020 8772 3320
- Emailing Rowena Davis, a member of the Patient Liaison Group, at [rowenadavis@btinternet.com](mailto:rowenadavis@btinternet.com)

## THE SECOND ANNUAL OPEN MEETING, 26<sup>th</sup> JUNE 2002

At least 100 people arrived for this event, filling the meeting room in the new Surgery. Andrew Craig (AC, Chair of BPSLG) welcomed everyone and introduced the members of the Liaison Group, who were re-elected by the meeting. AC then briskly summarised BPSLG's activities in the past year. The layout and working of the new premises had taken pride of place. Members had read their own medical records and filled in a questionnaire on their impressions, as a test run for patients' right to read their own records. They had discussed an application for funding for a yoga class in the Surgery, and commissioned a painting (now on display in the waiting room) paid for by a donation in memory of a former patient.

Bridie Tobin (BT, BPSLG Treasurer) then presented her report. Thanks largely to letters sent out with the Surgery's circulars, the number of patients on the Group's database was now over 300, but it was hoped that many more could be included. BT appealed to those present to give their names and addresses before leaving and to encourage their friends who were Surgery patients to apply to be added to the list (in person or by letter or phone to the Surgery). The PCG funded us last year to the order of £2900 and the PCT have agreed to a similar level of funding for the coming year; this includes at their request an outreach seminar to offer advice to other Practices on setting up similar Liaison Groups.

AC outlined the Group's plans for the coming year. The Surgery's website ([www.balhamparksurgery.co.uk](http://www.balhamparksurgery.co.uk)) would include a BPSLG section containing, among other things, all the Newsletters. The Group would be working to raise awareness of the needs of disabled people and would participate in the newly formed Pilot Patients' Forum (PPF, see below). AC stressed that the Group always worked in close cooperation with the Practice professionals, and he urged all present to contribute ideas for the future, for example through the Surgery suggestions box.

In the discussion period which followed a number of questions were asked:

*Q: Would the Surgery be offering any complementary therapies?*

A: Acupuncture is already offered on Saturday mornings by a Practice nurse on a private basis, and the proposed exercise class would be yoga-based. Before introducing any other treatments, the Surgery would need to have evidence of their effectiveness.

*Q: Could patients be given any advice on acceptable alternative therapies?*

A: The Group could discuss this, but again reliable evidence would be needed.

*Q: Would the exercise class be free?*

A: This is not yet certain, but possibly so for patients referred to the class by the Surgery.

*Q: Could talks be arranged at the Surgery on topics of general health interest?*

A: This seems an excellent idea, which the Group will investigate.

*Q: How much does the Group discuss medical questions with the doctors?*

A: Liaison with the Surgery professionals is an essential part of the Group's role, doctors attend the Group's meetings in rotation, and there is a regular item on the agenda where such questions can be raised.

At this point the meeting broke off to enjoy some delicious refreshments, once again expertly stage-managed by Joanna Longland and Tony James, which gave everyone the chance to talk to Practice staff and other patients. This was followed by the two guest speakers.

Dr Clare  
Macmichael



Enjoying  
refreshments  
during the  
break.

## THE SECOND ANNUAL OPEN MEETING ...cont

1. Melba Wilson (MW, Chair of Wandsworth PCT) spoke on the Trust's view of involving patients and the public in health care. She described the far-reaching changes brought about by the NHS Plan, which devolves the main responsibility for care of patients from central government to local bodies. The PCT's boundary now coincides with Wandsworth Borough Council's; a major effect of this is to bring primary health care into much closer contact with social services. The Plan also envisages greater involvement of local communities and the voluntary sector, with the aim of reducing disparities in health care and improving access for groups ranging from young mothers to refugees and the homeless. The PCT would commission services not only from GPs but also from hospitals, mental health institutions, dentists, opticians etc. For this it has a budget of £280m, to cover a population of about 340,000, with 150 GPs in 57 Practices, as well as 11 clinics and health centres. Initiatives started by the PCT include:

- The Patient-Public Involvement Steering Group, which has already set up a mapping exercise which will form a basis for its work.
- As soon as possible, the Patient Advisory Liaison Committee (PALs). Though hampered at present by insufficient funding, this will be very important in providing support and information for patients.
- Other sub-committees, especially the Clinical Governance Committee, which is concerned with the professional standards and quality of the practice of GPs and other clinical staff in the PCT.
- Rolling events throughout the Borough to inform the public of developments.

All PCT agendas have an 'open space' item, when members of the public can put questions or make points. MW stressed that a lot more remains to be done – this is a long-term project.

AC added that the booklet 'Connecting you with your local NHS' is helpful in explaining the work of the Trust; known as 'the little red book', it is free from GP Surgeries and health centres and will shortly be distributed with the *Brightside* newspaper.

**NOTE:** Copies of Melba Wilson's overhead transparencies will be available from the Surgery.

2. David Ross (DR, Chief Officer, Wandsworth Community Health Council (CHC)) spoke about the Wandsworth Pilot Patients' Forum (PPF, website at [www.wandsworthpatientsforum.co.uk](http://www.wandsworthpatientsforum.co.uk)). Nationally there are 12 PPFs; these have the capacity to build on what the Community Health Councils have done and extend it into new areas, once new legislation is in place. They are independent bodies with statutory rights and responsibilities, and their main function is to represent and monitor local services and to hold the PCTs to account, producing reports on their effectiveness. They will also seek to bring in formerly excluded groups, to set up community training projects and generally to act as awareness-raisers and get people involved. Asked whether the PPF is adequately funded, DR replied that it is not – it has only received about 13% of what it needs.

BT asked who decided the allocation; DR answered that this was not yet budgeted – the Department of Health would have to determine a sum, otherwise an exciting service would have to be cut back.

As a final item, Natalie Goldsmid-Whyte (NG-W), Practice Manager and Dr Andrew Morgan (AM) spoke about what BPSLG meant to the Practice. NG-W urged all patients to use the Group as a sounding-board for their views, though they could of course communicate directly with the Practice. The purpose of the Group was to make the Surgery even better. AM spoke of the founding of BPSLG and stressed that it is the patients' Group, not the GPs'; he paid tribute to NG-W's role in maintaining the Group's momentum, but said that more money would be needed nationally if other Practices were to follow BPSLGs lead.

At the end of the meeting AC thanked all the organisers of what had been by general consent a very successful evening.

## SURGERY OPENING TIMES

**Our surgery is now open at the following convenient times:**

|           |   |                   |          |   |                   |
|-----------|---|-------------------|----------|---|-------------------|
| Monday    | - | 7.00 am - 7.00 pm | Thursday | - | 7.00 am - 7.00 pm |
| Tuesday   | - | 8.00 am - 7.00 pm | Friday   | - | 8.00 am - 7.00 pm |
| Wednesday | - | 8.00 am - 9.00 pm | Saturday | - | 9.30 am - 1.00 pm |

## STAFF PROFILES

### Alexander Juggernaut – Receptionist – 36 hours per week

Alex started at Balham Park Surgery in May 2002 as a full-time Receptionist. He has a wealth of experience having worked in various areas of the NHS over the last three years. He has experience in data analysis and administration. He enjoys providing a high quality service to both patients and colleagues. In his spare time Alex plays rugby and coaches an under 15's team. He is also a keen fish hobbyist.



Alex, Karen & Joanna

### Karen Henderson – Health Care Assistant – 36 hours per week

Karen started at the Practice in May 2002. She is developing a new role as a Health Care Assistant. Her role is to assist the nursing team by doing basic health checks for new patients, blood pressure checks, repeat prescriptions and restocking of rooms. She aims to train as a smoking cessation counsellor and also plans to learn venepuncture skills. Karen has proved to be a great asset to the Primary Health Care Team.

### Dr Joanna Smail - Salaried GP

Joanna joined the practice on May 27<sup>th</sup> 2002. She previously worked as a GP Assistant at Camberley Health Centre in Surrey and studied at the University of Oxford. She trained at the West Middlesex University Hospital. She has Diplomas in Child Health, Obstetrics, Gynaecology and Family Planning. She became a Member of the Royal College of General Practitioners in 2001. Joanna joined the team on a full-time basis and does eight sessions per week.

## THE NHS ALPHABET (Part 5 of a guide for local users)

This instalment is all about the involvement of patients and the public and what it means to BPSLG and to Wandsworth generally.

### PPI – Patient and Public Involvement

This is the phrase in the NHS Plan for everything to do with the views and voices of patients, service users, carers and the public – from local surgery groups to national level. BPSLG is a prime example of PPI working at the grass roots, so far the only one in Wandsworth. Wandsworth Primary Care

Trust has a PPI Strategy Group which includes BPSLG member Andrew Craig. BPSLG member Rowena Davis is a lay member of the PCT's clinical governance committee. For the national picture on PPI, visit this website:

<http://www.doh.gov.uk/involvingpatients/tab.htm>

### WPPF – Wandsworth Pilot Patients Forum

New legislation requires a Patients Forum to be established in each NHS Trust (like St George's) and each Primary Care Trust, probably from January 2003. We are out in front because Wandsworth already has a pilot Patients Forum. Wandsworth CHC had the foresight to do this and was able to attract some start-up money from the NHS. There have been three initial induction training courses and about 30 people are participating with the WPPF in various ways. A number of BPSLG members are involved. To read more about it, click on this link: <http://www.wandsworthpatientsforum.co.uk>.

To get involved with the work of the pilot Patients Forum, ring Wandsworth CHC on 020 8673 8820. The WPPF made an inspection visit to Balham Park Surgery recently. There is a report in this issue of the newsletter.

### CPPIH – The Commission for Patient and Public Involvement in Health

This is the latest health quango, expected to start operating early in 2003, which will establish recruitment of lay members, fund and employ the staff for the Patients Forums across the country. Thousands of lay people will be needed across the country, so watch for local announcements. CPPIH will also review services from the perspective of patients and the public and advise government about how the whole PPI system is working. Sharon Grant, widow of former Tottenham MP Bernie Grant, has been appointed the CPPIH's first chair. To see how CPPIH is developing, click on this link:

<http://www.doh.gov.uk/involvingpatients/tabcpjih.pdf>

## PHARMACIST MEDICATION REVIEWS AT BALHAM PARK

Balham Park Surgery has been involved in a pilot study, which uses a pharmacist, employed by the Primary Care Trust, to carry out medication reviews on older patients who have four or more regular medications.

### **A frequently asked question is, “What’s the difference between a doctor and a pharmacist doing reviews?”**

It is a time consuming job to do a complete medication review. Doctors do review medications on a regular basis, but they have a limited amount of time and cannot go into the same depth as a pharmacist.

A pharmacist has the luxury of longer appointments and the emphasis is on how the patient is managing their medicines. This is an important aspect, as it doesn’t matter how much the doctor knows or how effective the medicine is, if it is not being taken in the most effective way, then it will not work well. At the same time, we check on possible drug interactions and side effects. We will inquire about any other medicines or herbal remedies that are being used, to ensure that there is no interaction between them and the prescribed medicines, and also to see if there is a need for the patient to see a doctor about those symptoms.

Most patients like to know what their medicines do, and how they work, so this is incorporated into the review.

The following are examples of the type of questions asked during the review.

- Do you know what the medicine is for?
- Do you have any difficulties remembering to take the medicine?
- Do you have any problems with the medication? This could include side effects, difficulty in swallowing it, difficulty in opening the container.
- Do you know how to take it and when?

These types of questions are asked for each individual medication.

At the end of the review any recommendations that we wish to make to the doctor are discussed with the patient.

**No recommendations are made without the patient’s agreement.** The doctor also has to agree before any changes are made.

The following are examples of the type of recommendation made:

- There may be a more suitable form of medication, e.g. a liquid for someone who has problems swallowing.
- Sometimes it is possible for safer alternatives to be suggested for medication that may cause side effects as patients get older.
- We check that any necessary monitoring tests / blood tests are being done.
- Sometimes a patient has stopped taking a medicine, because they feel they no longer need it. If it is no longer necessary it can be taken off the repeat prescriptions. On other occasions, we may recommend to the GP that a new medicine be added.
- We can try to sort out problems occurring because your medicines run out at differing times, i.e. we can try to get them synchronised.
- We can ensure that full instructions are included on the labels for you.
- We will alert the doctor to symptoms that require investigation.

### **Treatment is a partnership between the doctor and the patient.**

The pharmacist can help you to get the best from your medicines by improving your understanding and use of them.

**Barbara Jesson (Pharmacist)**

## THANK YOU

Many thanks to all the staff for moving so smoothly and successfully to the new surgery. There seem to have been very few glitches and we are definitely up and running in our new premises.

**The Balham Park Surgery Liaison Group**