

BPSLG Newsletter

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MEDIA SPOTLIGHT ON BPSLG YOGA CLASS

NEWSLETTER TAPES

The Newsletter is being recorded onto cassettes for blind or partially sighted patients. The tapes will be held at Reception so that any patients who are interested may access them readily. If you know of a patient who may be interested, please give them this information.

The BPSLG-funded yoga class at the Surgery now has its third group of participants under specialist instructor Nell Lindsell and has attracted national media attention. The Daily Telegraph and Carlton TV's "London Tonight" interviewed people who had been referred to the class, with pictures of them working as a group. Lindsell spoke about working with a referred patient group in a Surgery setting.

Andrew Craig from BPSLG described how we conceived and funded the project as an example of what Practices can do to promote exercise, particularly for older people. All the participants were great on camera. One told the Telegraph: "I never thought I would be doing yoga at the age of 81, but I feel much happier since I have been doing it." Another said she had experienced considerable improvements since

starting the class: "Sometimes I would wake up because of the pain. That has stopped now. I have lost about 80% of the pain." Many more personal stories appeared on the television feature broadcast at the end of October. All of this will be included in the evaluation of the project which BPSLG, the Practice and Wandsworth Primary Care Trust are working on together.

BPSLG MEMBERS ON THE NEW PATIENTS' FORUM

From December 1st 2003, statutory Patients' Forums replaced the Community Health Councils as the main local voice for users of the NHS. BPSLG is very proud that two

of its active members, Bridie Tobin and Catherine Kennington, were successful in their applications and have been appointed to the Patients' Forum that relates to Wands-

worth Primary Care Trust. They will be among the seven or eight local people who will begin the Forum's work, which includes making inspection visits to local hospitals,

clinics and GP surgeries where Wandsworth people are treated. We will report their views about this new body's work in future Newsletters.

EDUCATIONAL MEETINGS

The second of our educational meetings was held on November 26th 2003. The first meeting on this subject the previous November was very over-subscribed and we had to disappoint over 40 people, so we arranged for Dr Bower to give a second talk on the same subject, "Alternative Therapies and Complementary Medicine". At both talks he stressed the need for caution in considering any treatments, be they conventional medicine or alternative therapies. In the case of conventional medicine, we tend to know more because it is evidence-based, but still in some cases major mis-

takes are subsequently discovered, sometimes long afterwards. There is increasing research on alternative therapies, but Dr Bower advocated care when considering the health benefits claimed. He advised "Beware – for all treatments you are a guinea-pig".

A wide variety of questions were raised covering, amongst others, the value of homeopathy, especially in relation to children, vitamin tablets, the safety of massage therapy, organic versus non-organic food, and whether there were any alternative therapies or treatment that practitioners of conven-

tional medicine support. Dr Bower gave his considered views on all these subjects. The meeting closed with Valerie Moore thanking Dr Bower for his contribution. She also reminded those present that any suggestions of topics for future meetings would be welcomed by the Group. A number of suggestions were made at the meeting, and these are being discussed with the Practice staff. We are also thinking about how the next phase of educational sessions might involve "expert patients".

SHARING EXPERIENCES

One of BPSLG's objectives is to help other Surgeries develop patient liaison groups. In keeping with this we responded to requests from two Localities in the PCT to send representatives to speak at two separate workshops. (The PCT is divided into smaller units called Localities and we are in the Wandsworth South Locality.)

The first workshop, organised by the Battersea Locality on

September 17th, was on "Patient and Public Involvement". Bridie Tobin (BPSLG) and Polly Healy (Brocklebank) spoke on how to develop groups such as ours, including successes and pitfalls. The second workshop was held in Wandsworth on October 9th and was designed to be a "Sharing Good Practice Event". Here Bridie Tobin spoke on "Patient Liaison Groups, the How's and Why's".

In both events our emphasis to the professionals was that BPSLG is a patient-led group, and we stressed the value of such a bottom-up contribution. Concern was expressed at the Battersea workshop about the potential cost of such groups, if funded by the PCT, but we believe this is outweighed by the benefits of having better informed, more confident patients.

THE NHS ALPHABET

This is a continuing series in the Newsletter which tries to cut a path through the thick undergrowth of agencies and acronyms in healthcare. In this issue we focus on ...

THE NHS ALPHABET ... continued from page 2

EPP – the Expert Patient Programme

Launched in 2001, the Expert Patient Programme aims to improve the care of people with long-term, chronic conditions like diabetes, asthma, arthritis or heart disease by training them to be more equal partners with health professionals in managing their own care. In this country, about 17.5 million people (ie, one person in three) live with long-term medical conditions and need to become key decision-makers in their own care. The EPP's self-management training programmes are the key to this. In Wandsworth, our PCT is piloting EPP training courses in Battersea, which it intends to extend more widely as soon as possible. For more on the objectives of EPP see this link: www.doh.gov.uk/cmo/ep-report.pdf.

NAPP – the National Association for Patient Participation

BPSLG is joining the NAPP, which is open to "anyone who is interested in improving the relationship between doctors and patients, individually and collectively." And we will be suggesting that our PCT does the same. NAPP's website has a wealth of useful information on what groups such as ours do and how to set them up. Joining will help set BPSLG's activities into a national context. The NAPP site also has an excellent "jargon buster" to help you cut through the NHS verbal maze. See www.napp.org.uk.

DOES BPSLG MAKE A DIFFERENCE FOR YOU AS A PATIENT?

If it does, we'd like to hear about it. Did you come to the annual meeting? Do you read the Newsletter from time to time or glance at the minutes on the notice board at the Surgery? Have you attended an evening educational session organised by BPSLG? If having these things at the Surgery makes a difference to you as a patient, then please take a moment to tell us. We can use this information as part of the evaluation Andrew Craig of the BPSLG committee is undertaking for the Primary Care Trust about patient participation groups like ours. He is also working with our colleagues at the Brocklebank Health Centre to gather this information. The results will

play an important part in securing future funding for patient participation work, not just in our Practice but in many others in Wandsworth.

Here's a brief sample of the kinds of things people have said so far about why BPSLG is important to them.

"It helps me learn how the Practice operates."

"I can meet all the staff, not just doctors."

"It develops an equal relationship (partnership) between doctors and patients."

"I get up-to-date Surgery news."

"It's a chance to have discussions with other patients and with Surgery staff."

"It gives an insight into national and local priorities and

procedures and the pressures the NHS copes with."

"I appreciate the type of complaints and compliments the Surgery receives."

"I know that at our Surgery they are making the best of the many changes going on in the NHS."

"I don't feel an outsider any more."

"I have the confidence to ask more questions."

You can email Andrew Craig with your thoughts at andrew@agcraig.com or drop a note for him at reception. He'll make sure your views get included. **It would be particularly helpful if you could do this before the end of February.**

FOLLOWING THE ANNUAL MEETING ...

As we reported in the BPSLG September 2003 Newsletter, the Group's 3rd Annual Open Meeting enabled the Group to confirm its strategic objectives with our constituents, that is, everyone who receives this Newsletter and the wider Surgery population who supports BPSLG's role. These objectives are repeated below.

The Group went away from the meeting with the brief to turn the objectives into practical actions and undertook to keep patients updated on progress in its Newsletters. So, here is our first update.

A number of new members have joined the Group and now receive the Newsletter. Our database is currently over 400. And there are new faces at the regular open committee meetings, where their contributions are very valuable. We hope others will join them. The chairing and minuting of the Group's meetings are being rotated amongst the members, as are the various administrative tasks necessary for the continuing success and impact of the Group. We would welcome new members to help with this.

We have continued to liaise with other local Practices interested in patient participation and we are particularly pleased to hear about the progress at the Brocklebank Surgery, where a patient participation group is well underway. Dr Mittal from the Boundaries Road Surgery was a guest at a recent meeting and is also interested in how a patients' group could be established in his Practice.

The Group has continued to discuss ideas, comments and concerns with the Surgery doctors and staff. We have taken a special interest in the effects of changes in GP contracts and their impact on access and out-of-hours services at the Practice. We will continue to monitor these with the doctors and staff and keep patients informed through the Newsletter. We are also considering the concerns, complaints and comments made by patients (all in anonymised form of course), and we are confident that the Practice is responding to these positively.

Elsewhere in this Newsletter you will read about the success of the yoga referral class and the coverage given to it in the national press and TV. As you can imagine, we are very proud indeed of our initiative in obtaining the funding and the consequent success of the classes. Some members of the group will shortly be undertaking diversity training with staff as part of a PCT initiative to offer this training more widely. We will report on this in a future issue.

We hope that you will continue to give us feedback about how you think the strategic objectives should be approached in practical ways. Perhaps you will be able to give a little of your time to come to one or more of our meetings and give us the benefit of your help. (Meeting times are in this newsletter.)

SUMMARY OF BPSLG OBJECTIVES 2003-06 APPROVED AT THE ANNUAL MEETING JUNE 2003

1. Ensure the Group has a wide and representative membership from the Surgery's expanding patient population and, through meetings and the quarterly Newsletter, develop the Group's contacts with other patients not yet actively involved with BPSLG.
2. Focus the Group's activity on learning about and keeping up to date with developments in the Practice.
3. Collaborative with Practice staff in handling ideas, comments, concerns and complaints (all in anonymised form) received from patients.
4. Contribute to patient satisfaction/opinion surveys at the Surgery and to the monitoring and evaluation of performance and other targets set by the Practice.
5. Organise another open meeting for Surgery patients who are interested in alternative therapies and complementary medicine and organise additional open meeting(s) on different topics in which Surgery patients express an interest.
6. Develop a joint approach with the Practice staff to special needs awareness training, for the benefit of Surgery staff and Group members.
7. Help other Surgeries to develop Patient Liaison Groups through the Primary Care Trust's strategy for patient and public involvement, by being an example of good practice able to share learning with other Surgeries.
8. Develop ourselves as Group members by sharing the functions of chairing meetings, taking minutes, organising special interest events and carrying out other administrative tasks

2004 BPSLG MEETING DATES

Wednesdays 7 p.m. at the surgery

25 February
17 March
14 April
12 May

23 June (Annual Meeting)
14 July
15 September
13 October
17 November
8 December

THE CITY

Sara woke me at 6.30am and when we left her flat at 7.00am it was still dark. We travelled by bus and arrived at the surgery 45 minutes later. Balham High Road is far removed from my practice in Lower Island Orchard as you could imagine. Although I completed my nurse training in London and lived there for seven years on and off, I had forgotten how busy the roads were – very different from rural Herefordshire. The new, purpose-built surgery is huge in comparison to Fownhope Medical Centre. There are 12 doctors in total, some of whom work part-time, and many other staff. As well as a Practice Manager, there are people employed to carry out audits and set targets. The surgery is completely paper-free. I found this strange at first, but it is obviously the way forward.

The morning appointments began at

8.00am and a steady stream of professional people attended for various reasons. There were similarities with appointments at my practice, but the patients were considerably younger. Most people were on their way to work and the amount of early and late appointments amazed me. One doctor begins work at 7.00am every day and another has evening appointments until 8.30pm. A rota system is in place to allow for these hours. After her clinic, Sara conducted a telephone surgery. Many patients had phoned during the morning and rather than disturb the clinic, the switchboard entered the calls onto the computer and Sara rang them all back. The calls covered a range of topics including travel health, diabetes, family planning and emergency contraception. Over lunch, Sara led a meeting about vulnerable patients. Dis-

trict Nurses, a Social Worker, a GP, another Practice Nurse and several other carers discussed the vulnerable patients so that everyone at the surgery was aware of each other's concerns. The day finished at 4.00pm after Sara had dealt with an enormous number of repeat prescriptions requests.

The next day began later at 11.00am, so we drove to Balham and searched for a parking meter. Parking at the surgery is limited and most of the patients either walk or use public transport – a big change from my surgery where patients might park their tractors in the car park and some even arrive on horseback. We attended a meeting about the training and role of healthcare assistants. Balham Park had recently employed a new member of staff in this role to undertake new patient checks and blood pressure

checks, stock up the treatment rooms and order supplies, assist with minor operations and give smoking cessation advice. Sara felt that this role was invaluable and was in charge of training the new recruit. We saw several patients for family planning advice in the evening surgery. With the rise in chlamydial infection, Sara had been advised to offer a Chlamydia swab at the time of the patient's first cervical smear, and also if they had two or more sexual partners by the age of 25. Most patients seemed happy to accept this, as they were concerned about the rise of this 'silent' infection.

The day came to an end. As I left the bright lights to drive to the wilds of rural England, I reflected that although the clientele were poles apart, the nursing roles we both undertake in preventing and detecting illness