

# Balham Park Surgery Liaison Group News Letter

(by patients for patients)

Issue 9

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## Appointments via the Website

GP appointments can now be booked via the website.

The popular new service called Emis Access, allows patients to view, book or cancel their appointments online and patients will find it very useful for those times when the practice is closed or the phone lines are busy.

If you would like to utilise Emis Access, please register at the surgery. To ensure the security and confidentiality of patient information, photo identification (passport, drivers licence, national id or employee id) is required to register. Ask a receptionist or GP for details.

Once you have registered at the surgery, you will be able to logon and manage your appointments. To logon, you can access our website at [www.balhamparksurgery.co.uk](http://www.balhamparksurgery.co.uk) and follow the link to appointments and click on emisaccess to enable your account.

## Battle Joined to Save GPs' Extended Hours

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On behalf of almost 12,000 patients at Balham Park Surgery, the patients' liaison group has been vigorously campaigning against a proposal by Wandsworth Primary Care Trust (PCT) to stop providing the funding which has enabled many patients here – and at several other GP Practices in Wandsworth – to enjoy the benefit of extended hours surgeries. For more than three years, patients could make routine appointments to be seen outside normal hours. Here at Balham Park, there have been two early morning surgeries, starting at 7 am, two late evening surgeries until 9 pm, and Saturday morning clinics. The appointments have proved extremely popular with scores of busy pa-

tients at this Practice who either work outside the area, cannot get time off work or cannot spare the time to see their GP in normal working hours. On average, more than 50 patients a week use these appointments and, in the week when television cameras were filming at the surgery to highlight our conflict with the PCT, not one patient failed to keep their scheduled appointment. This is in considerable contrast to appointments during normal opening hours when, since the beginning of 2004, seven per cent of patients have failed to attend. The argument the PCT is putting forward for stopping this funding is that it is unfair that some patients in their area benefit from these extended hours while others

don't. At the same time the PCT says it couldn't possibly afford to pay for all 53 GP Practices in Wandsworth to provide these extended hours. But, we point out, at Balham Park and the other surgeries offering extended hours clinics, GPs are keen to provide this additional service to meet the needs of their patients, which may not be possible or needed at other Practices.

The PCT argue that the whole of Wandsworth should be treated equally. But anyone who knows our borough will recognise that there are enormous variations between different areas, with very different requirements, particularly where the working population spends much of the week away from Wandsworth.

## FBA Award

Congratulations to Primary Care Manager, Natalie Goldsmid-Whyte on achieving her Fellowship By Assessment of the Institute of Healthcare Management, which was awarded at a ceremony in Glasgow in early November.

**Pictured at the ceremony from left:** Jacquie

McLoughlin (Reception Manager), Natalie Goldsmid-Whyte (Primary Care Manager), Donovan Sunkur (IT Manager)



## Battle Joined to Save GPs' Extended Hours ...cont

The PCT's broad-sweep policy also fails to recognise that the character and size of GP Practices – and therefore the type of service they can provide – vary considerably from the smallest (with about 1000 patients) to the largest, including Balham Park and Brocklebank, which both provide extended opening hours, with around 12,000 patients each.

The first formal notification Balham Park had of the PCT's decision to withdraw funding for the extended service was in a letter to the senior partner from Fiona Marley, Deputy Director of Primary and Integrated Care, dated September 13<sup>th</sup> 2004. At no point has anyone from the PCT asked affected patients or doctors for their views on the decision, or how patients or GPs would cope with it. For instance: would the Practices be able to accommodate the 50 plus weekly slots within their routine appointment times? How would patients at present unable to get to their GP during normal opening times manage to do so in future? In short, they have not consulted any of the people affected – they just made the decision! They have suggested using the Walk-in Centre at St George's Hospital, Tooting, where they have one GP available each evening, by appointment. But everyone knows how difficult St George's is to get to from different parts of Wandsworth, particularly for the many patients who live close to the eight GP Practices faced with having to cut their extended hours service. Furthermore, these patients will lose the benefit of seeing a GP they know at the surgery which holds their medical records.

The PCT's decision also seems to fly in the face of recent statements made by government ministers. John Hutton, the Health Minister, recently told the Commons he was keen to see Saturday surgeries at GP Practices maintained, while Dr John Reid, the Secretary of State, told the Labour Party conference in Brighton: "We will enable people to book appointments at times that fit into their busy lives with services tailored around their needs." Surely the message from the person at the top of the health service is clear. Appointments with GPs should be available to NHS patients at their own surgeries, if possible, and at a time convenient to them. The simple solution for Wandsworth PCT, therefore, is to fund those Practices which want to continue the service on their own premises, and to provide in other ways for patients from Practices that don't have an extended hours service.

The PCT is required to ensure that all GP patients in Wandsworth should have access to a GP outside normal hours. But how does dismantling a successful and popular service, which GPs at the eight Practices concerned want to continue, help to achieve this? The out-of-hours surgeries started in 2001 when the former Merton, Sutton and Wandsworth Health Authority made money available to all GP Practices in Wandsworth to spend on what they wished. These eight Practices decided to cater for patients who had difficulty in seeing their GP during normal hours, and they used the money for that purpose. So these extended hours predate the creation of the PCT in April 2002. They were certainly not a pilot, as the PCT has wrongfully contended, but a permanent addition to normal Practice hours. We want them to continue.

You may have already heard of the pressure we have been applying (including extensive coverage in the Wandsworth Borough News and Wandsworth Guardian and on BBC London television and radio). In addition, the Patient and Public Involvement Forum has made representations to Wandsworth Council's Health Overview and Scrutiny Committee. As a result, Helen Walley, chief executive of PCT, has now accepted that this is not a pilot and will need to be formally consulted on. One immediate benefit from this decision is that the extended hours service, originally due to cease at the end of September, will now continue until at least the end of March 2005.

The PCT has pledged that no changes will be made until the formal consultation process has been completed. So that is very good news for us! It is not yet clear what form this consultation will take, but it is vitally important that all patients affected by the PCT's proposals have an opportunity to state their views.

## A Talk on the Menopause – October 13<sup>th</sup> 2004

A well-attended talk on the menopause was given by Dr Clare Macmichael. She discussed what the menopause is, its symptoms and signs, long-term health implications, HRT and its alternatives, prevention of osteoporosis, and contraception and sex.

Many women experience menopausal symptoms, during which there are low or changing levels of hormones. The menopause is the time of the ending of the menstrual cycle; the average age is 51 years. The symptoms, when experienced, are not pleasant. Periods become irregular, women suffer hot flushes or night sweats, sleep disturbances, urinary problems and vaginal dryness, mood swings, loss of libido, changes to skin, hair and nails, and muscular aches and pains. Long-term effects include osteoporosis, vaginal discomfort and urinary symptoms, skin and hair becoming thinner, heart disease and stroke.

Dr Macmichael then talked of management of the menopause and of the symptoms to prevent long-term problems. She described HRT and took great care in explaining its risks and benefits, giving examples of recent studies. She emphasised strongly that each woman needs to be assessed individually for her **...cont on next page**

## A Talk on the Menopause – October 13<sup>th</sup> 2004 cont from prev page

risk of breast cancer, stroke and blood clots. Overall, research so far indicates that the benefits of HRT outweigh the risks in the short term (2–5 years). The risks outweigh the benefits for long-term use. She then touched on alternatives to HRT including herbal remedies. She described the risk factors for osteoporosis and steps that would help in its prevention. These included diet, weight-bearing exercise, stopping smoking, reducing alcohol, and taking calcium and vitamin D supplements. Finally she talked about sex and contraception.

There was a lively question-and-answer session after the presentation, touching on a number of the issues raised. Our thanks go to Dr Macmichael for such a stimulating talk. Further information on the menopause is available from: [www.amarantmenopaustrust.org.uk](http://www.amarantmenopaustrust.org.uk) / [www.menopausematters.co.uk](http://www.menopausematters.co.uk) / [www.wnas.org.uk](http://www.wnas.org.uk)

## “Us on Us” – Learning from Evaluation ...cont on page 5

Balham Park Surgery Liaison Group represents almost 12,000 patients. To identify the benefits such “bottom up” user involvement brings to members, the Practice and the wider NHS we undertook a pilot evaluation earlier this year.

BPSLG set aside time in several of their meetings to discuss the project’s objectives, brainstormed the content of a 20-statement questionnaire and completed a “beliefs and values ranking exercise” which I analysed and reported back to the Group.

We asked ourselves two main questions:

**“What do we as individuals get out of participating in BPSLG?”**

**“What does the Practice get out of having BPSLG and how does this benefit achieving the Practice’s wider objectives?”**

When the questionnaires from 12 members of BPSLG’s open committee were analysed, there was a clear result both in terms of overall scores and in terms of how frequently statements were chosen. These were grouped under four headings from “essential” to “least important”, which you can see below:

### Essential

- We can make a difference as a group better than as individuals
- I get to hear about local and national NHS developments and policies that affect us locally

### Important

- It develops a more equal relationship between doctors and patients
- I get up-to-date surgery news
- It helps me learn how the Practice operates
- Our Group helps to build good relationships between patients and health professionals

### Less important

- We encourage and support each other
- I know that at our surgery they are making the best of the many changes going on in the NHS
- It’s a chance to have discussions with other patients and with surgery staff
- What I learn helps me take decisions about my own health
- We help raise health awareness among other patients with our educational sessions
- I can meet all the staff, not just doctors

### Least important

- I appreciate the type of complaints and compliments the surgery receives
- We can get to know patients in other practices who are interested in the same things as we are
- There is opportunity to discuss ways of improving liaison and record keeping between our surgery and hospitals so problems don’t arise
- I can appreciate the pressures the NHS copes with
- We can make good contacts with the Patients’ Forums at the PCT and the local Trusts
- It’s a chance to meet other patients who come to the Group and to realise they are ordinary people and not ‘experts’
- I have the confidence to ask more questions
- I don’t feel an outsider any more

### Identified value of BPSLG to its Practice

Balham Park Surgery staff who participated in this exercise (GP, primary care manager and reception manager) identified the following benefits to the Practice of having BPSLG:

1. Testing out new ideas -- eg, access to patients' electronic records.
2. Helping to evaluate Practice standards -- eg, the telephone survey of waiting times for appointments.
3. Discussing outcomes for the whole Practice of the Improving Practice Questionnaire.
4. Considering anonymised comments and complaints received by the Practice.

## Diabetes Seminar – April 28<sup>th</sup> 2004

Once again BPSLG held a successful seminar, this time on the subject of diabetes. There was a good turn-out of 50 patients, including many who have diabetes and their families, and others who were interested to learn more about this condition.

The meeting was chaired by Bridie Tobin who reminded the audience that as well as running seminars and circulating a Newsletter to about 400 patients, the Group also held regular meetings where patients could learn more about what is going on at Balham Park Surgery and discuss issues of concern to them. Everyone was welcome at these meetings and future dates were publicised in the surgery.

### Presentations

Bridie introduced **Dr Kathryn Mounde**, one of the Practice GPs, and **Irene Storer**, a member of the newly created Wandsworth Patients' Forum and a spokesperson for people with diabetes.

**Kathryn Mounde** gave an interesting and comprehensive presentation with the aid of computer slides to highlight the main points. She talked about both sorts of diabetes: type 1 and type 2; 90% of diabetics have type 2. She explained the causes and symptoms of both types. She spoke about the growing number of people suffering from the illness, the treatment required, how to manage the condition, and ways of avoiding getting it in the first place. She used plain language without medical jargon and still managed to explain how the body should function and how it fails in the case of people with diabetes.

Kathryn gave further details of the different treatments for type 1 and type 2 diabetes and stressed that injections of insulin were essential for type 1 sufferers but rarely necessary with type 2, except when the condition had deteriorated a lot. She explained that type 1 diabetes sufferers do not produce any insulin naturally, whereas type 2 people do produce insulin but not consistently in the right amount and need tablets to keep them stable. She dispelled the myth that people with diabetes have to eat a completely different diet from the rest of the population; a balanced healthy diet is usually enough to keep a diabetic healthy and is also the best way to avoid getting type 2 diabetes. The increasing incidence of obesity in the population generally and young people in particular is a serious cause for concern.

**Irene Storer** spoke after Kathryn. She had suffered from diabetes for 20 years but she had not let it change her life and she had undertaken a full-time job. She said she had never had a hypo; she could predict if her blood-sugar level was going down and would reach for a sweet. Irene said she had a healthy balanced diet with plenty of fruit and vegetables and she avoided expensive special foods prepared and marketed for diabetics. Irene praised the treatment she had received at Queen Mary's Hospital and was pleased to say that, after considerable doubt and worry about the future of the unit at Queen Mary's, she was now getting equally good treatment from her own GP surgery. In fact, on her initial visit to the nurse at her surgery, her own testing equipment had been checked for the first time ever.

### Questions

Kathryn dealt with a large number of very varied questions from the audience, expanding and clarifying points from her presentation. She explained the difference between a "hypo" and a "hyper" – a hypo is low blood-sugar levels and a hyper is high blood-sugar levels. Many diabetics can predict the onset of an attack, and their friends and family get used to recognising the symptoms of dizziness, tremor, sweating. Kathryn said that a hypo is more serious than a hyper and it is important the individual eats or drinks something sweet quickly. If in doubt about an attack being experienced by a stranger, giving something sweet is the safest thing to do. Often patients recover from hypos without needing medical treatment, but a hyper which involves serious dehydration usually requires hospital treatment.

In answer to a question, Irene stressed that it was very important that people had regular check-ups with a doctor or nurse, even if they were managing their diabetes well. Whilst it is a good thing not to let diabetes change your life, regular check-ups with your GP are still essential.

General concern was expressed about the lack of understanding of diabetes generally and particularly in school-age children. The parents of a young patient said that teachers understood what to do in an emergency but they did not cover diabetes in the general education of other pupils. As well as including an article about the seminar in the next BPSLG Newsletter, it was agreed that we should try and produce a handout which would be interesting and informative to young people. Help was offered by one of the young members of the audience.

There was general discussion about whether or not it would be desirable to monitor the "over 45" population annually for diabetes, as is done in the United States. Whilst the test itself is cheap, a national programme would be expensive. However, Kathryn thought it might well be introduced in the UK in the future. At present Balham Park surgery monitors and checks patients in high risk categories. It was noted that a third of people with diabetes are unaware of the problem and assume their symptoms are caused by something else, such as old age!

## “Us on Us” – Learning from Evaluation ...cont from 3

5. Developing new services-eg, the Group-funded yoga referral class which ran from May 2003 to March 2004.
6. Arranging educational sessions to meet patient demand -- eg, repeated sessions on “what works in complementary and alternative therapies”.
7. Communicating with the wider Practice population -- eg, the 400 patients who have opted in with their personal details to receive regular BPSLG newsletters, which are also available through the surgery waiting room.

### What did we learn from this?

The framework was easily understood and members enjoyed the brainstorming and prioritising sessions. The exercise to rank the benefits of participation in the Group produced a robust result and should be tried in similar patients' Groups. The ranking of personal values by the Group members shows that being part of BPSLG supports the objectives of increasing public knowledge about and influence over the NHS and helping Practices to learn from patients.

You can read the full report *A Framework for Evaluating Patient Participation Groups in Wandsworth Group Practices* at this link:

[www.mooreadamsoncraig.co.uk/Articles/framework.html](http://www.mooreadamsoncraig.co.uk/Articles/framework.html)

Andrew Craig

Lay Member, Professional Executive Committee, Wandsworth PCT

## The NHS Alphabet – a continuing guide for local users

PBC and PbR, two related new initiatives that could change the face of primary care and the NHS itself, are described in this instalment of *NHS Alphabet*:

### PBC – Practice-Based Commissioning

If you remember fund-holding, you will find PBC familiar. From April 2005, Practices who wish to can hold a budget from the PCT and decide how to spend it to obtain whatever services they feel is right for their patients.

If they make savings, Practices can keep 50% and use it to develop new services. In future years, community nursing teams may also be able to hold budgets. Practices adopting PBC will be encouraged to involve patients and local communities in commissioning decisions. That could create new opportunities for patient participation initiatives and the development of new services such as exercise classes and complementary therapy.

Read more here:

[www.dh.gov.uk/ssetRoot/04/09/03/59/04090359.pdf](http://www.dh.gov.uk/ssetRoot/04/09/03/59/04090359.pdf)

### PbR – Payment by Results

PbR is the new financial system by which Foundation Trusts earn their money from their actual level of activity rather than, as now, from block contracts with PCTs. All NHS Trusts will move to PbR from April 2005. PbR means that if Trusts do more work, they earn more. Waiting lists will come down (good for patients), but increased activity means that bills to PCTs go up (bad for budgets). Trusts who can keep their costs below the national tariff – a standard price list across the country for hospital procedures – will do well. Those whose costs are too high and above the tariff will make losses and could, in theory, go out of business. How this will all work in practice is anyone's guess.

Read more here:

[www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSFinancialReforms/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSFinancialReforms/fs/en)

## Surgery News

### Ethnicity Data

The surgery has been asked by the Department of Health to record the ethnic group of all our patients.

You do not have to tell us your ethnic group if you do not want to.

Please fill in an ethnicity form at the reception desk.

You can also request a handout explaining what the ethnicity data

will be used for.

### Patient Queries

We have two patient service administrators who provide a one-stop service for patient queries such as test results and hospital appointment queries.

They are available between 9.00am and 5.00pm, Monday to Friday and can be contacted on:

020 8772 3330 & 020 8772 3333, both direct lines.

### Stop Press

Balham Park Surgery Liaison Group (BPSLG) has secured £2000 funding from the Wandsworth Community Empowerment Fund Community Chest.

More information will be provided in the next issue.

## Surgery News - Staffing Update

### Doctors

Dr Daniel Isherwood has returned to the surgery to provide maternity cover for Dr Ines Fernandez who had a baby boy at the end of November.

Dr Henry Attard has joined the surgery as our new GP Registrar for the year. He is a fully qualified experienced Doctor who has chosen to specialise in general medicine.

### Nurses

Sally Arden, a specialist nurse in coronary heart disease will be joining us on a part time basis as a Practice Nurse in January, Sara Moloney, Lead Practice Nurse will be overseeing her training.

We are aiming to recruit an additional full time Practice Nurse in February.

### Health Care Assistant

This role has been a very useful addition to the team allowing our practice nurses to delegate more routine tasks to enable them to focus more time on chronic disease management. To this extent we have trained one of our receptionists to provide cover in the absence of the full time Health Care Assistant. The nursing team will be appointing another Health Care Assistant in 2005.

### Reception

We are currently recruiting new reception team members as we have had a number that have left for alternative careers including counselling psychology and biochemistry.

In the meantime we have two temporary staff Ali and Esther who are with us until March 2005.

### Administration

Due to the expansion of the workforce Emma Jacobs has been appointed as Personnel Officer. The purpose of the role is to ensure all personnel records are maintained, and that we continue to meet investors in people standards.

Anita Asiana has changed position within the practice and now undertakes all non- NHS services requests, following the departure of Carol Lewis who has become a practice manager in Essex.

Daksha Makhecha and Sharon Bailey from reception have joined the IT team following retirements and external promotions.

### Other News

Congratulations to Dr Andy Morgan and his wife who have a new arrival. Their son was born at the beginning of December.

## Saturday Emergency Surgeries and Out of Hours Service

We no longer provide an emergency Saturday morning surgery.

If you need to see a doctor urgently on a Saturday morning or outside normal surgery hours (8.00 am to 6.30 pm Monday to Friday) please call the out-of-hours service on **0845 602 6292**, which will be provided by an experienced GP co-operative called **Harmoni**.

On phoning Harmoni, staff will take some basic details from you and if necessary, a doctor or nurse will assess your health needs over the phone. They will make a decision as to whether you require one of the following:

- (a) advice only over the phone
- (b) a doctors appointment at your nearest primary care centre:
  - the Bolingbroke Hospital, Wandsworth Common (evenings and weekends)
  - Queen Mary's Hospital, Roehampton (weekends and bank holidays)
  - Tooting Walk-in Centre (Saturday mornings)
- (c) a doctor or nurse to visit you at home.

**You will not be able to be seen at one of the above centres without an appointment.**

If you are not sure whether you need a doctor, you can call **NHS Direct on 0845 46 47** for **general health advice and information** or visit [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk). NHS Direct is a nurse led advice line that is available to you 24 hours a day, seven days a week. Alternatively you can be seen by a nurse at **Tooting Walk-in Centre (near A&E at St George's Hospital)** from 7am-10pm (last registration at 9pm).

If you have any questions please speak to me or reception staff at the practice, or alternatively call Wandsworth Primary Care Trust Patient Advice and Liaison Service (PALS) on 020 8355 2980.

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