

NOTES ON A MEETING OF THE PPI STEERING GROUP OF SWPCT ON 22ND JULY, 2004

A new lead for PPI within SWPCT, Sally Sandcraft, (SS) has been appointed. She has breathed new life and dynamism into this whole area and led most of the initiatives at the meeting.

The salient issues were -

- 0 I had previously objected in writing to the draft terms of reference and after much confusion within the PC-T, a new little-altered and still inconsistent draft has been produced. It is now agreed that a meeting will be held in August to finalise the wording. I will present new proposals.
- D SS has already produced a far-reaching model for embedding PPI throughout the PCT e.g in job descriptions, appointing champions and driving the existing action plan forward.
- D A PPI mission statement is to be prepared, I have considerable experience of leading such exercises and so offered my services. The offer was accepted and the event will take place at a half-day session shortly.
- D A major PPI event in the form of a one-day conference for professionals is **to be held** later this year. There will be a high-level key-note speaker. Most importantly there will be workshops with the specific objective of cultural change i.e taking PPI (including carers) forward and embedding it within all PCT services.
- D A detailed patients' survey has just been completed and the results published. A sub-group of the SG has been appointed to develop an action plan- The board has only just received the report so no official reaction is therefore available.



Shs attended a Meeting of the Phlebotomy Review on 24th June at SDH.

More info is being obtained from Practice Managers regarding the GP contract.

It was agreed that Pet would identify two GP practices for shadowing patients.

Access When the service is available and response times, the elements to be included in the service profile are: Extended day - Out patient dept - 6 days per week.

In patient - 7 days per week. Who bleeds which patients? - Staffing, capacity/demand led. Courier service - investigate later pickups

Information for patient. Leaflet to provide following: Based on national information.

Ensure that it is available in primary and secondary care. Preparation for visit. Getting results. What tests are needed. What is tested (NICE guidance website) Where to go and when.

Staffing: To match access times and demand. Need to be aware more blood samples are taken in primary care than in secondary care.

Staff management: There is a major need. Career structure essential.

Investigations into anticoagulant service funding, as this has huge impact on what the service can provide.

A report on patient shadowing was produced and a comment box in Pathology gave further feedback. Patient feedback was generally very positive with praise for the staff. Some issues were raised and would be addressed.

Terry White, Ian Colvin and Shs attended a course arranged by Natpact at Southampton University on Tuesday 7 July.

This course was in preparation for the QOF (Quality and Outcomes Framework). The assessment for GP's when the new contracts are in place.

The review has three purposes:

To review the contractors current achievement and provide the PCT with an assessment of likely achievement by 31 March.

To confirm that data collection and quality (and therefore any payments made on the basis of this data) are accurate.

To discuss the contractors aspirations for the following year.

The teams will consist of a PCT management representative, with an identified lead: a clinician and a lay assessor, i.e. patient representative.

Achievement payment claims will be due on 31 March. Those connected to the QMAS (Quality Management Assessment System) a report will be generated automatically. Those not connected will have alternative arrangements agreed by the PCT's.

The TIME LIME for QOF:

- Agree visit dates with practices.
- Gather PCT information/data.
- Request information from practice.
- On receipt of info the panel will then meet.
- Discuss the agenda with practice.
- Confirm the agenda with practice.
- VISIT.
- Circulate draft report to panel
- Draft report to the practice.
- Revise as required.
- FINAL REPORT
- Manage information (Database)
- Review action points.

GMS	General Medical Services Practices with at least one GP provider (single banders, partnerships or a certain type of limited company).
PMS	Personal Medical Services (as above) Nurses and other clinicians. PCT's
APMS	Commercial providers Voluntary sector, Non profit organisations (eg Boots) NHS trusts and foundation trusts. Other PCT's.
PCTMS	PCT medical services i.e. OOH's