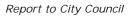
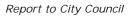


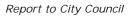
Report to City Council



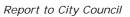










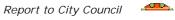




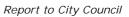
## 2: Introduction

#### 2.1 Reason for the Review

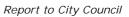
- 2.1.1 Communication of information is fundamental to a patient's ability to understand and manage their condition. The method and quality of this information can also have a major impact on the outcome of any health intervention that is carried out, both in and outside of a doctor's surgery.
- 2.1.2 Good quality information can dramatically alter patients' perceptions of their conditions, as well reducing the psychological trauma associated with a new and challenging situation.
- 2.1.3 The 1993 Audit Commission Report '*What Seems to be the Matter: Communication between Hospitals and Patients*' defines a need for improved communication of information in an acute setting. It should be noted that for the majority of patients, their main or only contact with the Health Service actually takes place within the Primary Care setting. Thus, clarity of information is a much more pressing concern.
- 2.1.4 The 1993 report sets out some of the underlying causes for a lack of available information or its perceived irrelevance. These can be summarised as: -
  - Information is not available often because it has simply not occurred to staff that there is a need to produce it.
  - Information is not accessible sometimes information is produced but due to inadequate



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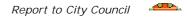




- 3.2.1 The most common forms of information provided to patients are leaflets or posters. These can be readily found in most surgeries but are generally of a very specific nature. Leaflets that are available tend to be driven by needs perceived by the Department of Health rather than the requirements of the surgeries themselves.
- 3.2.2 Language creates a great barrier to providing information to patients that do not have English as their first language. It is the experience of many of the practices visited by the Committee that producing information in different languages is of limited value. This is generally because the incidence of literacy of some languages is not high enough to make them viable.
- 3.2.3 As a result of the language barrier some information is now being produced on audio and video tape in order to make it accessible to all members of the community.
- 3.2.4 Some materials that are produced relating to conditions are not created with the patient in mind. This results in highly technical materials being produced that can confuse patients. In cases where patients do not understand the information provided, it has the effect that they do not take ownership of their condition and it hinders their ability to manage it.
- 3.2.5 Some surgeries have approached the provision of information to their patients in a variety of innovative ways. For example, Jiggins Lane surgery have developed their own website (http://www.jigginslane.org.uk/) that gives information on practice staff and services that are provided.

#### 3.3 Why is Information Important?

3.3.1 Information is important as it not only helps patients to understand the reasons for any medication that might have been prescribed, but also helps to alleviate anxiety that can be associated with a diagnosis.



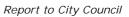
3.3.3 Adequate information can reduce s120wss .9( can)9( red) .9( can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(can)x-5.7(i)-e(

# 4: Technology and Patients

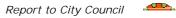
4.1 Information Systems in GP Practices











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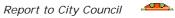
## 5: The Role of Primary Care Trusts

### 5.1 Evidence from PCTs

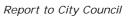
- 5.1.1 As part of the review process the Committee heard evidence from the Directors of Primary Care and their representatives of Eastern Birmingham PCT, Heart of Birmingham Teaching PCT and South Birmingham PCT.
- 5.1.2 Each PCT acknowledged that the provision of information to patients should be at the core of each consultation and is essential in order to promote better management of a patient's condition. The diverse nature of the population of Birmingham, coupled with issues surrounding varying capacity, has made such provision very difficult to plan.

#### General Medical Services Contract

- 5.1.3 Equally they acknowledged that currently there are no "levers" in place to ensure the consistency of information provision across the city. The implementation of the General Medical Services contract (GMS2) should help to provide just such a lever. It should be noted that (as stated in section 1.2.6) the new GP contract does not specifically oblige a GP surgery to provide information to patients but it does instigate a cultural change in the approach to information provision.
- 5.1.4 The new GP contract (GMS2) concentrates on improving the clinical outcomes of 10 major disease areas. These are:-
  - Coronary Heart Disease (CHD)
  - Stroke or Transient Ischaemic Attacks
  - Hypertension
  - Diabetes
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Epilepsy
  - Cancer
  - Mental Health
  - •







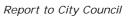




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### Information in GPs' Surgeries











Report to City Council

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