



Newsletter



April 2012

The Second PPG Public Meeting

The Group's second public meeting attracted a large gathering at the Victoria Rooms, Fordingbridge on 22 March. The programme for the meeting included an update on the work of the Group to date, presentations on the current position with NHS organisation in the area and on aspects of elderly care; and a lively questions and discussion session to provide an opportunity for patients to comment on healthcare topics about which they have concerns.

John Hickman welcomed those present, introduced the members of the Steering Group and explained that the PPG was still led by this small but vigorous volunteer group. He paid tribute to the manner in which the Surgery team had embraced the principles of PPG work and shown a refreshing openness in working together on topics of interest. He reported that this had been of great value in the detailed work on the recent introduction and presentation of the Same Day Service and the recent Patient Survey.

On work in progress it was explained that attempts are being made to create an advice, information or contact network to help to patients who need non-clinical advice or to share experiences, for example on chronic conditions. This is sometimes called "Experienced or Expert Patient" support. Information can be provided, but more complex systems are not easily created because they need clinical input, and may not be viable in a small community such as Fordingbridge.

Presenting the survey results, JH commented that over 640 Patients had completed the survey. Satisfaction was very high indeed, with some 98% rating the overall service satisfactory or better. A series of slides showed the patient satisfaction evidence across all aspects of service to be consistently very high. Those elements at a relatively lower level - some 85% at satisfactory or better - were already the subject of improvement action through the Same Day Service. It was stressed that the PPG had striven for statistical integrity in rating results, and to seek comments from patients. Some two hundred had made narrative comments, overwhelmingly in support of and thanking the Surgery team for the quality service. Some specific comments on aspects of administration had been received and were being responded to. The results of the Survey and a fuller PPG Report is now available on the Surgery Web site (link), and further action points will be added.

Looking forward, the PPG intends to monitor the SDS, to identify where it can assist in preventative work through more or better information, and wishes to receive patients' reports of any adverse experiences of the healthcare systems. Individual complaints should always be directed immediately to the surgery

PATIENTS CAN CONTACT THE PPG BY:

e-mail

telephone

sending a note

or picking up a leaflet from locations around the Practice,
and sending or handing in the contact slip.

Dr Morris gave a presentation on the latest position on NHS local re-organisation. He pointed out that the original aspiration for a Clinical Commissioning Group (CCG) based upon South Wiltshire, aiming for even closer affiliation with Salisbury District Hospital, had proved impossible. Relationships with the Hants PCT had always been effective and close relationships with the forming West Hants CCG are being developed. We will continue to be able to refer patients to Salisbury District Hospital. It was already clear that the CCG reactions to system problems which the surgery had identified were sharper and positive. There is every reason to feel encouraged by the changes. Hannah O'Neil, attending for the CCG, explained that the Group was keen to experience patient reactions through PPGs.

Dr McGee, speaking on the general theme of elderly care, a response to patient interest at the first public PPG meeting, addressed the very difficult theme of approaches to end of life issues. She spoke on this difficult, perhaps controversial subject with great sensitivity and insight and described the policy of the surgery on constant improvement of end of life care. She further developed the subject with ideas and audience reactions on key aspects. On finding out more about "Do Not Resuscitate" issues, a large proportion were interested; on Living Wills, about 50% were interested; on Lasting Power of Attorney there was some slight interest; and on Carers for the terminally ill there was reasonable interest.

During an Open Forum, a series of questioners sought re-assurance about the use of Salisbury hospital, and not being referred to Lyminster or elsewhere. Dr Morris confirmed that there is no reason to believe that existing affiliations are threatened; he believed that GPs will retain the right to send patients to the best care wherever that might be although there are difficulties, as now, if care is spread over many hospitals.

On Living Wills it was confirmed that the Surgery can annotate the digital Patient Record. On Health and Social Care and community nursing, Dr Morris explained the separate management structure and that the surgery is constantly battling to improve services. Questioned on male health, Dr Morris commented that Prostate Cancer Screening specifically is not a particularly good screening tool. He agreed that more health promotion would be helpful and the surgery constantly strives to do this. Comments were made that males do not take as much interest in their health as females. Dr McGee suggested that specific health promotion could be tackled at another public meeting, and organ donation could, if needed, also be covered at a public meeting.

On screening for aortic aneurysm Dr Morris informed the meeting that this is a now National policy and patients will be invited to attend for a test. Commercial operators may offer 'package' the screening for a price, but may not have quality assurance that is comparable to that of the NHS. Screening systems may be burdened with 'false positives' and may not be helpful. On competition with outside bodies it was hoped that the CCG would take the longer term view and favour quality over price.

Mr Hickman closed the meeting by commenting on privatisation and benchmarking of services. He encouraged patients to feed back to the PPG on their experience of services so that the Group can support GPs in influencing change for the better.

**The next PPG Public Meeting is on
Thursday 27th September 2012
in the Town Hall, Fordingbridge.**