



PATIENT PARTICIPATION GROUP

Newsletter - Autumn 2011

The Group's first public meeting filled Fordingbridge Town Hall on 27 September. The programme for the meeting included an introduction to patients of the initial aims and aspirations for the Group, a short presentation on the current position regarding future NHS organisation in the area, and – most importantly – an opportunity for patients to ask questions and make comments on healthcare topics about which they have concerns.

Dr Staunton introduced the concept of the Group. He explained that the Surgery had always taken a very positive position on listening to patient comments and acting upon them, but that process would now be enhanced by the formation of this Group. It was especially relevant in the new circumstances following the forthcoming NHS reforms, and it is a 'healthy' approach anyway.

He explained that a small patient-led Steering Group with a Surgery secretariat had started work and would now be continuing to gather patient views and further developing that work. He also explained that the Group was not intended for, and would not be involved in, any personal matters concerning individual patients and their relationship with the Practice.

John Hickman, for the Steering Group, explained how this local Patients Group related to the national framework of groups, that it was an

informal organisation at this stage, and intentions are to continue to develop it strictly according to local needs. He stressed that it was now necessary to learn from patients' responses to the initiative, to gather more patient interest from across the entire patient Register and to establish more patient contacts. One means of doing this is to exploit the surgery web-site. For the future he suggested that the Patients Group might meet, say, twice in any year, conduct an annual survey and publish Newsletters as needed.

For such a programme the Group needed to know much more about what patients are thinking about healthcare topics which concern them, and views on topics of community interest. Examples might include:- First, our own Surgery services and its links to hospitals, specialists and clinical services like physiotherapy and mothers and children; and then topics of community interest such as:

- Chronic illnesses (e.g. diabetes, asthma)
- Obesity (surely one of the most important future threats?)
- The nutrition debate
- Care of the elderly
- Screening for life-threatening conditions (why screen for some and apparently not for others?)
- Cancers
- Joint replacement
- Trends in research

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.



John Hickman concluded with three questions to the meeting:

- Are these the sort of subjects we should present to you in public meetings?
- What other subjects do patients consider important?
- What views do you wish to see represented to the Surgery?

Dr McGee then gave a short and commendably clear and instructive Presentation on the current position of the Practice and the planning for the forthcoming changes to NHS organisation envisaged in the forthcoming Bill, 'Equity and excellence: Liberating the NHS'. She first briefly described current NHS organisation across West Hampshire, East Dorset and South Wiltshire, and the relationship with the Primary Care Trusts and Salisbury NHS Trust Hospital. Looking to the future, she stressed that uncertainties remained but that the Surgery had taken timely steps to be proactive in the process, and that careful evaluation of services and options for patients had guided the GPs in their thinking.

Dr McGee then explained the rationale for a new Clinical Commissioning Group (CCG) based on Salisbury and South Wiltshire – as an alternative to an affiliation with Hampshire, although this option remained. Dr Morris, the Senior Partner, had taken a Board Member role in the Consortium of GP Practices now engaged in planning the way ahead. Firm decisions are awaited and much detail may yet depend upon the progress of the Bill - but the principle remains clear; changes will happen and the Practice is determined to view this as an opportunity to secure improvements in the service to patients.

A questions and comments session then followed. It was clear from the tone of numerous questions, and the comments and concerns expressed, that the meeting was solidly supportive of the strategy adopted by the Practice GPs. Any change of 'centre-of gravity' away from Salisbury Hospital was perceived as a threat to patient confidence and service. The meeting encouraged the PPG to use its voice and 'muscle' in the re-organisation.

The mutually supportive position of the already well established Friends of Fordingbridge Surgery and the Patients Group was expressed, and the two groups will be complementary whilst continuing in their differing roles.

On other topics a range of questions and comments included:

- A need for specialist patient support or patient expert groups.
- Preventive work.
- Can we find ways to save money?
- The need to manage expectations.
- The influence of private businesses in the NHS.
- Cancer care.
- Terminal care and Living Wills.
- Delays in treatments.

These were noted for future attention by the Group.

Dr Staunton thanked all present for a very supportive and constructive meeting, John Hickman thanked the members of the Steering Group and concluded by asking all present to ***"Spread the word about the PPG, encourage others to join and to continue to tell the PPG about patients' ideas and concerns."***

or to find out more, visit the web site at

www.fordingbridgegps.co.uk

and click on the link

Patient Participation Group

**Fordingbridge Surgery, Bartons Road, Fordingbridge Hampshire SP6 1RS
or contact Michelle Raymond, Practice Manager, 01425 653430**

