**Clifton Hampden Surgery – Patient Participation Group**

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**Autumn Newsletter**

**The Patient Participation Group**

The first notices about a Patient Participation Group sprung to my attention in the surgery appropriately around springtime although at times they were difficult to see amongst all the other informative posters on the front of Reception.

When surgery was running late, a bonus of that was that it gave plenty of opportunity to scan the posters looking for things appropriate and interesting.

Being the wrong age (not to mention gender), the breast-feeding notices were not for me, and the same was true for many others. Eventually my gaze rested on the notice about a Patient Participation Group that had a cry for help from our esteemed Nurse Hilary and Dr James.

I answered that call for help, as did a few others, and we had the first meeting of the Patient Participation Group (PPG) at the surgery in May.

We discussed all the things we wanted to see happening at the Surgery and talked about how to make them happen.

 I took some notes and thus became Secretary. Chris Dupond volunteered to be Chairman and we looked at a “PPG Toolkit” document about how to form a PPG and what it should do. The idea of PPGs has been around for some time now and every GP Practice should have one.

Clifton Hampden Surgery is catching up.

There is no limit to the size of the PPG and no set format, these will evolve as time goes by. The important thing is that it exists and is there for all patients to turn to for getting some things done, to offer to help or to suggest improvements. Young or old, rich or poor, everyone is welcome to join the group.

We meet for 1½ hours every 2 months on the third Wednesday of the odd-numbered months, at the moment in the waiting room of the surgery at 7:30 pm but the time and place may change depending on numbers and availability of members.

You can join the group by coming along to a meeting or by first completing a form at Reception and putting it in the suggestion box cunningly labelled “Repeat Prescriptions”. If you just want to make a suggestion without joining the group you can come along to a meeting to have your say or put a note in the box or talk to one of the existing members whose details are shown below.

**This isn’t a forum for complaints, if you have any then talk to Taz, the Practice Manager.**

PPG Member list as at November 7th 2013:

|  |  |
| --- | --- |
| **Name** | **Area** |
| Ann Tomline | Long Wittenham |
| Bill Symonds | Long Wittenham |
| Charles Lamb | Dorchester |
| Christopher Dupond (Chairman) | Clifton Hampden |
| Estelle James | Surgery |
| Gail Crowther | Dorchester |
| Geoff Webb (Secretary) | Sutton Courtenay |
| Gillian Haworth | Dorchester |
| Glenys Bowles | Burcot |
| Golda Narn | Stadhampton |
| Hilary Rogerson | Surgery |
| Jennifer Montague-Jones | Marsh Baldon |
| John Stimson | Long Wittenham |
| Lyn Cook | Appleford |
| Marion Shipton | North Moreton |
| Mary Braybrooke | Clifton Hampden |
| Roger Mitchell | Dorchester |
| Sheelin Defreyne | Sutton Courtenay |
| Susan Braden Dodd | Sutton Courtenay |

Their contact details can be obtained from the PPG Chairman, Secretary, or the Surgery staff mentioned above.

**How the PPG fits into the NHS**

Becoming involved with the PPG made me think about the way this surgery worked and how it fitted into the “big picture” of the NHS.

The NHS is probably the biggest company/organisation in the country, with over 65,000,000 customers. It’s so big that in order to work it is broken down into manageable chunks, with 600 Trusts 300 Hospitals and 2000 GP Practices. It employs over a million staff. It is unwieldy and at the furthest level from the top (we patients) there is no “one size fits all” as those at the top seem to think.

There is no 5-star customer service department (there’s no money for that) so we patients bumble along moaning and groaning that this is wrong and that should be improved, but we should spare a thought for the staff too. Our Surgery has also been bumbling along doing what it can to put things right using the scant resources available to it.

The Patient Participation Group is not the magic potion that will right all of the wrongs, but if enough people get together they can act as a receptacle for ideas from other patients, prioritize them, get estimates of any costs, arrange the funding, manage them and get them working. Our first meeting in May had just 7 people and two meetings later that has increased to 19.

**What have the PPG helped to do so far**

1 A suggestion from patient Mr Foster was for a Handrail from the car park to the building and this would benefit many patients in need of steadying against risk of a fall. **Done**

2. Another handrail at the side of the 3 steps up to the reception area was requested. **Done**

3 An automated response for prescriptions sent by email to give some reassurance to the sender that the request had been received. **Done**

Since that happened, the EMIS computer system has been implemented allowing patients to make online appointments and to view their repeat prescriptions. Requesting repeats is a very simply process so emailed prescriptions should end.

4. Updating of the CHS “Practice Information Booklet” as the current version is seriously out of date. Still being done.

5. The transport process available with volunteer drivers in Dorchester, with appointment slots reserved at Berinsfield Surgery for transported patients to be put in place at our surgery. **Done**

6. Fund Raising activities needed to raise money for the purchase of a **Defibrillation** machine to be sited at the Surgery entrance and so to be available to all in an emergency, outside Surgery hours. As soon as a poster advertising the need for fundraising for the machine was put on the notice board in Dorchester, an anonymous donation of £100 was made – demonstrating the value of publicity for this £3,000 item. This is ongoing.

7. To go with the transport system, a “Pill Run” similar to the Dorchester system for Berinsfield was suggested. **Done**

8. Improved parking facilities were requested, perhaps by using more of the grounds. Suggestions included laying rubber mesh over grassed areas but that was a costly and difficult solution. Other suggestions ran into Planning problems.

One idea was the possibility of asking the pub to be more co-operative with allowing patients parking there at busy times during the day as the pub/takeaway customers tend to use the surgery parking in the evenings. This was refused by the pub landlord. Other options are still being investigated.

9**.** A new chair for the nurse’s room was suggested by Mrs June Castle, perhaps one with an arm rest for doing blood tests to replace the cushion. One was in use in the Nuffield Phlebotomy area. This is being investigated.

10. Now that a handrail is in place outside, Mrs June Castle suggests that it should be kept free of bird dirt and included in the cleaning schedule. This is being arranged.

**Please keep your ideas coming.**

**The NHS unravelled, a fly-on-the-wall article**

I have worked within the NHS for about 12 years, in an administrative Information Technology role I’ll hasten to add, not as one of the amazingly talented and underrated clinical staff. In that time I have formed my own opinion about how some of it works and I feel that you might benefit from this explanation of how I see it.

We have all probably seen how successive governments, once elected, include their plans to improve the way the NHS works. The best of big business chiefs have always turned down the opportunity to take over and lead the organisation into the future, with good reason – it is huge and has huge problems. Responsibility for setting out the solution to government’s manifesto pledges is passed from person to unfortunate person, regardless of the fact they have little more knowledge of how it works apart from what they might see in their local Hospital’s A&E late on a Saturday night, or on a staged parliamentary visit to a model hospital associated with the armed forces and with seemingly endless funds.

In the recent past, sadly it really was a post-code lottery meaning that if you live in an area where the NHS Trusts and PCT’s were really switched on to what’s going on, there’s a good chance that for you, the NHS worked well. But there has always been a gap between Hospitals and GP Surgeries with the latter being the first port of call for most patients, who may then need to be sent to see one of the specialists who group together in Hospitals.

Our recent policy-makers have decided that as GPs are the first point of contact for us patients, perhaps the GPs should have a say in how those specialist groups are set up in our local Hospitals. So the PCT’s have been dismantled and the responsibility for arranging these specialised services has been passed to GPs.

Groups of GPs have got together and each group (or consortium) has joined with others to form a Commissioning Group who should be better able to decide what facilities should be available locally for their patients.

At the lowest level (us, the patients) we have the opportunity to help the GP Practice to make those decisions by talking to the Doctors, Nurses and admin staff.

The Patient Participation Group can help by attending to some of the work that our ideas generate.