

# **PPG Chairman's Report - April 2016 to March 2017**

## **Surrey Downs CCG Review of Community Hospitals**

Surrey Downs CCG Main Board selected Option 2 as their preferred way forward. This has now gone to Public Consultation and is also subject to a separate NHS Estates Review. We await the final outcome. Your PPG remains focussed on ensuring that there is no backsliding on the commitment to develop Leatherhead Hospital and to upgrade its status to a Planned Care Centre.

## **Eye Appointments**

We have continued to investigate the reasons why some patients are being sent to St Helier for eye treatment as opposed to Epsom. Historically, the Practice were booking eye appointments direct with the hospital. Nobody realised that this was administered by a joint Epsom and St Helier team whose main priority was to meet specific waiting times and would therefore tend to look for the first available appointment at either hospital irrespective of the patient's address. We further learnt that this problem could be overcome by using the Surrey Downs Clinical Commissioning Group (SDCCG) Referral Support Service (RSS) which, whenever possible, would give the patient a choice of the most convenient time and location.

We recommended that the Practice adopt this system for all eye appointments and we are pleased to say that this has been agreed, resulting in all eye appointments being booked through this Referral service; the exception being patients suitable for Mr Shah's in-house clinic at Gilbert House. Whilst there are no guarantees as staff shortages/sickness could require a change, most eye appointments should be at Epsom Hospital.

## **Appointment Process**

Following the Patient Survey undertaken in 2015, we made some minor suggestions on how we felt the Appointment process could be improved for both patients and reception staff. As a result of further feedback from patients and discussions with the doctors, we established that not all patients realise that non-urgent appointments can be made with the receptionist up to 7 days in advance at any time.

Next time you need an appointment, therefore, only phone at 8.00 am if you need a same day appointment. For non-urgent appointments up to 7 days in advance, please call at any time or use the online booking system. The Practice has also agreed to slightly increase the number of available online appointments but care needs to be taken to ensure the right balance between online and ordinary appointments

This will not only be a great help to everybody but, in particular, will ensure urgent appointments receive the correct priority. We will continue to monitor the situation, and adjust where necessary, so please do let us know of any problems experienced when making an appointment.

## **Practice Newsletter**

As I hope you are aware, your PPG has taken over the production and publishing of the Practice Newsletter. We have issued 2 newsletters - May and November 2016 - and our Spring 2017 edition is

in its final stages and will be available late April/early May. We plan to have two issues per year - Spring and Autumn - and if you have suggestions for future articles, please do let your PPG know.

### **Signposting Local Support Services**

A little while ago, the Practice asked the PPG to help provide, to both patients and doctors, information on the wide range of support services and help available to patients. Our initial research indicated that much information was already available - the problem was how that information could be accessed. Working with Dr Lynne Davies, we have produced a Signposting leaflet showing where and how patients can contact care and health support services. Copies are available from both Linden House and Gilbert House surgeries.

### **Phlebotomy Services**

At the end of August, and at very short notice, the Practice received a letter from SDCCG withdrawing Phlebotomy services. This meant that for the majority of blood tests a trip to Epsom Hospital would be required. This was obviously unacceptable both in terms of the lack of consultation, the short notice period and the inconvenience caused to patients.

With much input from Lucy Shabrokh, your PPG immediately contacted Chris Grayling, MP for Epsom and Ewell who, in turn, contacted the SDCCG with the result that the decision was put on hold. Your Chairman wrote to the SDCCG for both an explanation and apology but no communication or satisfactory answer was forthcoming regarding the future of this service. As a result, the Practice made a decision to employ their own Phlebotomist, instead of relying on the service provided by the SDCCG, and patients should now not be going to Epsom Hospital for their blood tests.

### **Linden House Car Parking**

We have been made aware of the car parking problems at Linden House surgery caused by the allocations of spaces to private organisations resulting in the reduction of spaces available for the general public. We have written to the local Councillors to ask for their help and have discovered that the matter of these allocated car spaces is up for review by the Mole Valley District Council in April. (we have since learned that the review will now not take place until July 2018)

As a result, and working with the surgery, we have registered our concerns and have organised a petition with the objective of persuading Mole Valley District Council to allocate more spaces to the general public and therefore to patients.

We are also asking for a 10 minute drop-off bay to be marked outside of the surgery to help those experiencing difficulty in accessing the surgery from the roadside or car park.

### **Ashted Village Day**

As I hope a number of you may remember, the PPG had a stand at Ashted Village Day in June of last year. Our aim was to publicise the work we do and how we can offer help to both patients and the Practice. It also gave us the chance to meet more patients and to encourage them to join our list of "interested patients" leading to a greater involvement in PPG, Practice and NHS news.

We will again be at Ashted Village Day, the Queen Elizabeth Recreation Ground, on the 10th June and we look forward to seeing you there.

## **Communication and Social Media**

We actively continue our exposure on social media websites and our thanks go to all the local groups who publicise our activities.

## **Contact with other PPG's**

Your Chairman has attended several meetings with other PPGs since the 2016 AGM. These are proving to be more helpful than originally seemed likely. The main benefit is to learn from other PPGs and to exchange ideas and actions.

## **Patient Survey 2017**

We are planning another patient survey later this year with a view to obtaining your thoughts on the revised appointment system and how you feel it has helped you. Parallel with this, we will devise an online survey and you will be notified when this is up and running.

## **The future of Epsom Hospital**

As you may have heard, rumours have been circulating over the past few weeks regarding, yet again, the future of Epsom Hospital.

Your Chairman immediately wrote to Chris Grayling, who has been most supportive in the past, and his reply was:

*"There are new rumours in circulation about the future of Epsom Hospital. In particular there is speculation that it will close in two years time.*

*I keep in regular contact with senior people in the local NHS and I know of nothing to substantiate these rumours. Some people in the NHS in South West London continue to argue that it needs a reduction in the number of hospitals, but there is a general consensus in the local NHS here that Epsom needs to be retained to support Surrey patients. Of course circumstances can change, but in fact at the moment Epsom is performing very well, as is the whole Epsom and St Helier trust. The Trust has pioneered some new ways of bringing together community and hospital care, and is seeing some real improvements as a result. Like many Trusts it remains under financial pressure as demand continues to rise across the NHS. But reports of the impending demise of Epsom are not right. I will keep a very close eye on things though and will be in touch very quickly if anything changes."*

Whilst it appears no decisions have been made, it would be premature to take any action at this time. However, we will continue to monitor the situation and update you as and when appropriate.

## **Your PPG - Getting Involved**

We are looking for new committee members, including a new Chairman from April 2018.

The role of the PPG is very interesting and rewarding as it provides the opportunity for both the Practice and patients to work together for the benefit of all. Clinical knowledge is not necessary as the Practice has all the up-to-date information but it is looking for help in other areas. Your PPG is not just a "talking shop" as we aim to provide a practical and positive contribution. Although we meet

most months for a maximum of two hours, this is primarily to report on progress, agree new projects and decide new priorities. Most of our work is done outside our meetings. We believe we have achieved a number of worthwhile improvements and have built up an excellent relationship with the Practice.

My three years as Chairman will end in March 2018. A number of other PPG committee members will also have completed a three year term and will be required to step down.

If you are interested, and I hope you are, I am sure you will find it most fulfilling and worthwhile. Please think about it – it would be such a shame for your PPG to lose its way now.

Please contact me on 01372 817 190 or email: [ashlea.ppg@talktalk.net](mailto:ashlea.ppg@talktalk.net) for further information.

Richard Garrard  
Ashlea Medical Practice  
PPG Chairman

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