

PUBLIC MEETING – SATURDAY 13th NOVEMBER 2010

MEETING MINUTES

Welcome and Introduction to FCHC Public Meeting.

Paul Hopper thanked everyone for coming and introduced members of the Executive Committee of FCHC. There are a couple of people standing down from the Committee, and FCHC would look to replace these roles, including the position of Secretary. FCHC would welcome anyone who would be interested to get in touch. The Secretary role is a crucial, and ideally someone with good IT skills is required.

Finances / Donations

Geeta Howles thanked those who have already made donations, and those who have become members by giving us their details. It is helpful for FCHC to know that people are interested in supporting us, and to be able to demonstrate that we have active members. We first received a kind £900 donation from CHC doctors, and we have also been donated a further £220. Expenditure so far is £400. It costs £120 for 3000 copies of the newsletter and £140 for room hire at the town hall to hold the public meeting. Membership is open, free, to all patients at CHC. There is no obligation to make a donation, but if you can help us in this way, it would be very much appreciated.

NHS Hounslow – Issues raised at previous Public Meeting

Since our last meeting on 19 April 2010, FCHC have had discussions with Hounslow Primary Care Trust (PCT). However, the PCT is in its final days due to NHS changes, and because of the White Paper decisions and initiatives are on hold. Nursing staff at CHC now work for Hounslow and Richmond Alliance, rather than the PCT.

But what is addressed in the White Paper, and will continue to form part of FCHC's agenda, is the question 'will Chiswick Health Centre have its own budget and continue to run its services'. Under the White Paper plans, GPs working through GP consortia will now play a big part in deciding how the money from the NHS budget is spent.

It was also noted at the last public meeting that resources and services had been moved away, some to the Polyclinic in Hounslow. We had no real answers from the PCT regarding this matter. The PCT said that services had been maintained, although FCHC has documented the considerable reductions that have taken place over the years since it opened. It is still very important that you keep us updated of any services that you find are deteriorating so we can use our contacts to attempt to improve services and feedback patient concerns to the NHS.

"How can we as patients influence the decision on what services are given to the patients?" FCHC will work with statutory bodies such as Hounslow LINK, which under the White Paper will become HealthWatch. FCHC represents some 25,000 patients which should give it some influence. However, there was a strong feeling that FCHC should continue as an independent body.

"What are NHS Hounslow's views on polyclinics?" Since our first public meeting, there is a new Government, and whatever was past policy on developing polyclinics is now up for discussion,

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with development of polyclinics on hold. FCHC's role is to ensure that CHC is used in the most effective way.

Would CHC becoming a polyclinic mean we wouldn't see our own GP's? The answer is no, but what we would like to see is more specialist services provided in CHC. The White Paper doesn't see the role of the GP changing.

Comments from Dr Stephen Hirst

I have to say thank you to Paul and his colleagues - in summary they have already made a significant difference. We found it hard even to get a meeting with our opposite numbers on the PCT, and FCHC made this happen. Treatment Room services have been resumed and this results from the push from FCHC.

Dr Ruth Heinsheimer and I had the idea of forming a friends group, which was taken up by all the practices, because we felt that CHC was being left behind and nothing was happening, which hasn't been good for morale. When I came to CHC many years ago, it was very special, and indeed unique. We had other services on our doorstep and could talk to nurses and therapists alike, but we do feel that over the years these services have been chipped away.

I would like to see more services returned, and we have looked at the White Paper. Uncharted waters are ahead but we GPs have to apply local knowledge, and we will have to make our case strongly in a big consortium not to get lost. But we hope that FCHC can help us enormously in this. Thanks for coming and for all your support.

Report on FCHC Activities

We have spent some time on making FCHC happen, but we are not perfect! We may sometimes be slow in coming back to you, but we are trying and if we haven't communicated please accept our apologies.

Since April, we have had many meetings with the PCT, largely about the Treatment Room. We met with Hounslow & Richmond Alliance - they were very positive in what they could do and they are currently supplying services in the Treatment Room.

Mary Macleod MP, in whose constituency CHC is located, took time to visit CHC and meet FCHC. We will contact her as appropriate regarding CHC issues, and other local MPs, in particular Angie Bray.

We will meet again shortly with Hounslow LINK, and we will work to best effect within local networks. We do, however, need still to address the situation of Chiswick, in that while it is part of Hounslow, it sometimes appears to be at a disadvantage. There are 25,000 patients here with many specific issues that need addressing.

We lobbied Hounslow PCT on provision of service for dermatology, diabetes and sexual health. Dermatology service will continue at West Middlesex University Hospital, which is good news as it keeps it within the NHS and not contracted out.

FCHC plans to speak with NHS West London Estates, once we have formed a firm view with the Doctors/Dentists on what services we wish to see improved in CHC.

2

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FCHC didn't make a written input on the White Paper as we are still in discussion with the Doctors on possible local arrangements, but we will lodge our position with the NHS when the situation is clearer. In particular, we do not believe that a new consortium should inherit any current NHS debt, and, of course, we want equitable distribution of government funding to CHC.

The size and geographical spread of consortia is the big issue - the question being whether the GPs go with the Hounslow GP Consortium or with a possible consortium based around Imperial College. Either way, CHC GPs will be part of a large consortium which will have considerable influence.

Open Discussion – what do you want from Chiswick Health Centre?

One forum might be worth considering is Chiswick Residents which meets 5 days a year and involves Councillors. We will look into this in, and perhaps include a GP.

Can we learn from a GP Consortium already working in Northamptonshire ?

FCHC will look it up and see how it works, and maybe make some suggestions to GPs.

I would like to see my Doctor do his/her job – as a Doctor - so a professional business person backing a consortium up would be good as there will be millions of pounds involved. Dr Brigitte Unger-Graeber is involved in the Great West Consortium, which will be a “pathfinder” for the new NHS arrangements with effect from 1 April 2011, where the doctors will share good practice and look at other Consortia and learn from their experiences.

A majority of us don't understand the current structure of how the NHS operates .It is agreed that the structure is complex! We would suggest that you explore through the internet, starting with Hounslow PCT. NOTE – in outline, the new, simpler model is that the Department of Health will fund about 50 GP consortia across England, which will then purchase health care on behalf of their patients from hospitals, clinics and GPs themselves.

My opinion is to avoid been sucked into the HealthWatch – it's NHS, and we must remain independent. We can't “opt out” of Hounslow, as there are many services that are provided through the Borough, eg social services. However, FCHC will maintain its independence.

Been in Chiswick since NHS was instituted and always been able to go to Hammersmith, never to Hounslow. The Hounslow PCT merger into the new Hounslow, Hillingdon and Ealing PCT may change this and I want to be sure we can go the hospital we want to.

The White Paper talks of health care driven by the patient, so therefore patient choice will remain, and we will continue to express that desire. NOTE – PCTs continue to handle NHS funding until legislation is passed to introduce GP consortia.

I have picked up a feeling that Chiswick is seen as different because of its geography - part Ealing, part Hammersmith - and in general terms the patient population in Chiswick faces very different problems from those, say, living in Feltham. Parts of Hounslow Borough are very under privileged and Chiswick is seen as privileged. Chiswick Groups

tend to be more articulate and groups that are formed tend to be very powerful. As a group of patients you are very powerful, and if you want better services this group is the best way forward. FCHC's role is to ensure that Chiswick Health Centre must not be forgotten and services diminished.

I am here from the "Older Person Scrutiny Panel". We question Hounslow borough social workers and community health as if we were a select committee in the House of Commons, and if our answers are not fulfilled we get very angry (said as a joke!). I will certainly report back on what you are doing. I think you should broadcast a bit more. FCHC will communicate with the Older Person Scrutiny Panel, and more widely.

Hounslow Polyclinic – the NHS appears to be pressed to put work through this Polyclinic rather than to Charing Cross Hospital. These are the types of issue that we will continue to take up. We believe that services should be provided locally where possible, especially recognising patients' ages and convenience. We will continue to press for common sense being used in making business decisions.

I am sad to see here mainly people of an average age close to mine! It would be good to see younger people. Perhaps FCHC could approach mother and toddler groups. FCHC would love to get more people involved and will look at communicating to these groups. We would also encourage you to invite your younger neighbours. We will try our best to get into more networks and look also to communications through local schools.

Found this meeting by accident. Fantastic meeting and enjoyed it, and if more people knew about it there would be more people here!

I have lived in Chiswick for the past 40 years, both at Hounslow end and now in Ealing part and heard about this meeting 48 hours ago. Please can you approach contacts in these both these areas of Chiswick.

Thanks for organising – when our residents association receives minutes, we will circulate to our members. With regards to having a larger GP Consortium or more local, whatever is decided it will be important to have an envoy into HealthWatch.

Communication – thinking of a website? – suggest link on to GPs West 4, Chiswick W4 and Chiswick Community Forum?

Donations – in what form do you wish to have payment? Please write cheque out to Friends of Chiswick Health Centre. Cheques can be left in the box held at the Community Desk at Chiswick Health Centre. FCHC repeated that a donation is voluntary, but very much welcomes help with day to day expenses and meeting room hire. We have deliberately not made it a paid membership body to encourage wide support and involvement.

Perhaps you can consider contacting younger people – they may not have too many concerns about health now, but will later in life, and looking to the future could be away of approaching them.

I wanted to express my gratitude. I have been a patient at CHC for 14 years and the staff have always been very helpful. Also thanks for your help with setting up this initiative.

4

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