

INTRODUCTION TO FRIENDS OF CHISWICK HEALTH CENTRE (FCHC)

Background for opening public meeting - 19 March 2010 - based on Dr Ruth Heinsheimer's remarks

CHC was conceived 40 years ago by the London Borough of Hounslow and opened in 1978. At the time, it was one of the most innovative developments in healthcare anywhere in the country. It had under one roof four GP practises, an NHS Dental practice, district nursing, health visitors, school nurses and child health services, family planning, chiropody and - most crucially for GP's in those days before practice nurses - a wonderful communal treatment room which was staffed by two health authority nurses.

CHC was a unique development, very much an example of best practice, wonderfully located as a facility for the local community and aimed at putting patients at the heart of health care. The GPs' tenancy at CHC was secured by a licence which is still in force. Serving over 20,000 patients in the area, it was an early example of a polyclinic.

Over the years, the Doctors, Dentists and staff have had huge pride in working at CHC, which was regarded by many as a Beacon for developing services for the local community.

By the end of the GP fund holding chapter, when practices were able to use any savings they made for the benefit of their patients, CHC patients had a superb local service with hospital outreach clinics, physiotherapy, counselling, dieticians, in addition to the services provided by the Health Authority.

The world then changed. Fund holding stopped. Practices stopped having direct access to funds to benefit their patients. Three Primary Care Groups were created in Hounslow, which merged in turn to become Hounslow PCT. Chiswick was being perceived as being 'privileged', and the PCT seemed to devote increasing attention to other areas in the Borough which perhaps were not doing so well. There could be no argument with that, but with Chiswick out of the spotlight, focus and attention to the needs of CHC and its community also seem to have been allowed to lapse by default in recent years. And that greatly worries the resident GPs.

As a group of practitioners, they are now gravely concerned over two significant matters;

The deterioration of the fabric of the building, and more importantly, the erosion of the services they are able to provide for patients locally, for example:

Changes to the use of the Treatment Room: despite recent refurbishment, CHC doctors' patients have less access

Loss of brief intervention and counselling services, with their specialist skills

Loss of the primary care social worker for the elderly, particularly relevant with an aging population

Reduction in health visiting service

Reduction in district nursing services

Reduction of family planning clinics

And there appears to have been has been very little real consultation with CHC Doctors about any of these changes!

There have been several meetings with representatives of Hounslow PCT, who now hold the purse strings, to discuss concerns, but communication has been difficult, as the emphasis is now on the Heart of Hounslow Polyclinic and on other areas where new Government money has been invested.

The Doctors want to be positive and constructive to raise the profile of CHC and its patients. So this is why they invited their patients to help.

The three medical practices and dental practice feel there is a need for a forum in the community to voice the concerns of patients, carers and staff of CHC that benefits both patients and the local community.

Each practice invited three patients to form a think-tank to get a sounding of patient views about their concerns. This has resulted in the formation of the Friends of Chiswick Health Centre, a voluntary group which will run independently in the interests of CHC patients.

The Doctors and FHC both recognise Government and PCT financial constraints, but feel CHC has a huge amount to offer patients locally, without elderly and infirm patients having to make unnecessary long journeys. The location means CHC continues to be an intensively used facility. It provides good value for money. It has an excellent, highly qualified and motivated workforce.

Traditionally the role of the doctor was to be the advocate for the patient. Now the patient can be the advocate for the doctor, and the services he or she can provide.