

Community Hospitals - the next stage consultation open meeting will be held on **Friday 15th January** at 2.30 p.m., at the Leatherhead Institute, hosted by the Leatherhead Community Association. Four recommendations have been approved by the Surrey Downs Clinical Commissioners, but there are others also to be reviewed, so consultation and participation by the public can still influence final decisions.

Understandably without the presence of in-patients and their visitors, the Friends of Leatherhead Hospital shop has had a considerable drop in income, although the outpatient clinics continue to provide an opportunity for sale of books and useful disability equipment and refreshments for staff and visitors to the clinics.

The Friends of Leatherhead Hospital will go ahead with the installation of the new X-ray equipment, but not in a new build, it will be installed in the current building. I do not have full details, but I understand from Dr Meynen that there is now a drop-in GP surgery but with only one Doctor. I am not certain whether or not this is the replacement for the Clinical Assessment unit, which is fully functional now at Epsom Hospital with Dr Ong in charge.

I am hoping to get better clarification of the situation of direction of Leatherhead residents to Rehabilitation beds at NEECH (New Epsom and Ewell Community Hospital). I have a personal meeting with Tom Elrick (i/c the Community Hospital review) and Suzi Shettle the SDCCG communications officer, to discuss both the anomalies of direction of patients for rehabilitation or re-enablement (SCC home visits) and placement in contracted Nursing Home beds (meanstested?). I, myself, have had experience of bed-blocking whilst in hospital and of the lack of beds in the community hospital.

There is also concern about the lack of understanding of how to pass concerns through to the SDCCG. Originally about 20 representatives of different health organisations met quarterly with SDCCG officers. A new Chairman was appointed and introduced to us at a SDCCG Patient Advisory Group meeting, but since then the group has never met. Membership was changed - open to 100s of members of the public who were invited to express a personal interest in the SDCCG and a few in groups of 8 or 10 are called on to discuss specific individual health matters, according to their specific interest, as needed. The newly appointed "chairman" sits in at the Board meetings but has no contact with anyone other than in her own local small area. ~~She has never chaired a meeting.~~

Patient Participation Groups, (who were formerly represented by 4 area members of the original PAG) are attached to most (but not all) GP surgeries. These have developed successfully and continue to send representatives to meet in a newly formed PPG Forum. PPGs emphasize patients helping patients, and inspection of GP practices by the Care Quality Control Commission involves consulting representatives of the practice PPG. I have a copy of the Aims and Objectives of the PPG Forum. PPGs can be an excellent source of information, about your GP practice and other support health services, and an opportunity for improving communication between GPs and patients.