



It was hoped that the following article by the Senior Partner of West Wirral Group Practice, would be included in our first Newsletter but unfortunately, due to pressure of work and the Newsletter being sent out before 1<sup>st</sup> March 2017 we are sending this as a supplement to our Newsletter. The WWGP, PPG Committee. Email: ppg.wwgp@gmail.com

## WHY JOIN OUR PATIENT PARTICIPATION GROUP - PART ONE?

The start of our patient involvement dates back over ten years ago, to the days when we were struggling to get planning permission for our new building. After one of our public meetings a group of committed patients began to meet together to work out how they could lobby and support our application. Their help proved vital to the final council agreement and we owe them our gratitude for their part in achieving the building of our new practice premises. After the celebrations were over we recognised that the main focus of the group had been achieved; but we thought it would be a shame to lose this important link with patient opinion and support. We, therefore, looked at ways to encourage the continuation of this patient interaction – but now to include the running of the practice and improving the services to our patients.

Around the same time, however, the government also had thoughts about including the patient voice in planning and future changes. As a result, the possible development of the group was rather hijacked by this government agenda. This coincided with marked decreases in NHS funding so, asking the patients to have a say in these difficult decisions that were being forced on the NHS made me think of asking the condemned prisoner whether he preferred to be hanged or shot! I think it is true to say that, despite several years of enthusiastic effort by our own PPG, we have concluded that the practical outcome of this process has been disappointing. Such is the rate of change that effectively engaging the opinions of patient groups has been impossible; even the doctors are bewildered at the continual stream of reorganisations and new schemes.

I offer no apology for the following brief but complicated summary of the changes brought in by a government that promised no major overhaul of the NHS and then have gone on to make the most radical changes since its inception! At present, we are waiting to see the outcome of negotiations over the latest raft of reorganisations. We are starting to come to terms with the latest management structure in the form of Clinical Commissioning Groups (CCGs) (historically replacements for the Primary Care Trusts that in turn had replaced Primary Care Groups that had in turn replaced Family Health Service Authorities – in a way it is rather sweet how successive changes in government are convinced that what is really needed is a better reorganisation, that the last lot didn't know what they were doing but the new regime knows the real key to a better NHS - and so it continues). So, back to our present CCG; they are supposed to be deliberating whether to go for "fully delegated Co-Commissioning" taking over increased control of local decision making and budget allocation from other management structures within NHS England, giving increased power to the Wirral management. After the initial consultations last year, we have heard nothing more. At the same time, GPs have been asked to organise themselves into Federations with a view to working together, achieving economies of scale, commissioning services and even providing services. AND at the same time senior management are keen to bring about "Accountable Care Arrangements" - an amalgamation of social care and medical care so that Social Services and Medical Services become one united entity with a single budget and decision making body – final details of the route map to be announced at the end of March.

If this all sounds a bit bewildering and breathless then you are beginning to grasp what an unsettled time this is for doctors on the Wirral. Generally, in medicine, we expect all new procedures or medication to be meticulously trialled, the potential benefits established and the pitfalls or side-effects recognised and weighed in the balance. Unfortunately, no such discipline exists when it comes to the enormous implications of yet another restructuring of the NHS. The present uncertainty partly explains the difficulties in recruiting young medical graduates to consider General Practice as a career and a reluctance for newly trained GPs to accept full-time positions within existing surgeries. With a large percentage of GPs on the Wirral coming close to retirement age, the thought of yet another management shake-up might prove the final straw – the term "perfect storm" comes to mind.

Re-reading thus far, I am aware that I am not making the best case for getting involved in this mess! But actually the practice needs the support of its patients more than ever. We need a strong patient voice to remind the powers-that-be that the impending NHS crisis is due to an increasingly ageing population, the Baby-boomer generation arriving at retirement and a medical service that could be in a position to offer more and more in the way of procedures and treatments. Given these pressures, the planned cuts are a potential disaster. It is dishonest to pretend that we don't need greater capacity and finances — and maybe the very last thing that we need is the distraction and confusion that always accompanies each attempt at reorganisation. Come and help us!

I promise that Part Two of this article will be much more positive as we focus on what our own PPG is actually doing and achieving.

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