



Patient Participation Group

Charlbury Patient Participation Group Newsletter Issue No.4 April 2019

CHARLBURY PATIENT PARTICIPATION GROUP QUARTERLY NEWSLETTER

Welcome to the fourth newsletter from the Charlbury Patient Participation Group (CPPG). Please note that in future, quarterly newsletters will be published in April, June, October, and December. In this edition we cover the following topics:

1. Updates on Charlbury Medical Practice
2. Open meeting held on 19 January 2019
3. Type 2 Diabetes: free courses on managing the disease
4. Development of new Primary Care Network - implications
5. Information for carers
6. Five questions to ask your GP
7. Looking ahead: June newsletter
8. Blandford fly
9. Heart attack
10. Stroke

1 Updates on Charlbury Medical Practice

New GPs Dr Helen Bayliss retired at the end of January and until the full complement of five GPs (all working part-time) are in place, two new GPs have been welcomed to the Practice where Dr Singh works on Mondays, and Dr Slowther on Tuesdays and Fridays.

Practice closure between 1 and 2pm In order to make time for essential internal meetings, the Practice is now closing its doors daily between 1 and 2pm and, in that hour, telephones are for emergencies only. The Pharmacy closes between 1 and 1.30.

Switchboard message In response to patient comments, the voice message has been shortened and changed, asking the caller to press 1 for emergencies, press 2 to speak to Reception and make an appointment, and press 3 to enquire about a hospital appointment or referral.

Missed appointments In the first 3 months of 2019, there were **243 missed appointments** at the Charlbury Medical Practice, equivalent to 40 hours of clinical time. Please make every effort to cancel appointments if no longer required, preferably with 24 hours' notice, so that the time can be used by another patient. If registered on line, cancellations may be made electronically.

Hospital referrals Patients sometimes report long delays, especially for appointments with the MSK (Musculoskeletal service), but the Practice now has two members of staff to handle referral enquiries. Patients with concerns about their referral should ring the surgery (Switchboard option 3) and ask to speak to Sandra Jeffs or Julie Maxwell. It would be a great help if callers could put their questions calmly and clearly, and remember that staff at the Surgery really do want to help with what can now be a long and complicated process of tracking and following up a hospital referral.

2 Open meeting held on 19 January 2019

A detailed note of this meeting is available on the CPPG section of the Practice noticeboard, and in the Spring issue of the *Charlbury Chronicle* (p. 24).

From discussion, it emerged that patients could greatly assist the Practice by:

- informing the Practice if they were unable to attend an appointment, and thus releasing it for another patient (see item 1 'Missed appointments');
- ensuring the Practice had their up-to-date addresses and phone numbers;
- letting the Practice know if they (whether adults or children) were acting as carers, as this information would be noted on their records and make it possible to offer additional support.

On two issues of concern to patients, the Practice responded as follows:

- urgent appointment system: two appointments are set aside each day for patients who have been called in by GPs;
- only normal test results will be disclosed to patients by receptionists; if test results are abnormal, patients will be advised by their GP.

3 Type 2 Diabetes: free courses on managing the disease

For those with Type 2 Diabetes, Oxfordshire is offering two free courses to provide the skills and knowledge needed to manage the condition and live a healthy life. Contact the Oxfordshire Community Diabetes Service online at www.oxfordshirediabetes.nhs.uk or by email at diabetes.education@nhs.uk or by telephone on 01869 604091.

4 Development of new Primary Care Network – implications

‘Primary Care Networks’ (PCNs) are made up of groups of GP practices (30,000-50,000 patients) that will integrate with community services. It is likely that Charlbury will join Bampton, Burford and Broadshires (Carterton) to form Oxfordshire’s ‘Rural West’, an arrangement due to be in place by July 2019.

A new five-year contract for general practice across England represents the first part of the NHS Long-term Plan, designed to improve access to family doctors, expand services at local practices and offer longer appointments to patients who need them. Increased funding will be made available to recruit more staff, such as pharmacists, physiotherapists, and social prescribing link workers, in order to free up GP time for patients, do more to tackle obesity, diabetes and mental ill health, and offer better support to older people at home.

5 Information for carers

Carers are identified as a particularly important group for patient participation groups to represent. The CPPG would encourage all carers to make themselves known to the Practice so that they can benefit from any support available.

Carers UK is London-based with a Digital Resource for Carers and a network of local support groups. Phone 020 7378 4999 or email: info@carersuk.org.

Carers Oxfordshire is a partnership between Action for Carers Oxfordshire, Rethink and Oxfordshire County Council, and is a free service accessible by phone: 0345 050 7666, or email: carersoxfordshire@oxfordshire.gov.uk. It offers help in four ways: via a telephone and web-based information service, (providing information about benefits and entitlements, support services, carer’s breaks, emergency back-up, employment, helping carers to look after themselves, and training opportunities to support carers in their caring roles); an outreach support service; a network of peer support groups; and training and wellbeing opportunities.

6 Five questions to ask your GP

To ensure that patients had the information they needed to make the right decisions about their care, Dr Catherine Calderwood, Scotland's Chief Medical Officer, last year suggested that patients ask their doctor or nurse five questions when a new treatment was being proposed:

1. Is this test, treatment or procedure really needed?
2. What are the potential risks and benefits?
3. What are the possible side effects?
4. Are there simpler, safer or alternative treatment options?
5. What would happen if I did nothing?

7 Looking ahead: June Newsletter to focus on mental health

In the next newsletter we will be focussing on mental health issues, for example: anxiety and depression, eating disorders, self-harm, learning difficulties, autism, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), cognitive impairment and dementia.

Do you have any experience of turning to the NHS for help with your mental health? If so, we invite you to share your story, which will be published on the Charlbury Medical Centre website, the CPPG page on the Charlbury Town website and in printed form. Send us a written account (up to a thousand words), explaining what happened and how you felt the issue was handled. Please confirm that you agree to your account being shared in this way. Anonymity is assured so we ask you not to identify yourself or any of the healthcare professionals involved.

All communications should be handed in before 8 June 2019 to: Charlbury Patient Participation Group, Charlbury Medical Centre, Enstone Road, Charlbury OX7 3PQ.

8 Blandford fly

This time last year, Oxfordshire Minor Injury Units saw a significant increase in patients with bites due to the Blandford fly. The fly, which is 2 to 3mm in size, lives near areas of water and gives a particularly nasty and painful bite. It normally bites ankles and legs, flies low to the ground and is most common during May and June.

Please see the information below as advised by Public Health England

If you get bitten:

1. Clean the bite area and dry gently
2. Don't scratch the bite, as this can lead to infection
3. Apply a cold compress or calamine lotion
4. Antihistamine creams are not recommended, as they can sometimes cause skin reactions
5. Cover large blisters with a dry dressing
6. If bites are on the lower limbs, there may be swelling of the ankles and feet for several days. Don't worry about this, simply rest with your feet supported on a stool

You should seek medical advice if you have:

1. Discomfort, swelling or red lines in the groin or armpit
2. A fever
3. A spreading redness or hotness around the bite, which lasts longer than three days

If you do get bitten, it can often feel very uncomfortable with swelling, blistering, joint pain and sometimes a high temperature. However, there's normally no need to visit a GP or minor injuries unit.

If you do feel unwell after a bite, please call NHS 111 or visit your local pharmacy for advice on how to ease your discomfort.

For the majority of people, the symptoms will only last a few days before clearing up.

9 Heart attacks – emergency response

If you experience possible symptoms of a heart attack, **ring 999 immediately**. You need emergency treatment and should call an ambulance, not your GP.

Heart Attack - Causes, Symptoms & Treatment



A **heart attack** is when one of the coronary arteries becomes blocked and there is a sudden loss of blood flow to a part of your heart muscle. The heart muscle is robbed of its vital blood supply and, if left untreated, will begin to die because it is not getting enough oxygen. If you are having a heart attack you will be conscious.

A heart attack is life-threatening. If you think you or anyone else is having a heart attack, call 999 for an ambulance immediately. Do not delay.

Symptoms of a heart attack

Heart attack symptoms vary from one person to another. The most common signs of a heart attack are:

- **Pain or discomfort in your chest** that suddenly occurs and doesn't go away.
- The **pain may spread to your left or right arm** or may spread to your **neck, jaw, back or stomach**. For some people the pain or tightness is severe, while other people just feel uncomfortable.
- You may also **feel sick, sweaty, light-headed or short of breath**.

It's possible to have a heart attack without experiencing 'classic' chest pain. This is more common in the elderly, women, or those with diabetes as the condition can cause nerve damage which can affect how you feel pain.

During a heart attack there is also the risk of having a cardiac arrest. This is when your heart stops pumping blood and normal breathing stops.

If you have a heart attack you need to have treatment as soon as possible.

Early treatment to get the blood flowing to the damaged part of your heart muscle again can save your life and limit the amount of permanent damage to your heart muscle. Many people who have a heart attack need to have emergency treatment to unblock the coronary artery.

10 Stroke - Causes, Signs & Symptoms



A stroke happens when the blood supply to part of your brain is cut off, causing your brain cells to become damaged or die.

During a stroke, brain cells in an affected part of your brain are damaged because they don't get the oxygen and nutrients they need from your blood. This can affect your speech, as well as the way you think and move.

A stroke is a life-threatening medical emergency. If you or anyone else is having a stroke, you should phone 999 for an ambulance immediately. Do not delay.

Act F.A.S. T.

- **Facial weakness** – can they smile? Has their mouth or eye drooped?
- **Arm weakness** – can they raise both arms?
- **Speech problems** – can they speak clearly and can they understand what you're saying?
- **Time** – it's time to call 999 immediately if you see any of these symptoms.

What increases the chance of having a stroke?

- A risk factor is something that increases your chance of developing a condition. You are at much greater risk if you have several contributing factors such as smoking, uncontrolled diabetes, high blood pressure or high cholesterol.
- Risk factors for stroke are similar to those for heart diseases, such as angina or heart attacks. The good news is that most of these risk factors are modifiable – this means you can do something about them.
- If you have an untreated, irregular heart rhythm called atrial fibrillation (AF) your risk of stroke is increased by around four to five times. This is because AF increases the risk of a blood clot forming inside the top chambers of your heart. This clot can travel to your brain and block an artery.

This information is from the British Heart Foundation www.bhf.org.uk