



BARGOOSE

Dr Simon P Hughes and Partners
Patient Participation Group

No 46 Autumn 2016

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Contents

Page 2

Knitters needed

Page 3 Dr Graves' talk continued

Page 4

Award for the Practice
Dr Westgarth leaving the Practice - but will return

Page 5

Questions and Answers from the Open Evening

Page 6

More questions and answers

Page 7

Sugar and cancer
Antibiotic resistance

Page 8

Pictures from the Open Evening

GENERAL PRACTICE - some information from the recent Open Evening

Dr Peter Graves, Chief Executive of the Bedfordshire and Hertfordshire Local Medical Committee, summarised his responsibility as the need to provide ever better services to Bedfordshire General Practitioners so that they can provide better services to patients. Examples were help with education, accounting, websites and obtaining bulk discounts. His annual turnover is £900,000 of which £800,000 comes from General Practitioners. He continued with a review of general practice today.



Dr Peter Graves

General Practice is at present not working well for the doctors or the patients. Since 2010 Government funding for General Practice has fallen by 30%, even though work has been moved from hospitals to General Practice and there are increasing demands from an ageing population. The overall sum spent on health is less than in comparative European countries, being 6.6% of GDP against 10% in France and 14% in Germany.

General Practice is less attractive to new doctors and recruitment is difficult.
Continued on page 3

CONCERNED ABOUT YOUR MEMORY?

If you have concerns about your memory contact your GP who can talk through your individual circumstances and answer any questions. The GP may refer you to the Memory Assessment Service

MEMORY ASSESSMENT SERVICE

The Memory Service is a specialist assessment service within the NHS that aims to meet the needs of people who are concerned that they may have a memory problem.

The team is made up of specialist doctors, nurses, occupational therapists and psychologists. They assess and diagnose the nature of the person's memory difficulties, report this to the family doctor and advise on further treatment or intervention. The team will continue to be involved after diagnosis when appropriate and can offer information, advice and support to the person with memory problems and their family.

(From the Bedfordshire Dementia Steering Group)

TWIDDLEMUFFS - a support for people with dementia



Do you knit? Have you heard of handmuffs?

People with dementia often have restless hands and like to have something to keep their hands occupied.

Twiddlemuffs are a knitted muff with items attached so that a patient with dementia can place their hands in them and twiddle. They provide a wonderful source of visual, tactile and sensory stimulation and at the same time keep hands snug and warm.

We are hoping that volunteer knitters will come forward to put their knitting skills to good use to help us to

This note is from Karen Bush, Voluntary Services Manager at the L&D



create more Twiddlemuffs. The soft knitted muffs may contain strands of textured ribbons, beads and various fabrics attached both inside and outside, and can be costly if ordered from the internet so we are hoping that volunteers will come forward to put their knitting skills to good use. The muffs are then gifted to patients to take home with them so we will never have enough. This project is part of a wide range of work to support patients with dementia and we would love to have your help.

If you would like knitting instructions (a pattern) or if you need any further information, please contact Karen.Bush@ldh.nhs.uk or voluntaryservices@ldh.nhs.uk or call 01582 497367.

Continued from the front page

Many are going abroad or working as locums. Locums provide a valuable service but they are not responsible for finance or continuity of care or for the management of the Practice. Experienced doctors are tending to retire early and the crisis deepens. Government promise 5000 extra full time doctors within a few years, but that Dr Graves thought was highly optimistic and in any case many of these doctors would be part-time.

Bedford Hospital budgets were over-spent by £40 million in 2014/15 and £20 million in 2015/16. Bedford Hospital is now making massive savings aiming to run a surplus in 2016/17. The biggest part of the NHS cost is staff and savings have to mean staff cuts. There is no real saving until complete wards are closed but this inevitably means a poorer quality or adequacy of services and possibly rationing and severe prioritisation.

GP Practices can make savings, for example by sharing nursing staff at lower costs or by removing some time wasting work such as signing certificates when children are sick and not attending school. Physiotherapy and chiropody services could be provided directly to patients without GP involvement. Simple drugs such as paracetamol can be obtained directly, as from a supermarket, at a cost less than half the cost to the NHS. Finally, there is much scope for simple patient self-care like monitoring one's own blood pressure and heart rate rather than relying on nursing assistance.

(This is a short summary of a wide ranging review by Dr Graves)



Peter Jones and Christina Rathbone keep an excellent written record of the speaker's presentation and the questions put to the doctors and their replies.



THE CARERS LOUNGE at the L&D Hospital

The Carers Lounge, on the ground floor in St Mary's Wing at the L&D, is opposite the main entrance. No appointment needed. You will be welcomed.

At the Carers Lounge Carers in Bedfordshire provide

- A confidential place for carers to come to gain information for themselves and the person they care for
- Access to a range of services provided by Carers in Bedfordshire and other local organisations
- Support with hospital admission and discharge

A PRESTIGE AWARD FOR THE PRACTICE



The Practice has won the Royal College of General Practitioners Beds and Herts Practice Team Award for 2016. The picture on the left shows Dr Hughes receiving the Award from Dr Maureen Baker, Chair of the Royal College of General Practitioners. On his right is Dr Julian Marsden, Beds and Herts Faculty Provost. The picture on the right shows Dr Hughes, centre, with our doctors and key Practice staff.

DR WESTGARTH LEAVES THE PRACTICE FOR A TIME

Dr Westgarth writes

I'm sorry to tell you that I will be leaving the Practice at the end of December. My husband has been offered a job in Dubai and we are moving there together as a family. I am pleased that I will remain in the Partnership during my absence and I aim to return to work in the autumn of 2019. I will certainly miss working with such a great team here at both surgeries, and of course I will miss my patients.

We wish Dr Westgarth and her family every success and happiness in Dubai, we look forward to her return, and we assure her that however much she may miss us, it will be only half as much as we miss her.



SOME OF THE QUESTIONS PUT TO THE DOCTORS, AND THE REPLIES, AT THE OPEN EVENING

Question: Is it possible for patients to look at their own basic medical data on line?

Dr Hughes replied: Yes. You can be given a security code which will allow you to see basic data such as blood test results. However, seeing this data is unlikely to be useful to the patient unless they have some knowledge of their condition, and unless they need to regularly monitor a long-term condition such as rheumatoid arthritis. Setting up the facility is time consuming for the GP's and the Practice, and making it available to all patients would mean employing extra staff time. There is no means of charging for the service. So it is likely to be available and useful only for carefully selected patients.

Question: Given the new MSK (muscular skeletal conditions) processes and new central responsibility - how has this improved waiting times for physiotherapy, acupuncture and similar services? Does the Practice know whether patients are having good experiences and shorter waiting times?

Dr Randall replied: The procedure is that the GP refers the patient to a central MSK hub who will look at the symptoms and problems and select the service which is, in their judgement, best suited. The hub will then streamline the patient through whatever services are needed without having to go back to the GP. Most of the time the advice of the GP's is heeded and the patients generally think that MSK is working well.

Question: The effectiveness of GP surgeries is now being monitored. Has the Practice been monitored, and what are the results?

Dr Westgarth replied: Yes. The Practice was visited on 17th May by a Care Quality Commission team. Between 8.00am and 6.00pm they interviewed doctors, nursing staff, pharmacy and reception staff. Their report has not yet arrived, but verbal feedback at the end of the day was very positive. When the report is received it will be posted in full on the Practice website and summarised in the Bargoose newsletter.

Question: How many 'same day' appointments are used in the morning and afternoon sessions and does online appointment booking hinder patients without computers in making appointments?

Kate Dearman, the Reception Manager, replied: There are 30 morning and 20 afternoon appointments available as same day appointments, and they are fully used. In my 5 years no one needing urgent help has been turned away.

Online appointment booking was initially a disadvantage to patients without computers. In order to correct this now only a portion of the appointments can be made on line.

A questioner from the floor asked if 'same day' appointments are essentially the same as 'emergency' appointments, and if that is so is that why receptionists ask about the symptoms patients are experiencing? Kate replied that they ask in order to point the patient to the best service provider which may be a doctor, nurse or healthcare assistant.

Question: I would like to know why it takes so long to get an appointment now. I don't ever come unless I have to as all you doctors are very busy but when told to come back in so many weeks I try to do so but to no avail.

Continued overleaf on page 6

Continued from page 5 - second part of the question

I know you have tried many things to cut waiting times at the surgery - including extra doctors, a Minor Illness nurse and others all without success. Have you had any further thoughts?

Dr Hughes replied: There are now more appointments available than at any time in the past, with 6 doctors, 5 trainee doctors and a Minor Illness nurse serving. The problem is not so much patient numbers as multiple problems and complexity. In many cases the 10 minute slot is simply not long enough. Telephone advice usually takes up 10 minutes and is therefore not much help. Some surgeries have considered telesurgeries or e-mail consultations.

On the question of appointments, if the doctor asks you to come back in two weeks you will be given a green slip to hand in at reception. If you are asked to return after a longer period, and the receptionist is not able to offer an appointment, ask the receptionist to pass the message to the doctor concerned who will then make the arrangement.

Dr Hughes explained that the overall trend in the NHS was to move services down to the next level - from hospital clinics to GP surgeries, from GP's to Minor Illness nurses, from Minor Illness nurses to Healthcare Assistants. This creates more work for GP Practices, and increases the number of appointments needed, without extra funding,

A patient present raised another problem: You may try to make an appointment for 4 weeks time, but the diary for that period would not be made up for another 2 weeks. You then phone in two weeks time and no appointments are available.

Katie Dearman and Gill Hiscox replied: This is a constant problem. Setting up a rota combining 11 doctors, multiple nurses and healthcare assistants with their various and changing leave, training and study requirements is a nightmare. The aim is, for example, to load November's rota on 1st October. But chasing doctors' changing commitments was demanding. Katie made the point that the number of slots available was essentially fixed while demand continued to rise.

Question: What improvements to patient services have occurred in the past year?

Gill Hiscox replied:

- Prescriptions forwarded electronically from the surgery to the patient's pharmacy
- Online appointment booking, with more online information on cancelling appointments
- New single telephone system for both surgeries. There had previously been three suppliers and whenever there was a problem it was 'them, not us'. The new system works well and in fact costs less.
- The minor operations clinic which had been at the end of surgery is now on Friday mornings.
- Arrival of a dedicated Healthcare Assistant for 5 sessions each week.
- The carers' register has increased from 34 to 189. Carers need to receive support for themselves and not just for the people in their care.
- The Practice has prevailed on the Council to provide two disabled parking spaces outside the Gooseberry Hill surgery.

(The report on the Questions and Answers will be continued in the next Newsletter)

IS THERE A LINK BETWEEN SUGAR AND CANCER?

Eating too much sugar and not doing enough exercise can lead to weight gain. **Being overweight or obese can cause up to 10 types of cancer** including two of the most common – breast and bowel cancer – and two of the hardest to treat – pancreatic and oesophageal cancer.

It is a common myth that sugar can cause cancer cells to grow and spread. All the cells in our bodies – including cancer cells – use sugar for energy. Because cancer cells usually grow faster than healthy cells, they have a

particularly high demand for sugar. But there is no good evidence that eating sugary foods directly causes cancer or makes it worse.

Limiting sugary foods as part of a healthy, balanced diet, as well as keeping active, can help you to keep a healthy weight and reduce the risk of cancer. We are

campaigning for measures to help children and adults make healthier choices, including removing junk food advertising from TV before the 9.00pm watershed.

(Courtesy of Thea Cunningham, Health Information Officer, Cancer Research UK)

ANTIBIOTIC RESISTANCE IS INCREASING AT A FAST RATE

Misuse and overuse of antimicrobials, which includes antibiotics, is one of the world's most pressing public health problems. It is forecast that by 2050 10 million deaths a year will be due to antibiotic resistance globally. It is up to each of us to think carefully before going to the doctor and asking for antibiotics. Our bodies are good at fighting off many common complaints like colds, coughs, sore throats and flu. What you can do to help is:

- Have plenty of rest
- Drink enough fluids to avoid feeling thirsty
- Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both)
- Fever is a sign the body is fighting the infection and usually gets better by itself. You can use paracetamol (or ibuprofen) if you or your child are uncomfortable as a result of a fever.

How long do these common complaints last?

<u>Infection</u>	<u>Usually lasts</u>
Middle ear infection	4 days
Sore throat	7 days
Common cold	10 days
Sinusitis	18 days
Cough or bronchitis	21 days

(Information courtesy of L&D University Hospital Membership Magazine August 2016. To become an Antibiotic Guardian see antibioticguardian.com)

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PRACTICE WEBSITE

www.bartongroupsurgeries.co.uk

ADVICE CENTRAL

Age UK, three Citizen's Advice Bureaus in Central Bedfordshire and the Disability Resource Centre work together to provide free and confidential advice on a range of subjects.

This includes benefits, jobs, education, disabilities, legal problems, relationship problems, debt, immigration, housing and healthcare.

If more help is needed contact with a suitable specialist advisor will be arranged.

0300 303 66 66

www.AdviceCentral.org.uk
info@AdviceCentral.org.uk

OPEN EVENING PICTURES



Pam Brown from the L&D Hospital



Helen Williams from Diabetes UK



Sally Petre from Carers in Bedfordshire



Alzheimer's Society display



Christine Holes in charge of refreshments



Dr Gurram concentrates on the question