

# Welcome to the Spring edition



## My name is Jill Wadsworth, and I'm the chair of your Patient Participation Group (PPG) at Bingley Medical Practice.

The PPG is a group of volunteer patients with a variety of backgrounds and experience. We meet regularly to discuss effective ways for patients and staff to work together and improve services, promote health, and help make the quality of care as high as possible.

### Here are just a few of the PPG's achievements during 2018

- 1 Established and furnished a baby feeding room.
- 2 Bought and hung new curtains for the self-care rooms.
- 3 Opened negotiations to reopen the upstairs café.
- 4 Won a Grassroots Giving award of £500 from the Skipton Building Society for a TV/monitor in the waiting area to promote self-care.
- 5 Produced three professional newsletters.
- 6 Helped host the Primary Care Home (now Community Partnerships) drop-in clinic.
- 7 Helped host the careers drop-in coffee morning.
- 8 Helped with the flu clinics.

## Turn it on again: new display screen for the waiting area

If you're visiting the practice anytime soon, you may see a new - and currently blank - TV screen and stand in the practice's waiting area. Partly funded by the recent award from our Skipton Building Society's 'Grassroots Giving' award, we hope that very soon the screen will show a compilation of health-related videos produced by the NHS, to watch whilst you wait to see your doctor.

**We look forward to hearing your feedback on this new venture!**

We make a great team! Let's make 2019 as successful as 2018. If you feel you have some time to give to our group and want to join us, please leave your name and contact number at the practice reception and someone from the PPG will get in touch! **Jill Wadsworth, Chair, Bingley Medical Practice PPG.**

## Governor Retirement

My time to serve Bingley as a Governor at the Airedale Hospital Foundation Trust comes to an end at the end of May. All members of the Airedale Hospital will receive papers about how to apply to become a Governor, and later will receive a voting form to elect the new Governor.

If you'd like to become a member then please contact either the Hospital or myself. To be elected a Governor, you have to be a member of the Airedale Hospital Foundation, which costs nothing but does mean you receive details of upcoming events that many find interesting. I'm happy to speak with anyone interested in becoming a Governor, so please don't hesitate to get in touch - I can honestly say that I've found it interesting and enjoyable.

**David Child**  
Email. [dchild@mail.com](mailto:dchild@mail.com)  
Tel. 01274 510362

## Living Well

- Worried about managing at home?
- Struggling with aspects of daily life?
- Concerned about your family, friends or neighbours?
- Upset because you're not getting out, or feeling lonely?
- Or just need someone to talk to?

If you need help or advice why not come along and speak to a range of health and social care professionals about what support could be available for you.

ORGANISED  
BY THE BINGLEY  
BUBBLE  
COMMUNITY  
PARTNERSHIP

WILSDEN  
VILLAGE HALL  
Townfield  
Wilsden

Wednesday  
10th April  
2019  
10am - 1pm

# Challenges providing the 'flu vaccine in Bingley Medical Practice 2018/2019



**This year's flu season was not a great time for some of our patients at Bingley Medical Practice. Changes in government recommendations for 2018, plus an increase in demand, led to low stock and significant re-planning of immunisation clinics. The experience confirms that providing timely and targeted flu vaccinations involves more than just injecting an arm.**

At Bingley Medical Practice, we need to order our flu vaccines about 10 months in advance. So, by November 2017, we'd ordered vaccines to use in the 2018 flu season. Ordering the right quantity so long in advance is a tough 'ask' as there are so many variables beyond our control to consider. Indeed, it's a bit of an 'art form', and the process is complicated by a dwindling number of suppliers, pharmaceutical companies that have really carved up the NHS market so we are constrained by a limited choice of providers. It's not uncommon for a manufacturer to suddenly announce they have a production problem, which then means the whole NHS is short of vaccines and we at practice level have to scabble around and source our needs the best we can. To be fair to manufacturers, they are told by NHS England which strains are needed. This is based on information about flu trends across the southern hemisphere and, sometimes, this information is received so near the flu season suppliers struggle to supply the correct vaccines in time to meet our expectations and schedules.

The secret is to have the right quantity of vaccines available in our fridges for when flu clinics commence, which we usually manage to achieve. We start the process of planning clinic dates as soon as we

are aware of when vaccines 'theoretically' become available. In recent years, the situation has been complicated by community pharmacies also being able to offer flu vaccinations. As these are private businesses we aren't allowed to hold joint stocks, and this impacts on our prediction of the number of vaccinations we need to hold in the surgery. We can't order excess vaccines as, at the end of the season, these will be wasted which is costly and we get 'measured' on waste. Daft, I know, but these are the NHS rules. Of course, it is the patient's choice where to have a vaccination, but using a GP does in the end save the NHS money.

## Flu announcement

Now you have some background, let's return to this season. Based on our experience in previous years, we ordered sufficient vaccinations for the planned 'flu campaign by early November 2017 and ready for the season to start in September/October 2018. However, in early 2018 - late in the manufacturing process - the government and NHS England announced that we needed two strains of 'flu vaccine, one for patients under 65-years of age, and one for those over 65. To make matters worse, vaccines for patients over 65 could only be sourced through a single manufacturer! The manufacturer couldn't

guarantee or even tell us delivery dates until the flu season was very nearly upon us. This impacted directly on our vaccination dates that, at this stage, were already planned.

So, we had to re-plan our flu clinics to ensure we had the right stock level to cover all our patients on the various disease registers, plus the usual number of patients over 65 years. Who we would expect to attend. Finally, feeling we had planned as well as we could, we went into the 2018 flu season with a sigh of relief.

## Then, we were impacted with three issues:

- 1 A massive government flu campaign, of which the first we knew was the sudden appearance of TV adverts.
- 2 In early October 2018, pharmacies ran out of the vaccines for patients over 65 years, meaning we were unable to vaccinate these particular patients.
- 3 The media ran stories saying flu stocks were low in the UK, which quickly caught the public's imagination.

## The result?

An increase in people wanting the vaccines compared to previous years. This totally unexpected demand meant our stock levels rapidly dwindled and, by our third flu clinic, we couldn't offer vaccines to patients over 65 years and not on the disease registers. This was a most terrible state of affairs, with the manufacturer having nothing available at all (really), stating they had produced enough to meet the expected UK demand and that their vaccines were in the UK somewhere. In the meantime, community pharmacies obtained - somehow - stock, enabling them to provide vaccines for patients over 65 years, and at the practice all we could do was advise these patients to head for the pharmacies for the vaccine.

For the practice, this was a salutary experience, and as of now we have ordered our flu vaccinations for the 2019/2020 season, and have anticipated delivery dates. We're currently planning how best to provide the patients their vaccine. With the 2018/19 season behind us we're looking forward to being able to return to our usual service this coming October. If you'd like more information do please contact us.

**Carey Dowson,  
Practice Manager**

# Challenges to sexual health

**Valentine's Day: a day to express love and devotion. Many couples do celebrate; others avoid it as too commercial and formulaic. (Why do you only tell me you love me today - what about the other 364 days?)**

Some partners face the ire of loved ones because they forgot, and others know that in real life St Valentine was a priest martyred violently by the Romans on 14th February 269 AD, and only really became associated with 'courtly love' by dodgy historians in the 18th century; so there's nothing really to celebrate anyway.

Whatever, for those of us with a public health interest it's a timely reminder of sexual health. Sex is something experienced at some point by most people in their lives but in many countries - especially the UK - a topic that's not really talked about, aside from salacious jokes and sensationalist journalism. I don't like to add a gloomy tone in this Month of Love, but the state of sexual health in the UK looks frail.

## Good news

First, the good news. In 2017, new cases of sexually transmitted diseases remained stable. No reduction, but no increase from 2016, with 422,000 reported in England. This number is still worrying, of course, especially as most - if not all - would be prevented simply by using a condom. But,

comforting all the same. New cases of 'first case' genital warts in girls 15-17 in 2017, compared with 2009, are down by 90%. This is remarkable, and likely linked with the success of the national herpes simplex virus (HPV) immunisation programme. Also, new cases of HIV, especially in some areas of London, are falling. This is partly as a result of better public awareness and testing, partly from people most at risk receiving treatment that prevents them being infected, and partly due to the fact people living with HIV and already on treatment cannot spread the virus - it's too 'suppressed' by the medication.

## Bad news

There is some bad news. Public Health England reports that from 2016-2017, cases of syphilis (yes, it's still around) increased by 20%, and gonorrhoea by 22%. Funding for sexual health is also under threat, and of the 151 English councils - in England, sexual health clinics are funded by local councils - 72 plan to cut funding in 2018-2019 in spite of increasing demand recorded in 2018. Probably as a result of this, there is a drop in the number of young people attending for chlamydia screening in England.

What must be said is that, across all infections, the highest rates are in the 16-24-age group. Our young people continue to be most at risk. An ongoing problem is that public opinions of sexual health remain tainted with the notion that we should deny young people access to vital information about sex for as long as possible. Indeed, during 2018, the government agreed to allow 15-year olds to overrule parental wishes and opt in - yes, opt in - to sex education from which they had previously been excluded. A shame it has come to this, but for effective public health there are occasions when governments must step in. This is one such case.

**I'll close with one recommendation: in any new sexual encounter always assume risk. Be safe. Don't be thrown by how 'clean' or 'nice' or 'intelligent' your potential sexual partner may be. Use a condom. Always.**

## FREE basic life support training courses (CPR)

Since October 2017, when I first started teaching CPR at the practice, I've taught 97 people in Bingley how to save the life of someone collapsed with a cardiac arrest. Did you know there are 30,000 out-of-hospital cardiac arrests every year? Each day people needlessly die because bystanders don't have the confidence or knowledge to perform CPR or de-fibrillation using one of the many units available in many locations.

## What is CPR?

CPR stands for Cardiopulmonary Resuscitation. It's an emergency procedure providing chest compressions for a person in cardiac arrest. Learning the techniques of CPR takes only one hour, and I'm hoping that people completing the course have the confidence to know they can step in to help someone else in need. In the most extreme cases it could sometimes save a life.

## CPR in schools

I was pleased to read an article by the British Heart Foundation (BHF) on 3 January 2019 confirming government plans to teach CPR in school. According to the BHF, "Education Secretary Damian Hinds has today confirmed plans to add CPR to the school

curriculum in England, meaning thousands of secondary school pupils across the country will learn life saving first aid skills."

I think I pre-empted this in 2018 when I was invited into Riddlesden St Mary's C of E Primary School to teach CPR to the whole of year 6. It was so rewarding to see how keen the children were to learn this simple technique, and I plan to go into more schools in 2019.

If you would like to join one of the courses run in the practice please leave your name,

contact details and the date you would like to attend at the practice reception.

**Monday 25th February at 6.30pm  
Monday 8th April at 2.30pm  
Monday 10th June at 6.30pm  
More dates to follow**

The training takes around one hour.

*All ages and abilities welcome!*

**Jill Wadsworth, Chair  
Bingley Medical Practice PPG**



# A visit to the ‘back office’

My name is Michelle Beaumont. I’m a member of the patient group (PPG) and recently had an opportunity to observe the practice’s admin staff at work. I’d always been intrigued to find out the inner working of the practice! What goes on behind that door that receptionist disappears through - the so-called ‘back office’?

Before I could start I had to pass the staff confidentiality training and sign a legally binding contract on maintaining patient confidentiality. Once I started my visit, I saw nine receptionists working away on various tasks. Most were engaged in answering the telephones, and I was told that Mondays are always the busiest day, with the largest number of calls coming through between 8-9am, which were often patients calling for triage appointments.

As I write this, the practice is in its second week using a new telephone system. Receptionists now wear rechargeable headsets and the phones light up rather than ringing. This change resulted in a quieter working environment with fewer distractions. Receptionists are now able to focus more on the patient with whom

they are speaking. As I watched, all the ‘phones were constantly lit with calls waiting to be answered. Receptionists were either offering patients a GP call back or made appointment at times and dates to suit the patient’s request.

On another phone line, reception staff took requests for repeat prescriptions and advised patients which pharmacy their prescription would be sent to. Another member of staff was confirming future appointments with patients for medical assessments and minor surgeries to be carried out at the practice, such as mole removal, ingrowing toenail removal, skin tag removal.

In between calls, staff printed out home visits for housebound patients who may be elderly or disabled, or with a chronic illness and receiving palliative care. A GP would typically do two visits, and a nurse practitioner would do between 6-20 visits per day. On typical days, 10 - 12 visits are requested.

At 11.00am, hard-copy prescriptions are printed out ready for a GP’s signature. Other prescriptions may go directly to pharmacies electronically, via GP approval.

Receptionists also have tasks sent to them from clinicians and other back office staff, such as ringing hospitals or patients with test results to help the GPs do their jobs more efficiently. If the emergencies phone rings a member of staff answers it immediately. This line is for strictly urgent situations only, with staff having to drop everything to answer.

## Best service for patients

Staff are given regular training to enable the best possible service for patients. Whilst I was there, I observed that receptionists do understand patient needs and help them as best they can. Staff were always polite, helpful, diplomatic, and working extremely hard to give patients a high quality of service and care. The back office is a bit like a beehive – all-working efficiently with a single aim: supporting the patient.

**I’d like to thank the practice for giving me the opportunity to witness, first hand, the back office!**

**Michelle Beaumont  
Secretary  
Bingley Medical Practice PPG**

Bingley Medical Centre 01274 568383 www.bingleymedical.org.uk

## Clinician working patterns

	Mon				Tues		Weds		Thurs		Fri	
	early	am	pm	late	am	pm	am	pm	am	pm	am	pm
Dr Michael Francis (P)	•	•	•				•	◆			•	◇
Dr Karen Greenhorn (P)			◆	•	•	•			◇	◇		
Dr Andrew Jackson (P)	•	•	•		•	•	◆	◆				
Dr Richard Newell (P)		◆		•					•	•	◆□	•
Dr Andrew Smith (P)	•	•	•				•	•			•	•
Dr Thomas Ankcorn		•	•		◇	•			•	•		
Dr Kate Eldred		◇					•	•	•	•		
Dr Ella Keevash							◇	•			•	•
Dr Yusra Khan		◇			•		•	•				
Dr Anita McKean			•		•				•	•		
Dr Sian Morris		•	•		•						•	
Dr Alan Salter		•	•	•	•	•					•	•
Dr Claire Wiles		ML	ML						ML	ML		
Mrs Kim Kershaw (ANP)									•			
Sr Gabrielle Foy		◆		◆		•	•	•	◆□	•		
Sr Dawn Hutton		◆	•	◆	•				◆□		•	
Sr Sue Moore						•	•			•	•	•
Mrs Sally Littler (HCA)				•	•					•	•	
Mrs Nicola McIntyre (HCA)		•	•		•	•	◇	•	•			

• Weekly at Canalside ◇ Weekly at Crossflats ◆ Regularly at Canalside □ Regularly at Crossflats ML Maternity Leave