

# Patient NEWS

Patient Participation Group (PPG)



ISSUE 7 SUMMER/AUTUMN 2019

## Welcome to our latest edition



**This is now my third and perhaps final year as chair of the PPG. During my time we have become such a fantastic team and achieved so much.**

Here are some examples from the last 12 months:

**Baby feeding room** – In May 2019 Norma Bartle and I had a meeting with Dr Rachael Huggins, a specialist in 'Breast is best'. This was to explore improving facilities in one of our self-care rooms to increase usage for breastfeeding mums. We now display positive posters in the room and supported the promotion of breastfeeding during Breast feeding week, June 2019.

**Reopening the café** – I've been in talks with the local Community Action Group's Self-care Champion who wants to use the area (not the kitchen) as a meeting place

for self-help groups. Her focus is to target the frail, lonely, and isolated members of the public. The PPG is asking for a grant to be able to provide refreshments for these groups. We are also actively trying to find groups who would like to use this area. This is an interim measure until we can get the café reopened.

**Won Grassroots giving monies of £500** from the Skipton Building Society to spend on the TV/Monitor now waiting impatiently in the Reception area to be used. The PPG are very frustrated it's taking so long to finalise material to display on the TV!

**Produced 3 high quality newsletters** to keep you well informed on everything that is going on.

**Extended hours** – The Monday evening surgeries we were in danger of losing will now continue after the initial extension, which was only to July 2019. The evening surgeries are extended indefinitely, but only until 8.00pm.

**Extended access** – There is evidence suggesting Bingley Medical Practice patients prefer not to see a GP at Shipley Hub's out-of-hours service. Therefore, we are fighting again to establish more out-of-hours GP appointments here at Canalside.

### We also:

1. Helped host the Primary Care Home drop-in clinic, now called Community Partnerships, on two occasions.
2. Helped host a drop-in coffee morning for carers.
3. Helped with 'flu clinics.

No achievement would have been possible without the support of our active committee, dedicated members, and of course Practice Manager, Carey Dowson. I wish to thank everyone for your continuing support and commitment to the patients of Bingley Medical Practice.

If you wish to join us please contact me on: [jillwadsworth56@gmail.com](mailto:jillwadsworth56@gmail.com)

Or leave me a message in the black box on the PPG table.

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

## Screen update

You will have seen that there is a TV monitor and screen in the waiting area. This is ready to go, and at the moment the PPG and practice are working on content for display, which will include information about the practice, and more general information about healthy living and self-care. **We're aiming to get this up and running by the end of summer, so watch this space!**

## 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.

**BINGLEY METHODIST CHURCH**  
Herbert Street  
BD16 4JU

**Friday**  
11th October  
2019  
10am - 1pm

**ORGANISED BY THE BINGLEY BUBBLE COMMUNITY PARTNERSHIP**



**Would you like to receive further support with breastfeeding ?**

You can 'opt in' to our Bradford Breastfeeding Buddies service. Text **FEED** to **66777** with your name, postcode and baby's date of birth and you will receive a call back from a local NCT trained peer supporter.



# The importance of childhood vaccinations



**At the 2019 Bingley PPG annual general meeting, Practice Nurse Gabrielle Foy shared information about vaccine uptakes in Bingley, and some of the issues surrounding vaccinations. Here is information from that presentation, together with other important facts we should be aware of.**

Vaccinations to prevent disease have been around for a while. Most people are aware that Edward Jenner invented a method to protect against smallpox in 1796. It wasn't until the 20th century that vaccines against other infectious diseases were developed – for example diphtheria (1926), tetanus (1938), and polio (1955). Others followed and, with the introduction of large public health programmes, increasing numbers of children received vaccinations, leading to a rapid reduction of childhood diseases that even up to the beginning of the 20th century killed many infants and children.

Vaccines work by preparing the body to fight serious disease without exposing it to the actual disease symptoms. They aren't treatment, but are important in prevention. For vaccination programmes to be effective, however, it's crucial for enough people in

a population are vaccinated – somewhere around 95%. This is called 'herd-immunity' and means there are not many people who can be infected with an infectious disease. This gives protection for those especially vulnerable, such as newborn babies, the elderly, or those too sick to be vaccinated. Without herd-immunity, or in separate communities where there are a larger proportion of unvaccinated people, there can be 'break outs' of disease, especially highly infectious diseases like measles.

## Don't underestimate the dangers

It's important not to underestimate the danger of so-called 'childhood diseases' such as measles or diphtheria, and this

## Buddy system

You may not be aware that Bingley Medical Practice has a 'buddy system'. Every patient has 'named' doctor, who will be most familiar with your medical history and who you are most likely to see for a non-urgent appointment. There is also a 'buddy' system in place. This means that if you've asked to see your named doctor but he/she is unavailable, an appointment will be made with a second doctor, who sees the named patients of his/her buddy when possible. More information is available from the practice.

is why vaccination is so important. For example, the World Health Organisation states that in 2017 110,000 people died of measles, mostly children under 5 years of age and in spite of a safe and effective vaccine being available. Before the introduction of the measles vaccine in 1963 and widespread vaccination, measles killed around 2.6 million people per year.

**It's worrying that there is a growing trend, based on misinformation about vaccines, for parents to refuse vaccination for their children.**

So, vaccines work, and most of us have no memory of a time when childhood infectious diseases were rampant. Which is why it's worrying that there is a growing trend, based on misinformation about vaccines, for parents to refuse vaccination for their children. A major outbreak of measles in California in 2014 was thought to be from just this. Here, the 'Disneyland Outbreak' infected 131 people.

Vaccines sometimes do have minor side effects, and you'll be told about these when you attend to vaccinate your children. But, there is absolutely no connection between vaccines and autism, for example.

## Maintaining standards

So what about vaccines in Bingley? Here, there is good vaccine uptake - up to 99% for certain vaccinations. According to Gabrielle Foy, Practice Nurse, people are "savvy" about health care in Bingley, not just around vaccines, but for general screening, such as for cervical cancer. However we have to keep working together to maintain these standards.

Vaccines have revolutionised public health across the world, reduced mortality, and are now second only to clean water as a barrier to infectious disease. New vaccines are being developed, for example for malaria, and even HIV. Different programmes are also planned, for example providing the HPV (human papilloma virus) cervical cancer vaccine for boys.

If you have any queries about vaccination, you should contact the practice before your child's first planned vaccination at around 2 months. This is to make sure you have all the information you need and are able to get your child vaccinated. More information is also available here: <https://www.nhs.uk/conditions/vaccinations/NHS-vaccinations-and-when-to-have-them/>

## PPG Recruitment

We're looking for new members of the PPG. We're updating our leaflet, but we're especially interested in young people (16+) and mothers with young children. If you're interested in getting involved in improving the patient at the practice, then leave a message at reception or contact the current chair, Jill Wadsworth, on: [jillwadsworth56@gmail.com](mailto:jillwadsworth56@gmail.com)

## MEET THE STAFF

# Gabrielle Foy, Practice Nurse

**As part of our series of articles describing the life of the practice, I met with Practice Nurse Gabrielle Foy earlier in 2019. Gabrielle began working at Bingley Medical Practice in 2004, and here answers some questions providing some insight into the work of practice nurses in Bingley.**

### 1. Why did you choose to be a practice nurse and work in primary care?

I like the continuity of care and getting to know patients – the holistic part of care. It's not about one thing but a variety, such as asthma and respiratory conditions, travel health, baby vaccinations, cervical cytology, ECGs, and care for long-term conditions.

### 2. What's your specific role at the practice?

I'm practice nurse team leader and a member of the practice management team. I look at things such as 'flu planning, vaccine uptake, disease management reviews and how best to structure clinics to improve access.

Everything we do is linked to targets, set by central government. We have to gain enough 'points' to make sure we comply with the health contract and get funding. We're monitoring these targets all the time, such as the annual 'flu campaign, breathlessness scores for respiratory patients, or blood pressure targets for people with diabetes.

During daily each session the nursing team may collectively see up to 100 patients in total. For diabetic patients in particular, the workload can be high, so this is shared between nurses and doctors.

As a training practice we're involved in supporting student nurses and doctors. For the nurses, we have to make sure they appreciate that practice nursing is not just about what people walk through the door with, but the whole picture. A person may be coming for an asthma review, but may also need a vaccination, or their blood pressure checking. The beauty of this job is you get to know people and they get to know you, and you become partners in their health needs.

Another important area is child vaccinations. In Bingley, we have a good uptake, up to 99% for certain vaccinations [public health requires at least 95%]. People tend to be savvy about health care in Bingley.

### 3. What's a typical day for nurses at the practice?

We start work at 8am in time to prepare for the 8.30am clinic. We have lots of emails and other tasks coming our way, such as referrals from doctors, reviewing inhaler use, and prescription requests. We calibrate the respiratory monitoring equipment, set up our clinic rooms for the morning's clinic.

We then see patients from 8.30am-12. During the afternoon, we have further clinics, deal with issues that have come up, and, as all three of the qualified nurses are prescribers, we issue relevant repeat prescriptions.

### 4. What about the future of practice nursing?

I hope that the role of Practice Nurse becomes a stronger specialism, as more responsibility is given to the nursing team in primary care. We're trying to reduce hospital admissions, so the role will only increase and get more complex. Fifteen years ago it was all wound dressings, ear irrigation, and injections. Now it's managing groups of patients with a very differing range of health needs.

For those interested in working as a Practice Nurse, I'd recommend they should have an interest in holistic care, and be prepared to work independently with appropriate support. And as nurses it is part of our role to continue learning.

### 5. Any final comments?

One of my roles is travel health. We provide many of the vaccinations needed to make sure people are safe and protected when they travel. We still have many patients asking for appointments very near to their departure date. I'd like to remind everyone they should contact the surgery at least 12 weeks before they leave. This will make sure we have adequate time for the vaccination regimes they may need, and for the vaccinations to take effect!

**Thanks to Gabrielle for using up some of her valuable time to talk with me – it was a great discussion!**

## MEN'S HEALTH

# Focus on prostate cancer

Men are now generally living healthier and longer lives than ever. Life expectancy for men is still slightly less than that of women (roughly 68 years for men, and 73 years for women), and though there may be biological reasons for this, other factors also contribute. According to the World Health Organisation, men are less likely to visit a health care professional or report unmet health needs. Men are also more likely to smoke, eat a less healthy diet, consume more alcohol, and experience higher rates of injuries and interpersonal violence. Mental health is also a significant factor that's often ignored, with 75% of all suicides being in men.

Many of the top causes of death in men can be linked to lifestyle, especially in the case of heart disease and some cancers. Taking charge of their health by making different lifestyle choices must be at the top of men's priorities, as well as attending for whatever screening is offered by the NHS.

One particular disease specific to men is prostate cancer, and, according to Prostate Cancer UK, this is now the third most common cancer in the UK, overtaking breast cancer. Over 11,600 men died of prostate cancer in 2016, though whilst this sounds gloomy it's also evident that survival rates following a diagnosis are generally improving, as are those following breast cancer. But what's important is for men to be aware of the increasing risk of prostate cancer as they grow older. This risk increases after 50 years of age, with most diagnoses between 65 and 69. So, attending for health checks, watching for the signs, and seeking medical advice if at all concerned is vital.

What to watch for? The prostate is a small gland just under the bladder, so the usual signs of an enlarged prostate – which may or may not be cancerous, but will require investigation – include needing to rush to

the toilet, needing to urinate more frequently, straining or taking a long time urinating, weak flow, and the feeling that the bladder hasn't quite emptied after urinating.

If you're in any doubt, seek advice! Talk with a doctor, and don't be a 'typical man' and avoid help. It may just save your life.

For more information on prostate cancer, look on the NHS website: <https://www.nhs.uk/conditions/prostate-cancer/>



# A visit to the blood clinic

**As part of our series of articles describing the life of Bingley Medical Practice, Pam Vinnicombe spent time in the blood clinic earlier in 2019. Here are her thoughts and observations.**

My name is Pam Vinnicombe. I'm a member of the (PPG), and continuing our theme 'A day in the life of...', I was pleased to be invited to attend a blood clinic at the practice.

So-called 'drop-in' clinics are no longer available as they became unmanageable for staff. The regular booked appointments mean less waiting time for patients and are easier to organise. It's usual to wait about a week for an appointment but, just as in 'triage', a couple of appointments are left open each session to deal with situations requiring urgent attention.

Having previously passed a staff confidentiality process and signed a legally binding contract on maintaining patient confidentiality, I was warmly welcomed by one of the blood technicians, a fully trained Health Care Assistant (HCA) and trained phlebotomist. She explained she works together with another HCA and each deal with up to 30 patients per full session.

Their training involves one-day instruction followed by observation and competency testing before practice. Medical students also work with the HCA, and (with patients' permission) take bloods for practice.

## Allocated time slots

Appointments are booked in 5-minute sessions, and whilst this is usually ample time for bloods to be taken, it was obvious that some patients ask for advice on other ailments during this short time. Whilst the HCA was helpful, I could see this could make it difficult to stick to the allocated time. Some questions only require a simple response, but for others she had to politely advise them to make an appointment to see a doctor.

When a patient arrives, having booked in at Reception, the HCA brings up their record on screen – this is by way of a pre-prepared form from a doctor that is then printed to accompany the taken bloods. The form

indicates the required tests, and each test has to be placed in the appropriate colour-coded tube.

To actually take the blood, a tourniquet is first applied, usually above the crease in the patient's elbow so blood can be extracted from a large vein in the crook of the arm. In rare cases the back of the hand or other part of the arm is used. The patient is then asked to 'make a tight fist' and, accompanied by a phrase with which I'm sure we're familiar – 'You'll feel just a simple scratch' – blood is taken in a few seconds. I was impressed with the calming, friendly welcome from the HCA that puts patients at their ease. Not everyone is used to having blood taken and it's important to be relaxed, making it much easier for both the nurse and patient. The HCA told me she looks for signs of nervousness and may invite the patient to lie on the couch for the blood to be taken. She will talk through the procedure to help calm them. In very rare cases, if veins can't be found, the patient will be given a form to go to hospital.

In the case of children under about four, blood tests are usually taken at Airedale Hospital, but the surgery will use discretion if a parent makes a request. One recent example I was given was an 8-year-old who was extremely nervous, and the concern was not just of taking the blood but the after effects. So, the HCA may refuse to proceed to avoid frightening a child even more.

Once taken, bloods are put into a special container that's collected twice daily. None are kept overnight as this can affect the results. They are then taken to Airedale Hospital where they are either tested in the appropriate labs, or forwarded to other labs if specific tests are required. When results are received and further action is needed, a doctor or a member of the reception team

will contact the patient via telephone or text. In other cases, such as if negative results are received, patients should telephone the surgery if they haven't heard anything within about 14 days.

I noticed no surgical gloves were worn, and the HCA explained this is optional. She had undergone special training on procedures to follow for accidental self-inoculation ('needle-stick' injury) or contamination, but these are rare and whether or not to wear gloves is up to the HCA.

## Skill and dedication

Thanks to all concerned for allowing me to observe what goes on at the blood clinic. It was a most interesting experience, and I admire the skill and dedication of the HCAs who act not only as phlebotomists but also see patients in the general clinics.

**Pam Vinnicombe, Member Bingley Medical Practice PPG**

## FREE basic life support training courses on CPR

Cardiopulmonary resuscitation (CPR) is an emergency procedure providing chest compressions for a person in cardiac arrest.

**The PPG will be running training courses at the practice on:**

**Monday 28th October at 6pm**  
**Monday 18th November at 6pm**  
**Monday 9th December at 6pm**

The training takes around one hour. If you are interested in taking part please leave your name and contact details with reception.

*All ages and abilities welcome!*



## Funding from ABCD

The PPG was awarded £750 from Bradford Council's ABCD fund, which, together with the £500 from Skipton Building Society in 2018 means there is income that can be used to further the PPG's work to improve patient support. Thanks to Jill and colleagues for submitting the application.

**Blood clinics are held as follows:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Weekly	13:00-14:00	08:10-11:00	13:00-14:00	08:10-11:00	13:00-14:00
Every 2nd Monday	07:00-07:45				