

Patient NEWS

Patient Participation Group (PPG)



ISSUE 8 WINTER 2019/20

Welcome to our winter edition



Well, I can't believe that we have only a few weeks left in 2019. For the Patient Participation Group, it has flown by!

We started in January with our annual survey, and finally getting a TV/information screen placed in the reception area. Also, during this month two of us taught CPR to 48 patients.

In March we released our Spring Newsletter, which featured an article on children's vaccines which is an ongoing challenge in some parts of the world.

May saw our Annual General Meeting, with guest speaker Gabrielle Foy (RN) speaking about vaccinations, and we were introduced to our Self Care Champion for the Bingley Bubble, Gill Blamires, who is a real asset to the local area.

In July we were updated on the possibility of reopening the upstairs café and were still awaiting the TV/information screen to be switched on. We also submitted an application to the ABCD (Asset Based Community Development) fund for £750 to launch a mobile tea and coffee service and produce a new leaflet to encourage Bingley Medical Practice patients to join our group.

September brought another newsletter, and we raised with the practice problems with the telephone system such as random disconnections. We also heard of the success of our funding application to ABCD! We're currently in dialogue with

the CCG and Canalside's landlord to make progress towards finally getting the café reopened.

In October and November, we helped organise the 'flu clinic, and on the first day saw over 400 patients through the clinic within two hours! The TV/information screen was finally active, showing videos about self-care, and we'd like to thank the GP team and Practice Manager for their support. Now we just need to get it moved into the position we requested.

A busy year! All that's left for me to say is to have a wonderful Christmas and new year celebration. In 2020 perhaps you could consider helping the practice by joining our group. Something to think about!

Jill Wadsworth
Chair, Bingley Medical Practice PPG

First contact practitioners

My name is Robert Hunter, and I'm musculoskeletal physiotherapist and first contact practitioner (FCP) based at Bingley Medical Practice.

The role of a first contact practitioner within this practice is to assess, treat, and triage patients presenting with musculoskeletal problems without having to see their GP first. In this role, we are fortunate to work closely with GPs at the practice with whom we are discuss onward referral, further investigations, and medication reviews if appropriate.

Bingley Medical Practice are forward thinking and were one of the first in the area to establish an FCP. It's still an emergent approach which has been launched in various locations across the UK as part of the NHS long term plan. It's expected many more GP practices will appoint their own FCP.

What do we do?

We offer one-off sessions that include assessment, diagnosis, and treatment of musculoskeletal health issues as a first point of access (without waiting to see your GP). Following assessment, we're able to refer to the appropriate service or offer advice to support ongoing management. In some instances, we

may discuss further investigations or medication with your GP.

Who is should see an FCP?

Any individual registered at the practice with issues affecting your joints, bones, or soft tissues, such as muscles, tendons, or ligaments.

How can you access the service?

Any individual registered at Bingley medical practice can access the service via the reception staff, who are able to book directly into clinics.

The main objectives of FCPs are to:

- Reduced waiting times
- Ensure patients see the most appropriate professional at first contact
- Streamline the patient's journey
- Support lifestyle changes to optimise both mental and physical health
- Reduce pressure on GPs

FREE basic life support training courses on CPR 2020

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 27th January at 6pm
Monday 24th February at 6pm
Monday 23rd March 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!



Trouble down below?

Why bowel cancer awareness is so important

For most of us of a certain age (over 60) we should by now have received at least one bowel cancer screening kit in the post. This should arrive regularly every two years until we are at least 74, and the NHS is currently planning to reduce the age of routine screening to 50 years of age and above.



Bowel cancer screening kits are designed to identify one of the possible signs of bowel disease, blood in the faeces (poo). The process for taking a sample is pretty straightforward - if a little distasteful - and results should arrive within two weeks. In my case, it was around 8 days.

Screening for bowel cancer is now a priority in the UK. Bowel cancer – where cancer starts in the large intestine – is the fourth most common form of cancer diagnosed in the UK. Each year in the UK around 42,000 people are diagnosed, with about 16,000 deaths. According to Cancer Research UK, almost 60% of people diagnosed with bowel cancer in England and Wales survive their disease for 10 years or more. The success of treatment, as is usually the case, depends on how advanced the cancer is, and often includes surgery which may be combined with chemotherapy or radiotherapy.

For 59-year old BBC reporter Jeremy Bowen, diagnosed in late 2018, it came as a complete surprise. He had none of the typical symptoms and complained of only 'funny pains' in his back and legs whilst reporting from Iraq. So, what are the usual signs and symptoms to watch for?

According to the NHS, main symptoms include:

- Persistent blood in the poo
- A persistent change in bowel habit
- Persistent lower abdominal (tummy) pains, bloating, or discomfort, which may be associated with loss of appetite or unintentional weight loss

The NHS recommends that if one or more of these symptoms persist for more than four weeks a person should consult their GP. But, as Bowen experienced, these aren't always apparent. This is why screening is so important.

The exact cause of bowel cancer is not known, but some factors can increase risk:

- Age (over 60 years of age)
- A diet high in red or processed meats and low in fibre
- Being overweight
- Being inactive with minimal exercise
- Smoking and alcohol may increase the risk
- Family history (especially mother, father, or brother, or sister) of bowel cancer under the age of 50
- Another pre-existing bowel condition, such as Crohn's disease or ulcerative colitis (here, people are offered regular tests as part of their treatment management)

Prostate cancer - what you should know

Across the UK about 1 in 8 men will get prostate cancer at some time in their lifetime, so all men need to be aware of their own risk factors:

- Prostate cancer mainly affects men aged over 50, and the risk increases with age
- Black men are twice as likely to get prostate cancer
- Family history: you are 2.5 times more likely to get prostate cancer if your father or brother has had it
- Body weight: no one knows how to prevent prostate cancer, but research indicates that being overweight or obese increases your risk of getting cancer that's more likely to spread. So, it is helpful to maintain a healthy body weight.

Prostate cancer develops when cells in the prostate start to grow in an uncontrolled way. Some prostate cancer grows too slowly to cause any problems or affect how long you live. Because of this, many men with prostate cancer will never need any treatment.

But some prostate cancer grows quickly and is more likely to spread. This is more likely to cause problems and needs treatment to stop it spreading.

Prostate cancer that's contained inside the prostate doesn't usually cause any symptoms, and that's why it's important to know about your own risk.

Did you know?

- One man dies every 45 minutes from prostate cancer
- It already kills more people than breast cancer
- By 2030 it's set to be the most common cancer in the UK
- Unlike breast cancer, you can't check yourself and there's no national screening programme to help detect early-stage prostate cancer

If you think you might be at risk of prostate cancer or are experiencing any symptoms, visit your GP or speak to Prostate Cancer UK's specialist nurses on 0800 074 8383.

If you're in any doubt, seek advice! Talk with a doctor, and in the meantime do the test when it arrives. It may be gross, but it could save your life!

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

For more on Jeremy Bowen's personal story:
<https://www.independent.co.uk/life-style/health-and-families/jeremy-bowen-bowel-cancer-diagnosis-bbc-foreign-journalist-a8849161.html>



For more information:
www.prostatecanceruk.org

The important role of carers



This article includes a series of questions, and answers kindly provided by Dr Karen Greenhorn, on the role of carers and the types of support that are available.



Definition of carers from NHS England

A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

1. What kind of health situations are carers most involved in?

Carers are involved in almost all health situations. They coordinate and provide transport to and from appointments, collect prescriptions, and supervise medication. They seek, listen to and act on our advice and are able to recognise when the patient's condition changes and also arrange follow up appointments.

Often the person being cared for is unable to communicate how they are feeling, so their carer is in a unique position and able to convey important information regarding any changes in their condition. This is enormously helpful to the doctor and is essential to form a diagnosis and subsequent treatment options.

Carers are able to help the patient express their wishes. They often have prior knowledge of the patient and their attitudes and beliefs. This enables the entire health care team to plan future care in a way the patient would have wanted.

2. What are the challenges and difficulties carers face?

Carers face many challenges on a daily basis. The main area of stress I've observed is that the carer is often 'on call' 24 hours a day, 7 days a week. This is a role that no one should have to do, and it frequently has a detrimental effect on the health of the carer. Carers are often so busy 'caring', that looking after themselves comes at the bottom of the list. It can be very hard for carers to accept that having some respite is really helpful for both parties involved. They can feel guilty and inadequate and feel that they are letting the person down. In fact, the evidence is clear: If carers are able to

take even a short break there are long-term benefits for both physical and mental health.

3. What can the NHS, especially, specifically primary care, do to support carers more effectively?

It is estimated that 10% of the population are carers, and 96% of carers experience health and wellbeing problems as a result of their caring role.

The person they are caring for will have a unique set of problems which could be related to old age, frailty, disability, a serious health condition, mental ill health, or substance misuse. We want to support both the patient and their carer, in looking after their physical, mental and emotional wellbeing. We want to help them feel supported in this very special and important, but demanding role. We can give reassurance and guidance about symptoms and discuss alternative treatment options to try and fit in with the carer's schedule. We want the medical practice to be as accessible and friendly as possible and we want to be flexible to the carer's needs. We have a really caring team who want the best for all patients.

We can help to link professionals together to try and provide a more joined up holistic service. We spend a lot of time 'phoning carers (where they have been identified) to share information, with consent, about an individual's care and management plan. This can also help us to recognise carer strain and act on this. We can help direct the individuals to other services (see below).



4. What kind of support is available in the Bingley area?

We have a fantastic organisation called 'Carers Resource', based in Shipley. Their telephone number is 01274 449660. Here, there is tailored and confidential support and information to unpaid carers and vulnerable people. They also help with signposting to all the local services, for example support and advice to make living accommodation more suitable. They can provide help with financial advice, respite services, emergency care planning, social wellbeing, and can be a listening ear. They can allow the carer to take a break and provide access to new social and leisure opportunities. There is even a possibility that some funding could be applied for by the carer, as part of a wellbeing grant from Bradford Council.

We also have a new service called social prescribing, which requires a GP referral. This service helps people to become more active and will signpost carers to local services and facilities to help with this.

5. What recommendations do you have - based on your NHS experience - for working alongside carers to support them in their role, and to maximise the quality of the care they provide?

Everyone in the medical practice has so much admiration for carers, who have such a difficult job. We would like to make Bingley Medical Practice as welcoming and accessible to carers as possible. We want to try and make their job easier. We would like them to engage with the Carers Resource service to find out what is available for them to help with their own wellbeing. We would like to help and encourage carers to attend appointments for themselves when they are unwell, and also attend for any chronic disease monitoring or primary prevention of illness advice.

Finally, carers are entitled to the NHS annual influenza vaccination. If you receive a carer's allowance, or you're the main carer for an elderly or disabled person whose welfare may be at risk if you fall ill, then you need to get your flu jab.

This month in the practice we've been focusing on sepsis

What is Sepsis?

Sepsis is a potentially life-threatening condition where the body's immune system goes into overdrive trying to fight an infection. This can reduce the blood supply to vital organs such as the brain, heart, and kidneys. Without quick treatment, sepsis can lead to multiple organ failure and, sadly, death in some cases.

Where does the infection come from?

Most commonly from the respiratory tract, but also it can be from a urine infection, a wound like a dog or cat bite, or a problem in the abdomen such as a burst duodenal ulcer or a hole in the wall of the bowel.

Who is at risk of sepsis?

Anybody. But some groups of people are more susceptible, such as older people, diabetics, people who are immunosuppressed due to chemotherapy, steroids or malnutrition, or mothers who are pregnant or have just given birth.

What are the signs and symptoms of sepsis?

1. Feeling very hot or very cold and shivery.
2. Having a very fast heartbeat.

Hello. my name is Peter Home and I am currently an Associate Public Governor at Airedale NHS Foundation Trust, located at Steeton.

The Trust provides both hospital and community services across Airedale, Wharfedale, and Craven. It's run by a Board of Directors which makes decisions about the Trust's strategies and plans. Governors do not have a role in running the Trust, but they do inform the Board's decision-making

by telling Board members what local people think about the Trust's services and plans. A governor represents each constituency across the geography covered by Airedale Hospital.

For our area, there was a vacancy and so I volunteered to cover this role until the next elections for governors in 2020 to make sure people in Bingley have a voice and a seat at the Council of Governors. I have lived in Bingley since 1999, being a patient at Bingley Medical Practice (previously Priesthorpe) and Airedale Hospital. I am also

a trustee in children's play charities Eccleshill Adventure Playground/Play Bradford, and Nell Bank Charitable Trust, Ilkley.

Being a governor is a voluntary role – we aren't paid for what we do – but I think it is really important that the Board of Airedale hear the views of local people about the way the hospital, and its community services, are run. If you have views or an experience about the hospital that you would like to share or you may wish to join the hospital trust as a member (it's free), you can contact me by emailing: governors@anhst.nhs.uk

REFLECTIONS FROM A PPG MEMBER

My name is Norma Bartle, and I'm a member of the Patient Group at Bingley Medical Practice. I've been a member since 2015, and alongside a couple of other exploits I have to say it's been a bit of a lifesaver!

When my husband died, it left a hole in my life that could have made me lonely or a drain on my family and friends. Although my professional life was in the NHS, and I worked within a GP practice as a Health Visitor, the workings of general practice were to large extent a bit of a mystery to me.

We, the general public, are sometimes highly critical of the NHS, and I think perhaps on one hand that is good but on the other our ignorance of its workings make us occasionally unreasonable and intolerant. At one of the early patient group meetings I attended, Carey Dowson, the practice manager, gave us a presentation of the financial composition of running a practice such as Bingley's. What an eye opener that was! It put paid to the notion they are awash with money. It also made me realise how much we, the patients, can test the patience of people providing our care.

As a patient group we aim to promote positive interactions between the practice and patient. As Carey says, we are its 'critical friend'. You may have seen us in reception doing the annual survey or helping the 'flu clinics flow more smoothly. We also lobby on behalf of our fellow patients when we see injustices. We submit applications to charities for funding to support extras, like the television in the waiting area to show current health advice, or new curtains in the self-care rooms. An important 'win' recently was the defibrillator on the wall at the entrance to the Canalside, which we obtained from the British Heart Foundation alongside equipment for CPR training. This equipment has been used extensively by Jill Wadsworth, our current chair, to train hundreds of people in resuscitation techniques.

It would be lovely to welcome many more of you, our fellow patients, to join us in the group. It isn't all earnest endeavour, and we have many a laugh along the way. Meetings are bi-monthly, on the second Monday of the month. Check online or ring anyone named in the newsletter. We might just be your cup of tea.

Bradford Breastfeeding Buddies

Bradford Breastfeeding Buddies are a team of volunteers, all mums, who have breastfed their own babies and can appreciate the difficulties some mums and babies may have. We are all trained (and DBS checked) and regulated by the National Childbirth Trust.

Our aim is to create a supportive environment for mothers to feed their babies in the way they want to. We think, as a society, it is our collective responsibility to normalise breastfeeding, and by working together we can help new mums and babies achieve this. Accessing breastfeeding support does make a difference, and every year our recorded figures for mums accessing our service grows.

Mums can access us for telephone support by text and can attend social group meetings where volunteers are present to provide face to face support. This can be a lifeline when a mum is struggling and feels isolated. To see details about the groups, go to this Facebook page: <https://www.facebook.com/Bradfordbreastfeedingbuddies/>

To contact us for telephone support, the text details are in the ad to the left (texts are charged at the standard rate only). We will call you back!

Our team is hard working and we provide important mutual support for each other. We're welcomed onto postnatal and maternity wards which can make a huge difference in establishing a good start for mum and baby. If you'd like to join our team of volunteers, check out the poster included in this newsletter, and send an email to: Bradford.peers@nct.org.uk



nct 1ST 1,000 DAYS NEW PARENT SUPPORT

Are you pregnant and interested in breastfeeding?
Are you already breastfeeding and would like to meet other mums?

A team of local mums in your area have trained as volunteer breastfeeding peer supporters to support you.

Monday 10.00am - 11.30am (term time) Wrose Medical Centre Health Education Room, Kings Road, Wrose, BD21 1QG	Tuesday 1pm-2pm The Hive Elliott Street, Sladen BD20 0DE
Monday 12noon - 2pm (term time) Salvation Army Keighley (alongside Little Soldiers toddler group) High Street, Keighley BD21 2LJ	Thursday 10am - 12noon Saltare Methodist Church (NCT branch Bumps & Stables group) Saltare Road, Shipley BD18 3HJ
Tuesday 10am - 12 noon (term time) Reevy Hill Children's Centre Bedale Drive, Bradford BD6 3ST	Friday 10am - 12 noon Keighley Healthy Living 13 Scott Street Keighley BD21 2JH



Bradford Breastfeeding Buddies

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.**

City of BRADFORD
nct 1ST 1,000 DAYS