

Welcome to our spring edition



Hello everyone! Spring is a time for new life, a fresh start to the year with new beginnings, beautiful flowers, and lambs in the fields.

This year it all seems so different. The daffodils are still blooming, and the lambs are still being born, but we see them all differently because of COVID-19 which has struck so many parts of the world.

There isn't one of us who isn't affected. In these unprecedented times, Bingley Medical Practice has changed the way it works to help limit COVID-19's spread. Their aim is to deliver care remotely, using eConsult and

telephone consultations wherever possible. This reduces the number of people needing to physically come into the building. They are asking us to not come to Canalside or Crossflatts surgeries unless we have been asked to do so.

This action is hard to grasp. When we feel unwell, we have always turned to the practice for help and advice. But they are still there! They will still help us in our time of need. We just need to observe their new ways of working in response to the virus.

If you need to contact them about any matter, please use the eConsult system if you can. This helps by collecting useful information about your problem, so they can support you more efficiently. Order your prescriptions by email or via the practice website, using the NHS App or SystemOnline.

You can still telephone the practice, but lines are likely to be busy so please be considerate at this time.

I wish everyone well and beg you to observe the restrictions that have been asked of us.

In closing, I'm sure you will join me in applauding our NHS and other front line workers who are doing a fantastic job in these challenging times.

Jill Wadsworth, Chair, Patient Group



econsult and urgent care appointments

Recently, I had a reason to ask advice from a GP on a medical condition that didn't require an appointment. I decided to try out the new e-consultation system offered by Bingley Medical Practice. I went onto Bingley Medical Practices web site www.bingleymedical.org.uk and the e-consultation access is on the front page.

There are four check boxes when you start, and I double clicked on the one relevant to my problem.

A simple form popped up, which I completed and submitted. The page then informed me I would get advice and treatment by the end of the next working day. However, only a few hours later I received a reply email from a GP.

The advice was to contact the practice for an urgent care appointment as they felt I needed an examination. The practice asked me to attend later that day and

wait to see a GP. I went along and waited about half an hour before being called through to see a GP who examined me and gave me the appropriate advice. If I hadn't needed an examination, then the GP would have given the advice directly by email.

This is a service that is very easy to use and relieves appointments for more urgent cases.

**Jill Wadsworth
February 2020**

Ask about common problems like coughs, back pain or mental health

Ask about general symptoms like dizziness, tiredness or pain

Request sick notes and GP letters, or ask about recent tests

Get help for your child

COVID-19

Reasons to be fearful (or not)

It's difficult to think of anything else at the moment. COVID-19 has changed our lives. It's influencing everything we do. And it all seems so sudden. So, what is it and what causes it? How does it spread? Why is it creating so much anxiety? How can we stop it spreading?

What is it and what causes it?

COVID-19 is an illness caused by a virus belonging to a large family of viruses, the coronaviruses. It's called COVID-19 because it's a coronavirus disease ('COVID') and first appeared in China in 2019 ('19'). The problem is this particular coronavirus is brand new. This means no-one is immune and current vaccines don't work. That's why it's spreading so quickly.

How do I know I may have it?

The symptoms are pretty similar to 'flus' caused by other viruses, such as fever, headache, tiredness, and dry cough. For COVID-19, fever and a dry cough seem the most common. Symptoms can be mild, or severe, and many people may not have symptoms at all. This is particularly worrying, as they can still pass the virus on to others without knowing, who could then go on to develop much more severe symptoms. This is why it's so important to get more people tested. About 1 out of 6 people with COVID-19 can become seriously ill and develop problems with their breathing.

How does it spread?

This coronavirus spreads mainly through droplets of saliva and nasal discharge when an infected person coughs or sneezes. These droplets land on objects and surfaces around the person, so others could catch the virus by touching these objects or surfaces and then touching their nose or mouth. Droplets can also be inhaled.

Why is it creating so much anxiety?

It's such a surprise! For those of us in wealthy countries, we've become accustomed to a world without serious infectious disease. Vaccinations and a gradual improvement in global health mean that outbreaks of diseases such as polio, diphtheria, measles, and meningitis are not common in many parts of the world. The germs causing these diseases still exist, of course, but they're controlled through vaccination and better general health.

So, something like COVID-19 is a real jolt. For older people in their 80s and 90s it's a reminder of pre-vaccination days when deaths from infectious disease, especially in children, were much higher. For the rest of us it's a wake-up call that infectious diseases still pose a risk to health, and to be thankful we've access to the NHS and a robust childhood vaccination programme.

Once a vaccine is developed for COVID-19, sometime in 2020, future outbreaks will thankfully be much less severe.

How can we stop spreading?

In the meantime, we have the current outbreak to deal with. For a new virus, the priorities are to stop it spreading so quickly and slow down the numbers of people who are ill and may require NHS admission. We need to 'flatten the curve'.

The best way to do this is to keep people separated. This is why we have the 'lockdown' and guidance to stay at least 2 metres away from other people. China has had success with this approach. It's difficult but it does work.

We should also wash our hands regularly in hot water for 20 seconds or use hand sanitiser. And 'cough etiquette' is important. If we cough or sneeze, do this into a tissue, dispose of this immediately in a bin, then wash our hands straight away.

Here's a reminder of the current guidance on social distancing (the lockdown) as at April 2, 2020, taken from the NHS website. This applies to everyone:

Everyone must stay at home to help stop the spread of coronavirus. You should only leave the house for very limited purposes:

- shopping for basic necessities, for example food and medicine, which must be as infrequent as possible
- one form of exercise a day, for example a run, walk, or cycle – alone or with members of your household
- any medical need, including to donate blood, avoid or escape risk of injury or harm, or to provide care or to help a vulnerable person
- travelling for work purposes, but only where you cannot work from home

IMPORTANT: These reasons are exceptions – even when doing these activities, you should be minimising time spent outside of the home and ensuring you are 2 metres apart from anyone outside of your household.

There's lots more very helpful information on the NHS website here: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

If you have symptoms, or someone in the house has symptoms, more has to be done to self-isolate:

Do not leave your home if you have symptoms of coronavirus (COVID-19) or live with someone who does. This is called self-isolation. If you are self-isolating, you must:

- not leave your home for any reason, other than to exercise once a day – but stay at least 2 metres (3 steps) away from other people
- not go out to buy food or collect medicine – order them by phone or online, or ask someone else to drop them off at your home
- not have visitors, such as friends and family, in your home

You can use your garden, if you have one.

If you have symptoms, you should self-isolate for 7 days. If you have no fever after 7 days then you do not need to self-isolate (sometimes, a cough will remain for longer).

If someone else in the house has symptoms, you need to self-isolate for 14 days, as it can take this long for symptoms to appear. If you have no symptoms after 14 days, you can stop self-isolating.

You should avoid 'advice' shared on social media unless it matches NHS guidelines. It's likely to be at best irritating, and at worst dangerous to public – our – health.

Final words

It's a difficult time for everyone. In particular, parents and carers looking after children or older people, people in self-isolation, and key workers playing such a crucial role in maintaining vital services for us all.

Perhaps most of all, we need to acknowledge the outstanding contribution of health workers. They're keeping our hospitals, care homes, and community health services running. This includes of course people working in primary care, and the PPG wants to thank staff and practitioners at Bingley Medical Practice for keeping things ticking over for us, the patients.

Ian Hodgson



Physician Associates: a new role at Bingley Medical Practice

Spring is here, the season of a new beginning and change, so we thought it was befitting to tell you about our new role at Bingley Medical Practice. My name is Mobashar Rashid and my colleague is Hanna Raja. We are the first physician associates (PAs) employed at the practice. Some of you may have already met us and seen us in action, but for those of you who haven't, a BIG friendly "HELLO" from us to you

"What's a physician associate?" I hear you say!

A physician associate (PA) is a qualified medical professional. We support doctors in diagnosing and managing patients. For example, we are involved in diagnosing our patients, examining them, and providing a management plan. We are trained and qualified to run our own clinics but work under the supervision of a doctor. It's vital to appreciate that this relatively new medical profession complements the doctor's role and does not exist to replace it. As a PA, we see patients with acute and long-term conditions, and we're also involved in teaching medical students. Other types of student also sit in to shadow our clinics.

How do you become a Physician Associate?

To become a PA, one must complete a master's degree in Physician Associate Studies. This course can ONLY be accessed by those who already have an undergraduate science degree. It's a two-year intense medical programme with a huge emphasis on placements at hospitals and GP practices.

Similar to courses for students training to be doctors, our degree equips us to:

- Recognise an array of diseases and their signs and symptoms
- Diagnose, examine, and manage patients
- Perform a variety of practical medical skills including, but not limited to, taking blood, administering injections, and speculum examinations

After PA students pass their university exams, they then sit another set of exams known as 'nationals'. These take place in Liverpool and are organised by the Faculty of Physician Associates. ALL student PAs who have passed their university exams MUST pass their 'nationals' in order to work as PAs.

About us

As stated previously, you can only train as a PA if you have a life science degree. Previous experience in the clinical setting is an advantage.

Mobashar Rashid

My background is as an audiologist, treating patients with hearing or balance issues. I've worked in a variety of NHS hospital settings in Bradford, Leeds, Dewsbury, Colchester, and in the private sector. I specialised in identifying and diagnosing a range of problems which affect the ears, carrying out hearing tests, tinnitus counselling, and programming hearing aids customised to each patient's needs. As an audiologist, I was already helping patients by improving their hearing and balance and giving the gift of hearing was hugely rewarding. However, I decided to become a physician associate to be more involved in improving other aspects of my patient's lives, and to focus on lifestyle medicine.

Our colleagues at Bingley Medical Practice have been so welcoming and supportive. I feel an integral part of the team, and it's been an incredibly fruitful experience so far. I aspire to continue providing my patients with the best possible care.

Hana Raja

Prior to embarking on the physician associate programme, I worked as a specialist biomedical scientist for the Leeds Teaching Hospitals NHS Trust and later the Airedale NHS Foundation Trust. In total, I have 16 years' experience in biochemistry. I thoroughly enjoyed my career and gained a great deal of clinical knowledge and skills, such as generating and reporting blood tests and results. However, I wanted to get involved in front line services and helping the community as a whole. I believed that the physician associate programme, although intense, would allow me to pursue my aspirations.

It's safe to say that I believe I made the right choice, and I'm enjoying my new career. The support at Bingley practice has been immense. I look forward to working as part of a multi-disciplinary team and deliver the best care for our patients.

Why is there a need for a Physician Associates?

In an ever-changing NHS, with increasing demands and challenges ensuring the

health of the nation, there is a need for medically qualified professionals who can help support our hardworking doctors. This is where we fit in!

Our new profession increases the number of medically qualified professionals and improves access to high quality care for you, our patients. Since being part of the team at Bingley Medical Practice and seeing patients, we've helped reduce the overall workload and the waiting time for patients getting an appointment.

Projected figures indicate that there will be over 3,000 qualified physician associates by 2020.

A positive impact on the NHS

Our role is a complementary to the doctor's, and in the near future we should see the UK reaping the benefits of having PAs as part of the multidisciplinary team. We believe the PA role improves our healthcare system and provides the support that's required in the face of ever-increasing demands.

We'd like to finish by saying it's a pleasure to work for Bingley Medical Practice and give something back to the local community. If you require further information about PAs, there are leaflets in reception about our role, so please feel free to take one. There is also a useful link to Bradford University's PA course where there are more details about the qualification and our experience studying to become a PA:

<https://www.bradford.ac.uk/profiles/postgraduate/mobashar-rashid/>

Community partnerships

Community partnerships are an initiative aiming to make primary care more responsive to the community and improve connections between GP practices and other local health services in a specific area. Here is an outline of the community partnership in which Bingley Medical Practice is involved.



by Carey Dowson, Business and Practice Manager of Bingley Medical Practice. Dr Stephen Patterson of Baildon Medical Practice sits as the GP representative for all five surgeries. Jill Wadsworth, Chair of the Bingley Patient Group, represents patients, along with Tony Davies (Springfield).

There is representation on the Bingley Bubble from district nurses, community matrons, community physiotherapists, occupational therapists, Local Authority ward officers, mental health services, social workers, Clinical Commissioning Group (which also provides a project manager), community pharmacists, care agencies, care homes, and the voluntary care sector. The group also includes a Self-Care Champion (Bradford & District). The aim of the Bingley Bubble is to keep people out of hospital and A&E by offering proactive and integrated care to patients in the two tiers.

Living well is encouraged, providing help and support to patients and enabling them to manage their health effectively so they can live independently, remain happy, healthy, and – most importantly – at home.

Carey Dowson

Community Partnerships are a way of delivering integrated community health, care, and wellbeing services through local decision-making and partnership working. Each partnership focuses on a community of between 30,000 and 60,000 people.

The 'Bingley Bubble' Community Partnership, as we are collectively known, consists of five GP Practices: Bingley Medical Practice, Springfield Surgery, Oak Glen Surgery, Baildon Medical Practice, and Wilsden Medical Practice. It's chaired

Tier 1

Patients in one or more of the following groups: those who are housebound, living in a nursing or residential home, have severe frailty, dementia, motor neurone disease, or Parkinson's disease. These patients have acute needs but also benefit from a more proactive approach. They are best seen at least annually by a GP, community matron, or associated staff. In our locality, the number of patients in Tier1 is around 1000.

Tier 2

Patients in this cohort have moderate frailty and will not be already covered by Tier 1. They may have an increased risk of falls, be struggling at home, or a family who just need more support. They benefit from early intervention or therapy provided by the social worker and community teams. This support could be provided by an annual assessment and integrated 'pop-up' assessments. The number of patients in Tier 2 is also around 1000 in our locality.

Young people and health

Joseph is a new member of the Patient Participation Group. He currently attends Skipton Grammar school and we asked him a few questions about health issues facing young people. Here are his responses.

1. What are the main health worries young people have?

Over the past couple weeks, I've been talking a lot with friends about health because of the recent outbreak of COVID-19. In these long and extensive conversations, COVID-19 comes top of the health worries young people have at the moment, especially as it seems highly contagious. In these discussions, I've also noticed that young people do understand the likelihood of them contracting severe symptoms is unlikely, but they're concerned about passing it on to more vulnerable people in their family. This fact became clear to me during my last couple of days at school, when my normal private study class had halved in size.

Joseph Carnelly

2. What are the main health issues that face young people?

For me, the main health issues facing young people in the 21st century are around conditions caused by poor diet, such as diabetes. I see it within my social group, where I have friends who quite readily go to the local supermarket to buy a fried chicken meal deal washed down with original Coke or Pepsi. They do this almost every day without fail. The problem isn't just limited to lunchtime, as I see friends who buy and consume unhealthy snacks after school every day. For example, I have a friend who, up until recently, bought several bags of crisp a day to consume before he got home. I don't think young people realise how bad their diets are because, on the outside at least, they don't seem particularly unhealthy. They stay reasonably thin, perhaps due to teenagers' high metabolic rate.

3. What might put young people off going to see a GP?

One thing that may put a young person off going to see a GP is embarrassment. Most young people like to think that they are independent and 'grown up', so going to see a GP may be interpreted by their peers as a weakness and inability to take care of themselves.

4. What can GP surgeries do to be more welcoming for young people?

The main thing GPs can do to make young people feel more welcome is to emphasise that it's normal to go and see a GP. It isn't uncommon or out of the norm. Another way to make surgeries more welcoming is to have an online, anonymous question and answer service. This will help avoid embarrassment for young people with questions that could be difficult to ask in person.