

# Patient NEWS

Patient Participation Group (PPG)

## Hello and goodbye - changes to your Patient Participation Group

At our AGM in May we said thank you to Jill Wadsworth, who has been our wonderful chairperson for the last four years. She has worked hard and achieved so much - including superb organisation of the recent vaccination clinics. Jill even stayed on an extra year due to the pandemic. However we aren't saying goodbye as she will be staying as a member of the group. Her special interests are to get the cafe up and running and organise volunteers for the flu clinics.

We sadly say goodbye to Ian, vice chair, as he leaves the area. Ian has been invaluable to the group, with his specialist knowledge and editorship of the newsletter. He will be a hard act to follow.

We wish Pam James a big welcome as she takes over as chairperson, with Margaret Tetley as vice chairperson. Charlotte Hamilton, Sue Johnstone and Janet Daykin have joined the executive committee too. New members of the group are Donald Wood (who is a former member) and Fiona Greenwood.

**But now over to Pam to introduce herself:**



**Hello everyone, my name is Pam James and I am honoured to be your new PPG Chairperson. I took over from Jill Wadsworth**

**at the May AGM. Jill has worked really hard for the patients of Bingley Medical Practice for the last four years and has achieved many changes. I personally want to say a big thank you for all she has achieved over this time.**

I have been involved with Canalside since its planning stage and proud to say I think it is a top surgery in Bingley. My day job was in sheltered housing for the elderly, originally The Royal British Legion, opened in 1983, but re-named in 1993 as Housing 21, Falkland Court. This was a most rewarding job that I truly enjoyed for over thirty years.

Now I work as a volunteer for a number of organisations, mainly delivering services to the elderly but this new role covers all ages and aspects of our health and the system, for Bingley patients. I will do my best to listen to patients and their needs and work closely with Practice Manager, Carey Dowson, and his committed teams.

The past 18 months have been extremely difficult for everyone. I doubt we will ever go back to 'normal' but together with all members of your PPG, we will face the challenges and do our best to meet patients' needs, listening to your ideas. We will not always please everyone but it will not be for the want of trying.

If you would like to get in touch with me please use our Patients' Contact Box in Reception and I will reply to the best of my ability. Perhaps you would like to join the Group? If so just pick up a leaflet at our table in Reception or on the desk.

**Pam James, Chairperson  
Bingley Medical Practice  
Patients Participation Group**

## Introducing the NHS App

**The NHS app is a security protected link to your GP medical record. It enables you to manage your prescriptions and appointments from your phone or tablet, and gives easy access to health advice from the nhs.uk website whenever you need it.**

It will also soon feature access to your recent test results and medical record summary, along with ability to eConsult.

It is also compatible with finger-print recognition, so once it is set up you no longer have to remember a password.

### Setting up the app

Once you have installed the app, the best way to set it up is at home. You will need some photo ID available - best is a UK Passport or Driving Licence.

Follow the instructions on the app to register your account - even if you are already a SystemOnline user. When asked if you have the log-in details from your GP, then select "I don't have any of these"

You will be asked to take a photo of the ID, and also to then record a short video of you speaking a series of 4 random numbers. These are then used to confirm your identity.

**You can find more information at the official NHS app's website.**



# The shadow of COVID-19

**Nearly 20 months into the COVID-19 pandemic, the coronavirus causing this nasty disease (Sars-Cov-2) continues to swirl around the world, mutating into different variants and with a social and political footprint far exceeding its viral nature.**

**Over 219m people have been infected so far, with close to 4.5m deaths.**

As a novel virus catching the world unawares it's a reminder that nature isn't as submissive as we sometimes like to think. The current pandemic will – eventually – be controlled through vaccinations and improved public awareness, but it will be with us for a long time. For vulnerable communities it's been especially catastrophic, and the disruption to the care and treatment of other diseases has taken a real bashing.

One group that's been affected are those living with HIV. I've been involved in two research studies tracking the impact of COVID-19 on HIV services globally. Much of the harm has come not from COVID-19 itself – people living with HIV aren't at any significantly increased risk of catching the coronavirus – but rather the collateral damage from lockdowns. When there is restricted travel, curfews, harsh measures to control infection, the closure of shops and local stores, and threats to employment, the fallout is severe. People living with HIV have had problems accessing treatment and, in some countries, infection control legislation has been used to repress the rights of groups such as people who use drugs or sex workers. Things are easing a little now, but it will take a while to return to some semblance of, well, not normality (that's never really been on the cards) but something closer to reasonable access to health services.

But this problem isn't confined just to people living with HIV. NHS England is already reporting a long backlog of people waiting for cancer screening and treatment. Also, though the expanded use of remote digital access for health consultations has been useful in the short term, many people now just hanker a return to real face-to-face meetings with their health care workers.

Meanwhile, COVID-19 burbles on. With infection control rules changing regularly, it can be hard to remember what they may be today. There's also the worrying trend of anti-mask protesters advocating for removing most, if not all, the mask wearing mandates or infection control measures. This movement is relatively small in the UK – largely because of our trust in the NHS – but in other countries the anti-mask faction is much larger, and heavily politicised. Sometimes this is just people venting frustration at nearly two years of restrictions, but when this exasperation

morphs into threats to public health and, in some countries, violence against health care workers, the real danger of this anti-establishment disruption is obvious.

Public health is rooted in disease prevention, and a core part of this is vaccination.

**Vaccines against the coronavirus causing COVID-19 are effective.**

They have very few side-effects, and if a vaccinated person catches the coronavirus (this is still possible) it means the symptoms will be much less severe. The UK for a time was a world leader getting people jabbed, but now many other countries have caught up and overtaken us. Vaccine hesitancy – when people are just not sure whether to be vaccinated or not – is understandable but shouldn't be a reason for not going ahead. 'Anti-vaxxers' are different altogether, with beliefs based on unproven conspiracy theories and anti-authority notions often overlapping with the anti-maskers and, at the extreme, groups who deny the very existence of COVID-19. This is dangerous and, in the US, where this movement is especially strong, there are multiple reports of anti-vaxxers dying of COVID-19 proclaiming from their death beds that they'd made a mistake not having a vaccine.

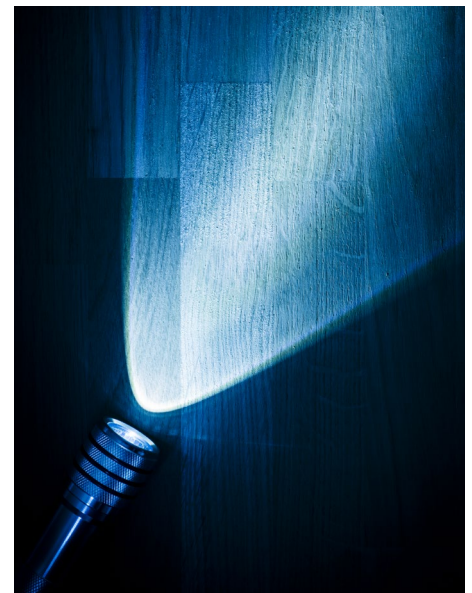
**So, vaccines work, but are they accessible to everyone?**

Sadly, no. Wealthy countries are now swimming in vaccines. At the time of writing NHS England is considering vaccinating children 12-17 years of age and giving boosters to vulnerable people. Whilst there may be scientific merit for this (though the debate about vaccinating children rages on) there is a moral argument for increasing international cooperation to ensure fairer global vaccine distribution. For example, the African continent, with its 54 countries and around 1.3bn people, has so far received only 158m doses (as a comparison, the UK alone has done 93m vaccinations).

Larger countries with poorer populations are most affected – South Africa has only fully vaccinated 10% of its population, whilst richer and smaller Seychelles has vaccinated over 70%.

What's crucial in all this is that we must expect COVID-19 to be around for quite a while. This is not scaremongering but to remind us that things will never be quite the same again. We need to work together – people, communities, health services, government, treatment manufacturers – to correct the disruptions to health care caused by COVID-19 and address inequity in vaccine access. We also need to understand that, from now on, we'll be dependent on vaccinations and good public health awareness to really control this new infectious disease. We may be under the shadow of the coronavirus and all its variants for some years to come, but that doesn't mean we don't have torches to find our way around. We just need to switch them on.

Ian Hodgson



## CORONAVIRUS VACCINATIONS

**At Bingley Medical Practice, our own part in the vaccination programme is now complete. If you are looking to arrange a Coronavirus vaccination, please call 119 or book online. If you are eligible for a booster vaccination you will be contacted in due course.**

# The unsung heroes of Bingley Medical Practice

**I had the privilege of observing the telephone team on a busy Monday morning. I learned it's always busy, but particularly so on a Monday morning. An important point I picked up is if you have a non-urgent call to make, or need a repeat prescription, it will really help if you can avoid this time and call after 11.00am. It may really help someone in urgent need to get through quickly.**

I was surprised to see how many people it takes to run a busy practice, and how varied the work is and the responsibilities covered. In addition to the GPs there are GP trainees and doctors in training, physician associates, nurses (with varying responsibilities), the administration team, receptionists, telephone team, a physiotherapist and a pharmacist and, of course, the practice manager. A noticeboard showed priorities and status of each area of work. Always aware of each other the teams helped each other out, quickly leaving their desk to help out on the front desk when it was busy, then returning to take up where they had left off.

Just a few minutes past 8.00am and two doctors had called in sick, not long afterwards a nurse had to go home as she was unwell and one of the backroom staff wasn't able to come in due to illness. I felt exhausted just watching the team work together to rearrange priorities. All patients kept their appointments due to the team rallying around and helping each other out - Incredible teamwork.

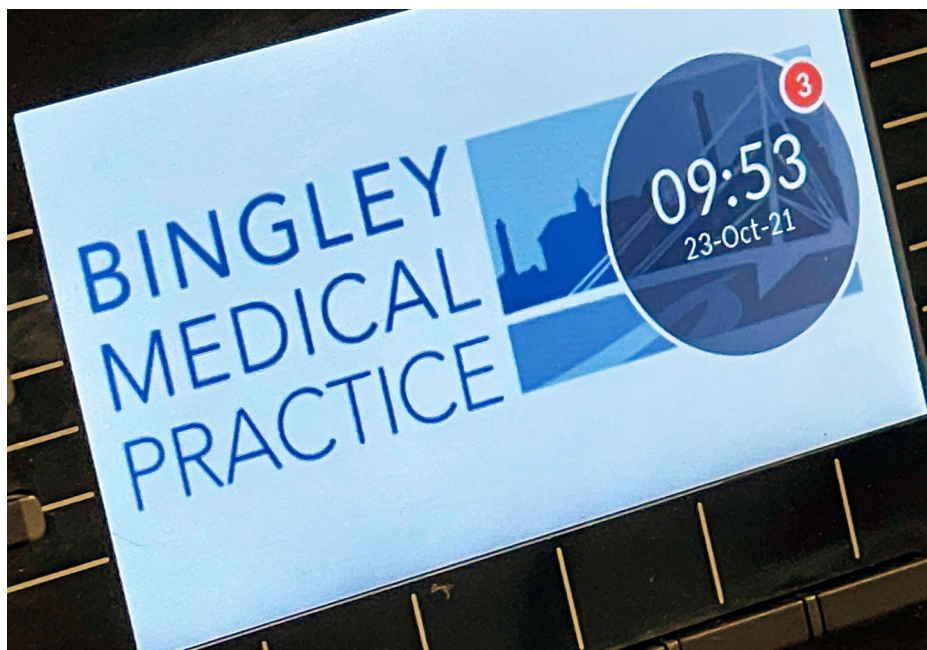
I saw one team member realise another was under extreme pressure, having worked for a couple of hours without seeming to take a breath. Silently she went and got her a

hot drink, which was gratefully received. It seemed toilet breaks often have to wait too!

The practice operates a triage system from 8.00-10.30 am so those most in need of immediate care are prioritised. A GP sat with the telephone team helping, advising and supporting the team and patients. The phones were all constantly flashing, three at Canalside and a further one at Thompson Court. Appointments, advice and call backs were sorted speedily. Just a small selection of what I heard - a concerned relative calling about a patient suffering breathlessness, a child with tonsillitis, a doctor appearing with a death certificate, a patient wanting a letter for a bus pass, prescription requests and much more.

## Use the emergency line for emergencies only

I was concerned to see the emergency line used on a couple of occasions when patients hadn't been able to get through on the standard line immediately. Please only use the emergency line for emergencies. It was answered immediately though, and once ascertained it wasn't an emergency the patient was politely asked to call back on the other line.



**You still need to wear a face covering in GP practices and other NHS facilities.**



## Signs of Covid-19 times

Signs of a Covid world meant staff were masked when not sat at their desk, clear screens were in place and some of the admin team can work from home. I was surprised to hear Face to Face appointments being offered again. I learned they had never gone away but Covid had led to other options often being the safest one. Now patients are given the choice and some patients are much happier with this.

The admin team sit in a separate area of the room and are busy too - hopefully they will let me or one of my PPG colleagues back to watch them for another newsletter.

## How can we help?

**How do we make sure the teams are in the best possible position to help us when we have an urgent need?**

Please realise how important it is not to block up lines with anything that can be dealt with in another way, for example:

- if your concern is something you can talk to a pharmacist about, please do
- maybe you can use e-consult?
- order your prescription electronically
- call after 11.00am when the lines are quieter, and maybe write down your concerns before you call so you don't forget any vital information.

Little changes to how things are done can really help make the system work better for us all.

And thank you to Carey Dowson, Practice Manager and all of the back-room staff for allowing me to see how it all works - and see them smiling as they go over and above to help patients and each other. My overall feeling on leaving the practice was that, even in these difficult times, I am confident if I need to call I will get superb service from a team keen to put the patient first.

**Janet Daykin, member of the PPG**

# The latest work of the Living Well Champion

Since the first edition of the Bingley Bubble newsletter in Winter 2020, and with the lifting of legal restrictions for Covid, my work as the Living Well Champion has started to take momentum again.

The Bingley Bubble Leadership Team had a meeting in mid-June 2021 to set out the health priorities/projects for 2021/22. One of the projects that I will be involved with is to support the development of a men's group to take forward a 'Men's Shed' for Bingley. Sheds are mainly 'grassroots' community activities that come about in response to shared needs. These have mostly been for men to access tools, workbenches, skills and opportunities to make and mend in the company of others. Gardening, computing, electronics and other activities have been included according to members' interests.

The UK Men's Sheds Association (UKMSA) regard a Shed as the group, whether or not it has a base for activity. Sheds bring health benefits by encouraging physical and mental activity, and improved wellbeing. They provide an enjoyable way to stay socially integrated in local communities, by being creative, and learning or passing on skills. Whilst most Sheds are for men, about a third involve women. There are now also some all women Sheds.

In partnership with Yorkshire Community First and The Friends of Myrtle Park this project will be taken to the next stage which will be to hold an information session. Date for this to be confirmed. Here's the call out to any men who this might be of interest to.

For further information please call Gill on 07904 853141 or email [illB@cabad.org.uk](mailto:illB@cabad.org.uk)



## Keeping everybody safe

We continue to ask that all visitors to Canalside wear a face mask or face covering, as is required in all NHS settings.

People visiting us are more likely to be vulnerable to Covid19, as we inevitably see more people who are elderly or have chronic health problems. So we ask you to help us to protect and reassure them by wearing a mask.

We are offering appointments in surgery or by telephone - just let us know which you prefer when you book.

Thank you.



## FLU VACCINATIONS

The practice is delivering flu vaccines as usual, and if you are eligible you will be contacted when it is ready to book. The first mass clinic took place recently with over 1560 flu vaccines given. The practice received lots of praise from patients for the efficiency and organisation on the day.



## 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 soon**

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!

COMING SOON

