



In this issue, I have included a note on the new NHS111 service which deals with calls previously made to NHS Direct and calls for Out-of-Hours GP services. There is also an update on Phlebotomy. I understand the Windsor, Ascot and Maidenhead Clinical Commissioning Group aims to make this service available at all GP practices in their area.

Please note the item on Seasonal Flu Clinics and make an appointment if you are included among those the eligible to receive the vaccine.

Our next Health Education Evening, on Understanding Blood Pressure, will be held in Datchet Village Hall on Tuesday 1 October 2013 at 7:00 for 7:30pm. We are very grateful to the charity, The Friends of Datchet Health Centre, which is fully sponsoring the event.

As always, we welcome your comments, suggestions and questions, by email to datchet.ppg@gmail.com or by letter via reception.

Bill Joy, Editor

Health Education Evening – Tuesday 1 October 2013

“Understanding Blood Pressure”

The Datchet Health Centre Patient Participation Group (PPG) will be holding another health education event on Tuesday 1 October 2013 at Datchet Village Hall from 7.30 – 9.30pm. The topic this time is “Understanding Blood Pressure” and the aim is to look at what is blood pressure, what are the health implications of high blood pressure, medication that is available to manage it and lifestyle measures that can be taken to optimize a healthy blood pressure. There will be three speakers at the event – Dr. Mick Watts (GP), Carol Trower (Pharmacist) and a dietician. There will be a questions and answers session and general discussion following the three speakers.

Information stalls and displays manned by local organisations will be available throughout the evening and refreshments will be available at the end.

Please put the date in your diary – it will be a good informative evening and is free of charge. All are welcome. If you require any further information please contact Karen Holmes at Datchet Health Centre on 01753 541268. If you would like to attend it would be helpful if you could let one of the Receptionists know either by telephone or by e-mail – wamccg.datchetreceptionist@nhs.net.

KH

Practice Closures

The practice will be closed for training on the following dates:

Tuesday	10 September 2013	12.30- 6.30pm
Thursday	17 October 2013	1.30 - 4.30pm
Thursday	21 November 2013	12.30 - 6.30pm
Tuesday	14 January 2014	1.30 - 6.30pm
Tuesday	11 February 2014	1.30 - 4.30pm
Thursday	20 March 2014	1.30 - 6.30pm

The whole afternoon closures allow doctors to attend area-wide clinical training sessions for all local doctors and nurses. Administrative team members are trained in-house in pertinent areas

Seasonal Flu Clinics

The Practice is currently awaiting final confirmation of delivery dates for flu vaccine, and it is hoped that the first delivery will be on Friday 20 September. Unfortunately producing the vaccines has taken a little longer this year. The flu virus constantly mutates so it is necessary to formulate each season's vaccine for the flu vaccination programme to match the strains likely to be circulating the following winter. The World Health Organization (WHO) monitors the epidemiology of flu viruses throughout the world in order to make recommendations about the strains to be included in flu vaccines for the coming winter.

This year, for the first time, the vaccine will protect against four strains, rather than the usual three.

Flu vaccinations are currently offered free of charge to the following at risk groups:

People aged 65 years or over (including those becoming age 65 years by 31 March 2014).

All pregnant women (including those who become pregnant during the flu season).

People with a serious medical condition, such as:

Chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis

Chronic heart disease

Chronic kidney disease

Chronic liver disease

Chronic neurological disease, such as Parkinson's disease or motor neurone disease

Diabetes

A weakened immune system due to disease or treatment (such as cancer treatment)

People living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection.

People who are in receipt of a Carer's Allowance or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill.

Clinics will be held at the surgery, in Old Windsor and in Wraysbury as soon as possible after 20 September. It is also hoped to hold a Saturday morning clinic in Datchet – this has proved to be popular in the past.

To make an appointment, please telephone the practice after 16 September if you are aged over 65 or in any of the clinical "at risk" groups given above. If you are eligible for a vaccination to protect you against pneumonia, the nurses will give this at the same time. When you attend for your appointment, please wear something short-sleeved and remove your coat once you have checked in as appointments for flu injections are at short intervals.

KH

Shingles Vaccination Programme

NHS England has announced a shingles vaccination programme, initially for people aged 70 years (routine cohort) and 79 years (catch-up cohort) only to protect them against shingles. Shingles is a debilitating condition, which occurs more frequently and tends to be more severe in older people. The programme began on 1st September 2013 and will

become a part of the routine vaccination programme for patients aged 70 years. The catch-up campaign for those aged 79 also began on 1st September. At a later date patients aged 71-78 will be offered the vaccination. The efficacy of the vaccine declines with age and so it is not recommended for people aged 80 years or older.

Patients who are aged 70 or 79 will be able to have their vaccination against shingles at the same time as their flu vaccination. If you are either 70 or 79 and would like to have the vaccination, please request this at the time of booking your appointment. **KH**

Phlebotomy Update

The Windsor, Ascot and Maidenhead (WAM) Clinical Commissioning Group (CCG) is conducting a review of phlebotomy services in its area. It briefed the PPG network in June and invited interested PPGs (seven, including Datchet PPG) to attend a focus group in July. In preparing for this activity, we conducted a small survey among the patients we can reach by email, the Patient Reference Group (PRG) and presented the detailed results to the focus group.

Fifty-two replies, all useful and to the point, were received from DHC patients during the five days from 1 July. Only clear comments in response to the questions asked, mainly explicit but some implied, were noted and recorded. Some passing comments were made about the service at Heatherwood and St Mark's, but they were too few and general to be considered further. Several patients living in Wraysbury said they sometimes used the service at Ashford where parking is much easier.

There were more comments on parking at KEVII than at Wexham Park, probably because DHC patients prefer the former. The risks mentioned by a few respondents refer mainly to immune-suppressed patients acquiring infections from a crowd of strangers. Many of the non-quantifiable comments mentioned the waste and inefficiency caused by requiring patients to attend walk-in clinics where they spend a long time waiting and, because public transport from the practice area to any of the centres is poor, they have to travel by car and contribute to the parking problems that vex so many patients. Most felt it was unreasonable for a procedure taking not much more than about a minute to complete should result in such long waits.

Some respondents said that the combination of unknown waiting times and their other commitments had sometimes forced them to abandon the attempt to have a sample taken. One respondent said these problems had, so far, prevented his providing a sample despite several attempts,

Adverse comments about the quality of service at Wexham referred to overcrowding in the waiting area and/or an occasionally brusque manner from the overworked staff. Nobody complained about skill and care in the procedure itself.

The following is an extract from the minutes of the meeting.

Key points arising from the discussion were

Strong preference for continuing practice based services where parking, waiting times and quality of service were all perceived to be much better than having to go to a hospital based service.

Mixed feedback about St Marks – some really like it, especially those who live in proximity, or park on the road – but others have very negative experience. Parking problems at Wexham are seen as a major deterrent to going to a clinic there.

Frustration with hospital services at Wexham, St Marks and KEVII is that such a short patient intervention such a blood taking takes such a long time, sometimes a whole morning. This is not acceptable, especially for older patients. It fosters a perception of an apparent lack of “urgency” in the system – reinforced by staff, often working solo, taking breaks when the queues can be 20+ patients long.

Appointment systems v walk in services – don’t mind which as long as the service is provided quickly and professionally.

·Current opening hours are not very convenient for those who work – a half day weekend service would help

If services needed to be expanded flexibly, provision of a peripatetic service that added to current in-practice capacity would be a good idea.

Closure of the Upton Walk In centre was seen as a disappointment.

Consistency of education of patients about how long the results will take and how follow up feedback from practices is managed is important. How long will the test results take? Is no news, good news? What will happen if the results are urgent?

The capacity of some practices to flex their service when the phlebotomist is busy by having an HCA, practice nurse or GP take the blood is recognised as a tailored response that is not going to be modelled in every practice or in a hospital environment.

A review of current service levels and improvements to deliver an efficient and properly resourced system to deal with current levels of demand at hospitals is needed.

Looking ahead, there was recognition that the future model solution would not be a “one size fits all” as practices provide varying levels of phlebotomy services and have different levels of commitment to maintaining services to their patients. However, a properly understood model of supply and demand, with the funding focussed on the most efficient and patient-centric service is needed. The current position is clearly not sustainable.

Fibromyalgia

Fibromyalgia Awareness Week is from 8 to 15 September this year.

Fibromyalgia is a chronic condition of widespread pain and profound fatigue. The pain tends to be felt as diffuse aching or burning, often described as head to toe. It may be worse at some times than at others. It may also change location, usually becoming more severe in parts of the body that are used most.

The fatigue ranges from feeling tired, to the exhaustion of a flu-like illness. It may come and go and people can suddenly feel drained of all energy – as if someone just “pulled the plug”.

Fibromyalgia is a common illness. In fact, it is more common than rheumatoid arthritis and can even be more painful. People with mild to moderate cases of fibromyalgia are usually able to live a normal life, given the appropriate treatment.

If symptoms are severe, however, people may not be able to hold down a paying job or enjoy much of a social life. The name fibromyalgia is made up from “fibro” for fibrous tissues such as tendons and ligaments; “my” indicating muscles; and “algia” meaning pain.

Fibromyalgia Association UK is a registered charity administered by unpaid volunteers. The majority of volunteers are also fibromyalgia sufferers who work extremely hard, despite their condition, in order to forward the cause of fibromyalgia. FMA UK was established in order to provide information and support to sufferers and their families. In addition, the Association provides medical information for professionals and operates a national helpline. www.fibromyalgia-associationuk.org

Migraine

Migraine Awareness Week was from 1-7 September 2013

1 in 7 people in the UK are reported to suffer from migraine. It affects twice as many women as men and people from all age groups (even young children) and all social classes. Migraine costs the UK around £2.25 billion per annum. The World Health Organisation has classified headache as a major health disorder and has rated migraine amongst the top 20 most disabling lifetime conditions. A migraine attack can last for between 4 and 72 hours.

For support or advice you can call the charity number on 0116 275 8317 or visit www.migraine.org.uk.

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Mental Health

World Mental Health Day" will be on 10 October 2013

- It is reported that 1 in 4 people will experience some kind of mental health problem in the course of a year. Mixed anxiety and depression is the most common mental disorder in Britain
- Women are more likely to have been treated for a mental health problem than men and about 10% of children have a mental health problem at any one time
- Depression affects 1 in 5 older people
- Suicides rates show that British men are three times as likely to die by suicide than British women
- Self-harm statistics for the UK show one of the highest rates in Europe: 400 per 100,000 population

Do not be afraid to talk to your GP - who may refer you to specialist services if he/she feels that will help you.

The World Health Organization (WHO) joins in celebrating the World Mental Health Day. The day is celebrated at the initiative of the World Federation of Mental Health and WHO supports this initiative through raising awareness on mental health issues using its strong relationships with the official and civil society organizations across the globe. The theme of World Mental Health Day in 2013 is "Mental health and Older Adults".

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NHS 111 is now in service in our region.

The following is an extract from the NHS111 website.

NHS111 is a new service that's being introduced to make it easier for you to access local NHS healthcare services in England. You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is a fast and easy way to get the right help, whatever the time.

NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

When to use it

You should use the NHS 111 service if you urgently need medical help or advice but it's not a life-threatening situation.

Call 111 if:-

- you need medical help fast but it's not a 999 emergency
- you think you need to go to A&E or need another NHS urgent care service
- you don't know who to call or you don't have a GP to call
- you need health information or reassurance about what to do next

For less urgent health needs, contact your GP or local pharmacist in the usual way.

If a health professional has given you a specific phone number to call when you are concerned about your condition, continue to use that number.

For immediate, life-threatening emergencies, continue to call 999.

How does it work?

The NHS 111 service is staffed by a team of fully trained advisers, supported by experienced nurses and paramedics. They will ask you questions to assess your symptoms, then give you the healthcare advice you need or direct you straightaway to the local service that can help you best. That could be A&E, an out-of-hours doctor, an urgent care centre or a walk-in centre, a community nurse, an emergency dentist or a late-opening chemist.

Where possible, the NHS 111 team will book you an appointment or transfer you directly to the people you need to speak to.

If NHS 111 advisers think you need an ambulance, they will immediately arrange for one to be sent to you.

Calls to 111 are recorded. All calls and the records created are maintained securely, and will only be shared with others directly involved with your care.

Reactions to this service have been mixed - with much praise and much criticism.

Complaints (and praise) can be sent to NHS111 online via

<https://www.nhsdirect.nhs.uk/About/ContactUs.aspx>

While the PPG cannot become involved in any complaints, it has been suggested it would be useful if PPGs compiled a record of patients' complaints about NHS111, with all patient identification data removed, to see if there are any emerging patterns. If we do see clear patterns, we would refer the matter upwards via the PPG Network. If you agree with this aim and feel the need to complain, please send us an outline of your complaint (email to datchet.ppg@gmail.com, or letter via reception).

Patient Reference Group (PRG)

The practice has developed a Patient Reference Group (PRG) which is basically an electronic community of over 900 patients. If you would like to be kept up to date with practice news and be sent an electronic copy of the quarterly newsletter, please let us have your e-mail address. You can e-mail it to: wamccg.datchetreceptionist@nhs.net Membership of the PRG will also enable you to participate electronically in our annual patient survey.

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