

NEWSLETTER

**Church Street Practice**

**Patient Involvement Group**

**Number 65 AUTUMN 2015**

**PIG AGM**

**7.30 Tuesday November 10**

**Church Street Practice Waiting Room, Health Centre, Mably Way, Wantage**

**An Introduction to the new Practice Manager,**

**Kate Blowfield**

**“Questions and** **Answers”**

A panel of staff members from the Practice will be on hand to answer your questions.

Questions can be sent in advance to [churchstreetpracticepig@gmail.com](mailto:churchstreetpracticepig@gmail.com)

or [jean@jcsutherland.wanadoo.co.uk](mailto:jean@jcsutherland.wanadoo.co.uk)

Immediately followed by the formal AGM

We look forward to welcoming you

*This is the first article in what I hope will become a mini series of “A day in the life of……” We intend to ask carers, volunteer drivers and others who are involved in health care but not attached to a medical practice. Any suggestions very welcome. Editor*

***A DAY IN THE LIFE OF A COMMUNITY FIRST RESPONDER (CFR)***

Once trained, CFRs can volunteer for as many hours as they are able to do. For some, this might be little but often. For others, it may be a full day here or there. Today, for this diary I have logged on for 1000-1600. More often than not a responder will work alone. Today I am running with a colleague. Personally, I prefer this as we can bounce ideas off each other and boost each other’s confidence. After more than 10 years of doing this I still get nervous going to the unknown and wondering if I will be able to cope

1000 On call. Waiting for the first shout of the day.

1100 Nothing yet. This can happen. Hours of nothing, then a few calls in a row. Time to put the washing on and start the ironing!

1200 Still nothing. Somehow putting lunch in the oven usually prompts a call ! But its nice knowing that whilst we’re not being called there is no one in trouble.

1235 It worked. Sod’s law. Lunch just ready when the phone rings. Frightens the life out of me as I jump up. Speak to the control room about the nature of the call, and try to recall where the address is. We get no special privileges speed-wise so if we live in Grove and the call is in Wantage, or vice versa, we have to obey the law and the traffic lights that seem to have it in for us. When every minute counts it is very frustrating. It does, however, give us a few seconds extra to compose ourselves, put our gloves on if necessary, and think about what kit will be needed, what questions will be relevant and what treatment might be needed on arrival. Running as a pair, one of us can start treating the patient, whilst the other can ask questions of the patient/relative and note critical observations. It should be noted that the ambulance is dispatched at the same time as us, but is usually travelling further so may take longer. Sometimes we arrive on scene at the same time, but we still offer our help if the ambulance crew want it. This call was for chest pain and breathing problems in an adult female over 60. Straight away the lady is apologizing for calling us – people often do. Old school manners! We quickly gain some vital pieces of information, assess the lady’s blood oxygen levels and give oxygen as a result, and take her blood pressure and pulse, and hold her hand to reassure her that help is at hand. We can see both results lower slightly from being high, as she relaxes a little, and also the relief in the husband’s face. We hear the sirens in the distance, and the ambulance crew join us a minute or so later. They’ve come from near Oxford. We hand over to the crew, passing on all the information we have and hopefully saving them vital time in gaining that information again. We then stand down and leave the crew to it, and tell the control room we are available again for any other emergencies.

Just home when a second call comes in. An accident at the sports ground. Suspected broken leg and possible head injury. Thankfully, a first aider on scene had immobilised the patient for us and kept an eye on him. We assess the patient for his injuries and manage his pain with some Entonox (gas and air). We stabilise his neck to avoid further injury, but very often with calls like this our treatment is limited until the patient can be placed on a spinal board and immobilised. Of course, we check for other hidden injuries, and take vital obs for the crew, but he will have to be taken to hospital to see if he has a break or a strain/sprain and assess his neck for any possible spinal injury. We have attended this ground before when the air ambulance has been called, which always adds to the adrenaline, but it’s not needed today, thank goodness.

1445 Back home to await our next callout. Over the next three and a quarter hours on call we get another two calls…. A fall, and a suspected stroke, though in the latter call the patient seemed to have improved since the family member made the 999 call. Better safe than sorry though, so although a TIA (mini stroke) may have occurred, it was off to hospital for patient number four.

So, four patients in one day. A little more than average to be honest, but we are always glad to help.

Stop Press – Have just done another Sunday day shift of 1000-1600 this weekend. NOT A SINGLE CALL. I trust that means you’re all well out there!!!

*Mike Page*

***PRACTICE NEWS***

As mentioned in the last newsletter I took over as Practice Manager on 1 August 2015. I have not come from the practice management environment however I have worked in admin/business for the last 20 years and most recently for Public Health England. I live locally in Childrey and have great enthusiasm for providing support to the local community. The practice team and PIG have been extremely welcoming and below I can provide you with an update on a couple of practice issues:

* We have a new GP starting with us on 9th November. Dr Nicky Jacobsen, who was a registrar at the practice in 2007, is returning to work with us on Monday’s and Wednesday’s.
* We are currently advertising for a GP to provide additional backfill for Dr Emma Alcock who left us earlier this year.
* Following last month’s report on the acute services hub and early visiting service I am pleased to advise that the early visiting service started on 28 September. A date for the start of the new acute hub is still awaited.

I would also like to share some initial observations with you:

1. PIG is a credit to the practice and has been in operation for quite some years. However what it really now needs is an injection of new members to represent the demographic of the patient list. By joining PIG you get a chance to interact directly in the work of the surgery and have the opportunity to ask GPs direct questions at its regular committee meetings. The doctors would like to encourage patient participation so if you would like to join the committee then don’t hesitate to contact the current Chair, Jean Sutherland . If you are scheduled to drop into one of the flu clinics on either 3rd or 17th October PIG representatives will also be in attendance promoting the patient group and collating patient information so that a mailing list can be established.
2. The practice receptionists are far more than receptionists they are the first point of contact for patient liaison. I wanted to clarify why they ask you to share the nature of your problem when you phone to make an appointment. Many people I know feel this is in intrusive however with just a little bit of information it means we can get you to see the right healthcare professional at the right time. Please be assured there is no element of prying involved in this question being asked. Everyone at the surgery upholds patient confidentiality to the highest degree.

However as we are currently awaiting the start of one GP, the recruitment of another along with the start of the acute illness hub please bear with us if appointments are not as available as you/we would like. If your appointment is urgent you will get seen but if it’s for a routine or follow up appointment you might be offered an appointment in a longer time-scale or a telephone appointment in the first instance which means we can communicate with more patients in less time and if you do need to be seen you will be asked to come into the surgery. Another option for booking appointments is using the on-line system. If you would like on-line access to appointments then please ask at your next appointment, drop as an e-mail at [churchstreetpractice@nhs.net](mailto:churchstreetpractice@nhs.net) or ring us on 01235 770245 and we will set you up.

Whilst we are on the subject of appointments I found it surprising that we had approximately 140 consultation appointments which were not kept during September. It is completely understandable if appointments need to be changed but please just let us know so that your appointment can be reallocated. If you can’t ring us then please e-mail us as above. Sometimes it might just be that you have forgotten so you can sign up for SMS text reminders by asking at your next appointment, dropping as an e-mail at [churchstreetpractice@nhs.net](mailto:churchstreetpractice@nhs.net) or ringing us on 01235 770245.

Finally if anyone would like to bring anything to my attention then you can contact me at [kate.blowfield@nhs.net](mailto:kate.blowfield@nhs.net). *Kate Blowfield*

***THE AGM***

You will all have seen the notice on the front page, do, please, come along. This is not a dry and dusty AGM, the formal part takes very little time! A few reports by various people, at the moment too many by me, I am wearing too many hats! Most importantly a chance to join the committee or put your name on the helpers list, give us some ideas for future activities, it is some time, apart from Dr. Godlee’s leaving party that we held a big event.

What have we done in the past? Among other activities: two Health Watch Days in the Civic Hall, a healthy eating day outside Waitrose, produced the book “A Day in the life of…” which contained articles from many staff of the practice. So, any ideas of what we should do in the future? WE would love to have your input.

We also assist with surveys, you may have been approached in the waiting room this year by a stranger asking you to fill in a “Friends and Family” questionnaire – so don’t be a stranger, join us as a committee member or a helper.

This is also your chance to ask questions of practice members that you have always wanted to but never had the opportunity so don’t forget to send questions in advance (you may still be able to ask questions at the meeting but knowing them beforehand will help the panel to answer to the best of their ability. Thank-you. *PIG*



**INFORMATION**

***FLU CLINICS:***

Saturdays:

03/10/2015, 9:00 am - 12:30 pm

17/10/2015, 9:00 am - 12:30 pm

PIG will have a table at the flu clinics when you can ask us questions about the Group, perhaps volunteer your services? We found a list of helpers among May’s PIG papers but it was very out of date. If you are willing to be a helper in any PIG activities we would be grateful if you would supply us with contact details. Also if you would like to have the Newsletter sent to you by email you could also let us know that. *Jean Sutherland*

***DIABETES SUPPORT GROUP:***

*Thursday Oct.1st: 2.00 – 4.00,* Discussion and information at 2.00 followed at 2.30 by a visit **from**

**DR. Garry Tan**  leading diabetologistfrom the Oxford Centre for Diabetes, Endocrinology and Metabolism. This is his third visit and the format is usually Q.& A.

Thursday Dec. 3rd 2.00 – 4.00 **Generation Games (a part of Age UK) “Seated exercise”. Always fun!**

All those with diabetes and their families are welcome at these meetings, tea & coffee are served and there is always time for a chat!

**IMPORTANT**

**NB:** Starting next year the meetings will be on the first **Monday** in alternate months, still 2.00 – 4.00. The dates are Feb.1st, April 4th, June 6th, August 1st, Oct. 3rd, Dec. 5th. We are hoping that this will prove to be more convenient.

If you would like more information please phone Jean on 01235 868396.

***LETTERS***

******  or email.

Can’t see any? Neither can we. Like everyone PIG loves to hear from people so please keep in touch. Correction, we did have one but it was an invite to a political meeting!

*The editor thanks everyone who has contributed to this Newsletter which is complied by and for patients of this practice.*

*Suggestions, letters, articles and ideas are always welcome.*

*Please contact: Jean 868396* [jean@jcsutherland.wanadoo.co.uk](mailto:jean@jcsutherland.wanadoo.co.uk)

[churchstreetpig@gmail.com](mailto:churchstreetpig@gmail.com)

*Practice website (which includes PIG* ) <http://.wantagechurchstreet.co.uk>

*PIG suggestion box in the waiting room*

**If you don’t wish to keep this newsletter please pass it on, especially if you know someone who has difficulty getting out. We have learned that some patients who love the newsletter sometimes have problems in obtaining a copy. If you have access to the Internet visit the new website and see this and previous newsletters there.**