

The Patient Reference Group

Cherrymead Chat Newsletter

E-Mail: cherrymeadprg@gmail.com Volume 2, Issue 1, March 2015

PATIENT ACCESS

What is it?

Patient Access is the name of our new online services interface. It provides services to our patients over the internet. It can be used from a PC, mobile phone, tablet or other internet enabled device. Some of its functions are also available via digital television!

What can it do?

You must first create an account. Then, you can:
 order repeat prescriptions
 book and cancel appointments
 notify us of changes to your details
 view parts of your medical record (currently medications,
 immunisations and allergies but more are to come!)
 register with us using Patient Access if you are a prospective
 new patient.

Why do I want it when I can pick up the phone or email you?

A Patient Access account puts you in control of your requirements of the surgery. Some examples are:

You can see your regular medications, order them, and then track the progress of your request.

You can add a message to your request to ask for anything not currently showing

And don't forget, we don't take telephone requests for prescriptions!

You can see what appointments you have booked or cancel, if you no longer need to come.

You can use the system to book a call back from a doctor instead of having to wait for switchboard to open at 8am. This system will let you book a call any time from midnight on the day you need one.

You can check out the immunisations we have on record for you You can see what allergic reactions or drug interactions we have on record for you

You can check and amend your details

All information sent to us by Patient Access is secure. Your personal details are encrypted and protected. That uses the highest standard of internet security. They cannot be intercepted. Only you and Cherrymead Surgery are able to see this information.

You can still phone or email us, but Patient Access gives you far more information – and let's be honest, relieves the pressure on the reception team!

- Anne Hewitt

Practice Manager



NHS CENTRE VISIT

Last autumn the PRG received an invitation to send a couple of representatives to the local NHS 111 Centre. The purpose was to see at first-hand what the Centre does and how it does it. So Stan Grierson and I travelled

On arrival, we were greeted by the manager who gave us a brief overview. Our first surprise was to hear of the size of the service provided at Bicester. The Centre receives all the '111' calls for much of the South East, excluding London. It also receives all of the '999' calls for the same area. [More on this later].

After the overview, we spent over an hour watching the operation, and speaking to the staff. The manager had said we could ask the staff any questions that we thought relevant to their work. Again we were surprised at the size of the unit. There were about 150 on duty that afternoon.

There were many calls whilst we were at the Centre. The quality of the terminal operators was impressive. Those we spoke to had good, if not medical, qualifications. However, some are, or had been, nurses or paramedics. Those we observed handled the calls efficiently.

The system is designed to answer calls that need fast access to NHS service, but are not seen to be emergencies. It asks questions about symptoms. Then provides advice, or directs the caller to an NHS service such as Accident and Emergency, or an Out of Hours GP service. The operators can book appointments for you. Often they can transfer your call directly to another service. If the operators are unsure, they can transfer your call to 'senior' staff with medical knowledge, or get those staff to return your call. If the staff think that you need an ambulance, one will be sent to you, as the Centre determines the work and priorities of the ambulance service.

We have some reservations. As operators may not have medical qualifications, it seems to err on the side of caution. That could result in more unnecessary visits to Accident and Emergency departments or more use of ambulances. However, the service is still in its infancy and should evolve as its experience increases.

- Chris Ransted

QUEUING AT RECEPTION: The PRG are aware that some people feel crowded while talking to the reception staff at the desk. We are in the process of organising something to help. In the meantime, please stand back while queuing to give the person at the desk some privacy. Thank you.

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MOLES AND WHEN THEY MAY BE DANGEROUS





Squamous Cell Carcinoma



Basal Cell Carcinoma

Skin cancer is one of the most common cancers. There are two type of skin cancers:

Malignant Melanoma

- less common but serious
- more young women than young men diagnosed, but more men die from it
- more than 2 young adults (15-34) diagnosed
- most common location in men chest/back
- most common location in women legs

Non Melanomas

- very common but not so serious
- 2 main types basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)

Risk Factors

- UV Exposure (86% malignant melanomas linked to this) including sun bathing, sun beds, especially when you burn
- fair skin, light eyes and hair
- lot of moles
- family history
- Age

Prevention is better than cure

As the Aussies do when you're out in the hot summer sun or on holiday, Slip - on a shirt Slop - on some sunscreen and Slap - on a hat. Keep your children safe and dress them appropriately, Their skin is much more sensitive to the sun.

A Word on Sunbeds!

The British Association of Dermatologists is the UK's leading professional body on skincare. It advises that people should not use sunbeds or sunlamps. Sunbeds and lamps can be more dangerous than natural sunlight because they use a concentrated source of ultraviolet (UV) radiation.

When to see your GP

If you develop a lump, lesion or discolouration which persists for more than 4 WEEKS, see your GP. Though unlikely to be skin cancer it is always better to check

References:

- 1. http://www.cancerresearchuk.org/cancer-info/cancerstats/keyfacts/skin-cancer cancerstats-key-facts-on-skin-cancer

 2. http://publications.cancerresearchuk.org/downloads/Product/CS_KF_SKIN.pdf
- 3. http://www.nhs.uk/Conditions/Cancer-of-the-skin/Pages/Prevention.asp

MEET THE PRG

On the 4th and 9th December the PRG could be found in the waiting room at Cherrymead Surgery. We were there to introduce ourselves and let people know what we get up to. We also offered cups of tea and coffee, and handed out mince pies.

It gave us an opportunity to collect up-to-date information from patients that included email addresses and mobile phone numbers. These enable receipt of text reminders from the surgery regarding appointments. They also enable the receipt of electronic copies of Cherrymead chat, the newsletter of the PRG.

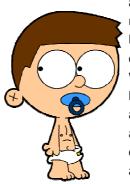
We had a great time getting to know people and hope that those we chatted to enjoyed the time too.

We plan to hold two more "Meet the PRG" sessions on Thursday 19 March and Tuesday 24 March. We can't promise mince pies this time, but it would be lovely to see those of you who are around!

- Tracey Dalby

BABY CLINIC AND WHAT GOES ON IN THEM

Health visitors are public health nurses. We run a clinic at the surgery every Monday afternoon from 2 to 3.30pm. The clinics are not for babies only. We see children aged 0 to 5 for a variety of reasons. Some bring babies for weighing and advice. That often relates to feeding. It includes breast feeding, formula feeding, and weaning. We also cover general development queries. Topics for older children include fussy eating, behaviour, sleep problems, daily routines and play. An appointment is not required. Just drop-in



and we will see you. If you need more time than can be offered at a clinic, we can arrange appointments. We can also offer a listening ear to parents on a variety of family issues. In addition, we can provide contacts to relevant agencies.



BOOK REVIEW -

THE PATIENT PARADOX BY MARGARET MCCARTNEY

Margaret McCartney is a GP in Glasgow. She describes the book as her attempt to explain the paradox she sees within the NHS. If you are ill, you may have to be persistent and determined to get any help. If you are well, you are at risk of being checked, screened, and given preventative medicine for something you will never get, or treated for something you haven't got.

She covers this in 17 chapters, divided into three sections.

The first section mainly concerns screening for a number of conditions and those it saves with quotes from official reports. Examples from breast screening, and PSA testing for prostate cancer are illustrative.

400 women must be screened for breast cancer over 10 years to save I death

The chance that a woman will benefit from screening is very small and considerably smaller than the risk that she may experience harm

1410 men had to be screened with PSA testing to stop I death from prostate cancer

The second section majors on the influence on screening policy of the pharmaceutical industry, public relations companies, and pressure groups such as charities. The third section relates to what the author calls making people better and getting back to the right kind of healthcare.



I found the book to be very readable and thought provoking. The NHS is under great financial pressure. Screening can prevent illness and deaths from many conditions

However, many screening tests are not particularly good. Hence, very large sums are spent testing 'patients' who do not have and will not get the conditions. Surely, it would be better to spend less on existing tests and more caring for those known to be ill. In addition, I feel that more research is needed to devise tests that are far more efficient before embarking on widespread screening for many conditions.

- Les Taylor

Useful Numbers

Health Visitors:

01628 482788

Wycombe General Hospital:

01494 526161

District Nurses:

01628 482292

Stoke Mandeville Hospital:

01296 315000

Diagnostic Centre:

01494 555200

Wexham Park Hospital:

01753 633000

Tesco Loudwater

London Road High Wycombe, Bucks HP10 9RT

0345 677 9351

AOSA

91 London Road High Wycombe HPII IBU 01494 451888

Wooburn Green Pharmacy

50-51 The Green Wooburn Green HP10 0EU 01628 521397

Lansdale Pharmacy

208 Desborough Road High Wycombe HPII 2TE 01494 528604 **Boots Flackwell Heath**

3 Aries House Flackwell Heath HP10 9NB 01628 521750

Ryemead

Gateway House Wycombe Retail Park High Wycombe HPII IFY 01494 525752

Q2

51 Hughenden Road High Wycombe HP13 5HS 01494 436444

Lloyds Pharmacy

I Cressex Road High Wycombe HPI2 4PG 01494 520685

STAFF PROFILE -TRACEY SANDY



Hello, I have worked at Cherrymead Surgery for just over a year now, but have been nursing for 30 years; goodness has it really been that long. I had wanted to nurse from a young age and have never regretted my career path. I have gained differing nursing experience as a midwife, diabetes specialist nurse and as a practice nurse before settling here.

Most of my home life is taken up with "taxi driving" my 17 year old triplets, Alice, Jack and Rosie to work and their various sporting commitments. They are learning to drive now.

Although I usually have huge patience, we have decided it's a smoother ride for all involved when my husband takes them out!

I see a personal trainer once a week to increase my fitness. I usually find a certain part of my body aching for a couple of days after this. My trainer assures me that this is good. In my "spare" time I love long walks with my husband Russ and our dog Baxter. The walks are usually around the Berks/Bucks countryside. I especially love them when we finish with a lovely pub lunch. My love is my garden. I am usually found there on Sundays pottering about and deadheading, whilst listening to the test match on the



INFECTION CONTROL WORDSEARCH

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POLICY
ISOLATION
DETERGENT
INFECTION
MRSA
HANDS
ALCOHOLGEL
HYGIENE
BACTERIA
OUTBREAK

Can you find them all?

EASTER FUN!

Print out this template and cut out the pieces. Make them into Easter finger puppets by gluing the ends of each band together to make a ring. Glue an animal onto a ring and wear the puppet on your finger.

