

Surviving The Streaming-Sneezing-Wheezing Season

The pollen season has started. Hazel, yew, alder and willow spread allergens starting in February. Between now and late August all those lovely trees and plants in the Chilterns will be giving people itchy watery eyes, sneezes and wheezes. Most people really suffer in June, July and August when grass pollen blows around.

If you're booking a holiday, there's less pollen at the seaside than inland. Any hay fever medication should be started now.

You can buy antihistamine eve drops, tablets. nasal antihistamines and steroids over the counter from the pharmacy. They are usually at a lower cost than on a prescription.

If you have asthma, don't stop taking your inhaled steroid. Remember that

thunderstorms make pollen counts rise. So keep your reliever inhalers for asthma to hand.



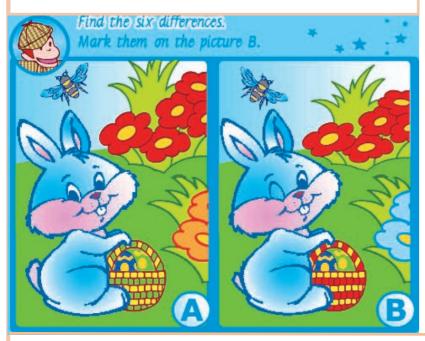
Prevention is better than a cure.

- Wear wrap- around sunglasses.
- Avoid being outdoors in the early morning and evening when the pollen count is
- Avoid walking through fields, and cutting
- Close windows.
- Change and shower after being outside, and damp dust inside your home.
- Avoid alcohol I It contains histamines and will make matters worse.

You can keep an eye on the pollen count at the Met Office website:

http://www.metoffice.gov.uk/health/public/ pollen-forecast

Easter Fun!



Our Telephone System

You may be aware that we have recently upgraded our telephone system. The new system gives us real time information. That helps us to monitor busy periods and missed calls. This will help shape our services for the future. We are now able to handle more incoming calls. Callers have three options to choose from:

Option 1 takes you to the Test Results line.

Option 2 takes you to our Reception team. They will be able to book you a call back from a Doctor, arrange a Nurse appointment or blood test, or handle any queries you may have regarding prescriptions. Please remember that we don't take ANY prescription requests over the telephone.

Option 3 takes you to the Medical Secretaries. They can help with questions on referrals, patient registrations, and other administrative matters.

We have also updated our website (www.cherrymeadsurgery.co.uk). You will find lots of useful information there that may save you having to contact us

For more information on how you can get involved with the Patient Reference Group:

Come and meet us at one of our regular Meet The PRG sessions (next dates Tues 6th June 2pm -4pm andThurs 8th June 2pm—4pm) or email us directly at cherrymeadprg@gmail.com.

Cherrymead Surgery Patient Reference Group

cherrymeadprg@gmail.com

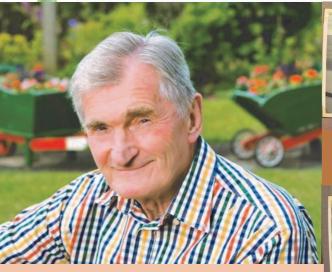


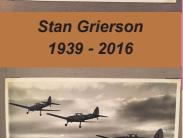
Cherrymead Chat



Spring 2017

e-mail: cherrymeadprg@gmail.com





Stan Grierson - Our PRG Chairman

It is with great sadness that we are informing you of the loss of our first PRG Chairman, Stan Grierson. Stan was a Vulcan pilot and had an ongoing interest in flying. He was a keen skier, walker and hill climber. He eventually went into business locally. Many of you will remember The Glass Mountain on Treadaway Hill, an Aladdin's cave of beautiful crockery and glass. He was also chairman, for many years, of Sharesoc, the UK Individual Shareholders Society.

We were fortunate when he agreed to join our Patient Reference Group nearly twelve years ago, and became its first Chair. He guided us through our Meeting Agenda. He allowed all members to speak as long as they needed, but moved us seamlessly through the items. He also managed to finish meetings on time without once looking at a clock.

Stan's questions were always to the point. He drew on his knowledge of business to make sure that the complexities of NHS contracts were made clear to everyone present. He was very keen for us to use plain English, at meetings, in our newsletter and on the Practice website. He was not afraid to point out gobbledegook and jargon when he saw it. He was highly knowledgeable about local community affairs and always knew whom we could contact for advice about any issue.

The PRG went into hibernation for a short period while changes were taking place at the Surgery. Stan's view was that the PRG was there to support Cherrymead Surgery in delivering patients services. Even while not in post, he continued to advise, question, and encourage us to make improvements and to innovate. In due course, he volunteered to help us with Practice Manager recruitment, lending his knowledge of business, law, and man management to us with great success.

Stan continued to remind us that we needed to get the PRG running again. We were delighted when he agreed to return as Chairman. He worked tirelessly on behalf of the Surgery and in promoting the PRG. When he had to step down for personal reasons, he astutely recommended his successor, Chris Ransted, and Les Taylor as Secretary. Stan continued to attend meetings for some time, eventually retiring due to illness.

In appreciation of Stan's contribution to patient services we have decided to call the office area upstairs "The Stan Grierson Suite".

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Easter Opening

Mon 10th April

Cherrymead Surgery will be closed from 6:30pm on Thursday 13th April. We will re-open as usual on Tuesday 18th April

Mon Toth Abili	00.00 10.50
Tues 11th April	08:00 - 18.30
Weds 12th April	08.00 - 18.30
Thurs 13th April	08:00 - 18:30
Fri 14th April	CLOSED
Sat 15th April	CLOSED
Sun 16th April	CLOSED
Mon 17th April	CLOSED
Tues 18th April	08:00 - 18.30
Weds 19th April	08:00 - 18.30
Thurs 20th April	08:00 - 18.30
Fri 21st April	08:00 - 18.30

Please will you ensure you have enough medication to last over the Easter weekend and that any routine medical issues you have are dealt with before 1pm on Thursday 13th

Dates for your diary

Information Afternoon

Tues 16th May 2017 2pm **Carers Bucks**

Meet the PRG:

Tues 6th June 2pm –4pm

Thurs 8th June 2pm—4pm





Asthma is a common lung condition that causes occasional breathing difficulties.

When a person with asthma comes into contact with something that irritates their airways it causes them to become narrower and irritated. That makes it difficult to breathe. The main symptoms of asthma are:

- Wheezing (a whistling sound when breathing)
- Breathlessness
- A tight chest which may feel like a band is tightening around it
- Coughing

The severity of the symptoms varies from person to person.

Asthma symptoms can sometimes get temporarily worse. This is known as an asthma attack. The main treatments are:

- Avoiding asthma triggers whenever possible. Those triggers vary from person to person.
- Short-acting reliever inhalers These are used as needed to quickly relieve asthma symptoms for a short time. They relax the breathing tubes.
- Preventer inhalers These are used every day to reduce soreness in the breathing tubes and stop asthma symptoms occurring.

Cigarette smoke will irritate your asthma. So, if you smoke, we can provide stopsmoking advice at the surgery.

Preventer inhalers

These work over time to help prevent asthma symptoms. They reduce sensitivity, swelling and inflammation in the airways.

Taking your preventer inhaler as prescribed, usually twice a day, means you're less likely to have asthma symptoms.

You should use it, even if you're feeling well, because it builds up your asthma protection over time. If you stop taking your preventer inhaler, you will not get the full benefits. Then you will be more likely to react to asthma triggers.

Reliever inhalers

These are usually blue. They give you on-the 1. Sit up straight - don't lie down. Try to -spot relief from asthma symptoms and asthma attacks. They relax your airways very quickly.

Keep your inhaler with you all the time. So it's on hand in an emergency.

Use it as soon as you notice asthma symptoms. They include coughing, wheezing, shortness of breath and tightness call 999 for an ambulance. in the chest. You should feel a difference to your breathing within a few minutes.

If you need your inhaler more than three times a week, your asthma is not as well managed as it could be. You should review your treatment with your GP or asthma

Make sure you have been shown how to use your asthma inhalers properly so that every dose is effective. You may need to use a Spacer device. That is a plastic tube which helps you get the best from your asthma medicine. Your asthma nurse can advise you on this. There are also videos online showing the correct technique.

All people with asthma should have an asthma action plan. It is a written plan that you develop with your doctor/nurse to help control your asthma.

The plan shows your daily treatment, such as what kind of medicines to take and when to take them. Your plan describes how to control asthma long term AND how to handle worsening asthma, or attacks. The plan explains when to call the doctor or go to a hospital's Accident and Emergency department.

You're having an asthma attack, if any of the following happens:

Your reliever isn't helping or not lasting over

Your symptoms are getting worse (cough, breathlessness, wheeze or tight chest) You're too breathless, or it's difficult to speak, eat or sleep

Your breathing is getting faster. It feels like you can't get your breath in properly. Don't be afraid of causing a fuss, even at night.

What to do in an asthma attack

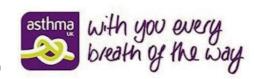
- 2. Take one puff of your reliever inhaler every 30-60 seconds, up to a maximum of
- 3. If you feel worse at any point while you're using your inhaler, or you don't feel better after 10 puffs, or you're worried at any time,
- 4. If the ambulance is taking longer than 15 minutes you can repeat step 2.

Asthma and flu

Flu affects your lungs. It can also trigger asthma symptoms, causing inflammation and narrowing of the airways.

People with asthma are one of the 'at-risk' groups offered the annual flu jab every autumn to help protect against the latest strains of flu. You will receive an automatic invite to the flu clinics at Cherrymead

WWW.ASTHMA.ORG.UK



LIVE WELL, STAY WELL

Changing habits and lifestyle is not always easy and sometimes we need a bit more support to help us achieve our goals. "Live Well Stay Well" is a local service which provides a range of information to support people to live well with long term conditions and can help you take some small steps to a healthier lifestyle.

www.livewellstaywellbucks.co.uk

STPs revving up the NHS locally?



Until recently I thought that STP was an oil or the STP is aimed to address three priority • although there are some parallels with the for a number of challenges. They include: engine treatments.

The "problem" facing the NHS is that we have a growing and ageing population with increasingly complex needs. Many are saying we must bring health and social care services together to have any chance to sort this out. This is where STP comes in. Sustainability and • Transformation Plans (STPs) mean bringing NHS bodies together with councils and community providers. They are The plan goes on to identify seven priorities producing five-year plans to improve care. for action: They must find the very ambitious savings required to provide care in a way that is sustainable in the long term.

The background is the government pledge of an extra £8bn a year for the NHS by the end of this parliament (2020). That is as demanded by the NHS chief executive, Simon Stevens. He made clear that this was the minimum

4. Maximise value and patient outcomes from

• needed. Radical reforms to the way healthcare is delivered would also be needed to ensure the NHS stays within its budgets. Projections show a possible shortfall of about the overall value of care provided £20bn by 2020-21 if no action is taken. That 6. Establish a collaborative approach to It is hoped that the STPs will develop services prompted NHS England to ask 44 local areas to submit a cost-cutting STP for their area. The Chiltern CCG, which includes our Surgery, is part of (BOB), the Buckinghamshire, Oxford efficiency and Berkshire West local area. BOB also A series of initiatives is proposed in response health and care, and using the partnerships, is facing a potential shortfall of £511m by key patient-focussed initiatives include: 2020-21, if no action is taken.

In December 2016 I attended a local meeting on health services in the area, and the emerging STP for BOB. It was explained that

fuel additive to give clapped-out old engines a areas identified by NHS England. They are new lease of life. I now know that it has an health and wellbeing, care and quality, and entirely different meaning in the NHS, finance and efficiency. The plan must allow

- The mix of healthcare providers active in the area
- Different population characteristics and healthcare needs in the area.
- The high cost of living locally.
- The variation in access to care and the

- 1. Shift the focus of care from treatment to prevention
- 2. Provide access to the highest quality Primary, Community and Urgent Care
- 3. Collaboration of the three acute trusts to deliver equality and efficiency
- specialised commissioning
- 5. Mental Health development to improve
- workforce between providers

includes the other health providers in the to these priorities. Many of these relate to governance and capacity to deliver... area and the District and County Councils. It back-office, workforce and IT changes. The Simply, it is hoped that STPs will help the

brief advice, supported by face-to-face, If you would like to understand more about

- Robust out of hospital services from community hubs, co-ordinated by GPs
- GPs to maintain the independence of elderly and frail patients in their own
- Improving access to specialised services
- Standardisation of thresholds for access to those services
- Increasing preventative services to reduce demand on those services

Further local consultation events are variation in spending per head across the proposed as each of the local initiatives is

> The STP aims to build-upon successful and popular local initiatives. These include:

- The Live-Work-Stay Well programme, which is a prevention initiative.
- Virtual locality integrated teams to manage acute conditions outside of
- Pharmacists in GP practices to review patients' prescription history.
- In-practice specialist dementia training.
- Co-ordinated Care Navigators to help guide people with complex and multiple conditions to the right services.

that reflect the needs of patients and improve outcomes. More widely, NHS $\hbox{\bf 7. Using IT to improve information flow and} \quad \hbox{\Large \vdots} \quad \hbox{\Large England talk about using local energy and}$ enthusiasm around place-based systems of

health system in our area to run like a well-• Each and every clinical contact to include oiled machine – a bit like an engine additive!

phone and web-based behaviour change the STP plan, visit www.chilternccg.nhs.uk