The Crisis in Emergency Services

Shropshire County NHS Primary Care Trust

STOP THINK!

Only use A&E or 999 for life threatening or serious injuries and illnesses

Phone a GP if you need quick and safe medical advice

Urgent GP advice is available 24 hours a day 365 days a year.
When your surgery is closed you will be directed to Shropdoc (the out of hours GP service on 08444 06 88 88).

What we all need to remember about the emergency services
There is always a GP available for an emergency consultation
An ambulance called for a non-emergency is an ambulance denied to a someone with a real emergency
A&E is not a drop-in centre or an alternative GP practice. It is for really sick and seriously injured people.
Important Dates for Your Diary - Flu clinics for 2013
Monday 14th and Friday 18th October at the Comrades Club, Ellesmere
If you have not received an invitation from the surgery to receive a free flu jab, but think you might be eligible, ring the surgery for advice.
If you are not eligible for a free vaccination but think it would be a good idea and are happy to pay for it, go to Boots the Chemist.
This year there is a national drive to encourage all healthcare staff who come into contact with patients to have the flu jab. In Shropshire, £4 million of extra money from the government for A&E services over the winter is dependant upon at least 75% of NHS staff accepting the vaccination. This is both to prevent staff absences during the busiest season for hospitals, and to prevent flu being passed on by staff to vulnerable patients.
The Joint Committee on Vaccination and Immunisation has recommended that the flu immunisation programme be extended to all children aged two to under 17 years. This is expected to appreciably lower the public health impact of flu by directly averting a large number of cases of disease in children and, through lowering flu transmission in the community, indirectly preventing flu in unvaccinated younger children, people in clinical risk groups, and older adults. It will be phased in; this year all children over 2 and under 4 will be offered the vaccine, in the form of painless nasal drops. Children in other age-groups who are in high-risk groups will also receive it.

Yet Another NHS 111 Update!
After the ending, for the time being, of NHS 111 in Shropshire, if you need urgent medical attention that will not wait until your own surgery is next open, call Shropdoc on 08444 06 88 88.
If your condition cannot wait for 1½ hours eg: Choking, Chest Pain, Blacking out, Blood loss Please dial 999

IVF Designer Baby?
“We’d like you to help us create a baby who’ll pretty much raise itself.”

LETTERS TO THE EDITOR If you would like to comment on items in the Newsletter, or share your views on health issues, please write to: The Newsletter Editor, Ellesmere Patients’ Group, c/o Ellesmere Medical Practice, Trimpley Street, Ellesmere, Shropshire SY12 0DB. Alternatively, hand your letter in at Reception in the surgery, or e-mail: epgnewsletter@gmail.com
Please Note: The Editor reserves the right to decide which letters are published.
It has been regularly on the news for some time now; across England emergency services are officially at breaking point and Something Needs To Be Done - before winter sets in with its rise in demands for NHS services across the board. But why is this happening, and what is actually being done about it? Here are the main factors being cited:

Increasing numbers of people with long-term conditions in the population
Too many elderly people are reaching crisis point and ending up being admitted to hospital through A&E departments. As the proportion of older people in the population rises, and more people live longer with complex health conditions, failure to care adequately for them in the community means that increasing numbers become so sick that they need inpatient treatment. **Fact:** 66% of patients in Shropshire’s hospitals are over 65, and of that group 50% have some level of dementia. These are the people who are most difficult to treat and discharge in a timely fashion and who bed-block as a result. If there are limited free beds, others have to wait in A&E departments until beds become available, and A&E becomes overwhelmed, with long waiting times and patients on trollies in corridors.

**Solutions:** Shrewsbury and Atcham Hospital Trust (SaTH) now have a Rapid Assessment Interface and Discharge team (RAID) whose job it is to identify those patients who would be better treated in their own homes rather than in hospital, and to make sure that those who do need inpatient care are given care appropriate to their needs. But the best solution lies in improving care in local communities, so that people don’t reach crisis point in the first place, and a number of initiatives are being trialled across Shropshire.

People going to A&E unnecessarily
Many people feel that the only way to get timely treatment for any problem they have is to go to A&E, whether or not their problem is serious. This is commonly based on a misunderstanding of how their GP practice operates its appointments system and the belief that they cannot get a same-day GP appointment. **Fact:** practices in Shropshire keep daily appointment slots open for patients who need to see a GP at short notice, though it may not be ‘your’ GP. But then, it is not ‘your’ GP treating you at A&E either, is it?

Another reason for inappropriate trips to A&E is confusion about out-of-hours services, made worse by the NHS 111 fiasco. **Fact:** in Shropshire there is an excellent out-of-hours service, Shropdoc, manned by health professionals, who can tell you exactly what to do and where to go for appropriate treatment. Finally, patients in the Ellesmere area have the Minor Injuries Unit in Oswestry, which does exactly what it says on the tin….. and if in doubt, call your GP practice for advice.

People calling for an ambulance when they don’t really need one
It is extraordinary to hear of the bizarre reasons some people have for calling 999 for an ambulance. Just one example: a mother dialled 999 for assistance as her child was refusing to walk home from school! That was clearly inappropriate, but often ambulance crews don’t know until they get there that the call-out is unnecessary, or even a hoax. Every ambulance tied up like that is an ambulance that is not available for a genuine emergency.

Another group who place quite unnecessary strain on the emergency services, both ambulances and A&E departments, are people who drink so much alcohol that they place themselves at risk or in harm’s way. There has recently been a call for ‘drunk-tanks’ to deal with this problematic group.

The STOP THINK Campaign has been launched in Shropshire to encourage us, the public, to use our emergency services wisely and sensibly. SaTH is one of the 53 hospital trusts in England to need extra money from the government this winter to avoid a total breakdown of crisis care at peak demand. We need to do our bit as well to help avert a seasonal disaster.

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A nationwide initiative called A Call To Action has been launched this month. Its aims are:

- To have an honest and realistic debate about health and care
- To help local people understand why the NHS needs to change
- To work in partnership on the bold actions needed to build an excellent NHS now and for the future
- To set out the facts about future demands on NHS services, how the budget is currently spent and how services are delivered
- To provide an opportunity for you to share your views and ideas on the future of the NHS

A presentation will be made to many groups and organisations in Shropshire by Dr Caron Morton, who heads up the Shropshire Clinical Commissioning Group. Her task is twofold: to explain the particular challenges facing the NHS in Shropshire, and to discover what the users of healthcare services, and the general public, think are the priorities for their special interests and in their local areas.

Healthcare is becoming increasingly expensive. Reasons range from the rising average age of the population, to the costs of new and better treatments, and the increased lifespan of people living with serious conditions as a result of those treatments. The ‘bed-based’ model of treatment, i.e. hospitals at the core of healthcare, is under such pressure that it is close to collapse in some areas, as we see from our television screens and newspapers. The NHS is like a giant cruise-ship; it much prefers to keep a steady course on well-known routes and it takes a great deal of effort to steer it into new channels. It is such a huge organisation, employing so many people in so many different roles, that to change any aspect of the way it works is a major and seemingly impossible task. But change it must if we are to continue to enjoy good-quality healthcare free at the point of need.

Shropshire is a complex county to serve as it has such differing social environments; deeply rural, market-town, urban. Within each of those extremes are further extremes between the deprived and the affluent. Overall, the health of the population is good and life-expectancy is higher than the national average, but the population has grown by 8-10% in the last ten years with a 24% increase in the number of people over 65, and there are pockets where families live in poverty and the diseases of deprivation - cancer, heart disease, stroke - reduce life-expectancy quite dramatically, especially for men. This gap between rich and poor is increasing rather than decreasing.

In the rural areas, key problems are transport, the distances patients have to travel for services, and isolation. The difficulty of getting to the places where medical services are offered sometimes means that people are at crisis point before they get the attention they need. This leads to hospital admissions where perhaps they could have been avoided. Ambulances are sometimes tied up transporting patients with non-urgent but serious conditions who cannot drive themselves and cannot take buses even where they are available. Paramedics take longer to reach people in emergencies when they have to negotiate narrow country lanes. Isolation and loneliness have a direct negative effect on both physical and mental wellbeing.

There are solutions to these problems, though they take time and money to put into place. The NHS has to move away from a buildings-based approach - services centred on hospitals - and towards community-based services and the intelligent use of technology. How and when and in what order these things happen is very much part of the current debate.
Where Do We Go From Here?  
Have Your Say - Fill In the Questionnaire

There are competent people running the NHS in Shropshire who are coming up with good ideas and innovative ways of improving and future-proofing healthcare in the county. This is a crucial phase in the history of the NHS. If they get it right now we will all enjoy the healthcare we deserve for years to come, but there are serious penalties for getting it wrong. This is where we, patients and general public, need to step up.

Dr Morton and her team are asking for the views and ideas of service users, voluntary organisations, special interest groups and individuals - you and me - to help establish the priorities for healthcare in the county over the next couple of years, and the best ways of delivering them. The consultation comes to an end on 31st October. We need to submit the results of our local survey before then.

We hope you will be interested enough - and public-spirited enough - to fill in the enclosed questionnaire and return it to the surgery or the library. If you are reading this and there is no questionnaire enclosed, copies can be obtained from the library and the surgery. There will be opportunities to fill it in on Tuesday 8th October in the Market Hall, and at the flu clinics as well. We so want to be able to say:

“The people of Ellesmere have spoken!”

Defibrillators in Ellesmere and Dudleston  
Did you know?

The Rotary Club of Ellesmere has provided the town with two Automatic External Defibrillators, pieces of equipment that may make the difference between life and death for anyone who suffers a heart attack in the town centre or down by The Mere. One AED is already in place on the wall of the public toilets in the centre of town, and the second will be installed at or close to the Boathouse Restaurant before the end of the year. Bob McBride, a prominent member of the Rotary Club, also arranged for one to be placed in Dudleston, on the outside wall of the Village Hall.

Defibrillators use electric shocks to start the heart beating again. These clever pieces of kit monitor the heartbeat of the patient to see whether defibrillation is necessary and whether the attempt has been successful - if not, it goes through the cycle again. However, they cannot save lives on their own - the heart-attack victim needs someone to do CPR (cardio-pulmonary resuscitation) and to follow the audio-visual instructions. To this end the Rotary Club has trained over 70 volunteers in Ellesmere, and another training course is due shortly. Local people in Dudleston have received training too.

Five Things You Don’t Want to Hear in Surgery

“Don’t worry. I think it’ll be sharp enough.”
“Better save that. We’ll need it for the autopsy.”
“Hang on, if this is his spleen, what’s that?”
“Everyone stand back! I’ve lost my contact lens!”
Mental Health Services in Shropshire
How healthy are they?

This is the question that Shropshire Clinical Commissioning Group are asking. Given the statistic often cited that one in four of us will at some time suffer from mental health problems of some kind (most probably depression), we should all be more interested in the range and quality of mental health services on offer than we generally are. More interested than most is Paul Cooper, who has just taken up the post with the complicated title of Commissioning and Service Redesign Lead - Mental Health & Learning Disabilities, Shropshire Clinical Commissioning Group. What this means is that Paul, who until recently managed the Mental Health Services in North Shropshire (and so may be known to some readers) has taken up responsibility for reviewing and evaluating the way services for these two groups are currently provided, and recommending how they should be provided in the future.

Mental Health and Learning Disabilities sit uncomfortably together. People with learning disabilities are not by definition mentally unwell! And people in mental distress are as varied as the general population. Another group of people, not mentioned directly, also come under this umbrella: people with autistic spectrum disorders. Autism is not a learning disability, although some people with autism may have a learning disability as part of their condition. Nor is it a mental health disorder. It is a condition of neurological development; in other words, the brain develops differently from ‘normal’ brains, leading to a wide range of differences in mental and behavioural functioning.

However, the sad fact is that people in both those groups may well suffer more than their fair share of mental distress, caused by inadequate or inappropriate healthcare and social support. And all three groups, those with learning disabilities, autistic spectrum disorders and compromised mental health, have historically had a raw deal in terms of service provision and money spent. Paul Cooper has the complex job of deciding what kind of services should be commissioned for the future and how to get the best possible value for the money available.

Mental health services fall into three categories: Adult services, services for older people (over 65) plus anyone suffering from dementia, and children and adolescent services. Since the 1990s there has been a steady move away from hospital-based care, for example in Shelton Hospital in Shrewsbury, and into community-based care. There are still beds available for people in crisis, and there are ‘places of refuge’ for people who are close to crisis, but carers and service users question whether these resources are adequate.

Most care takes place in the community through the Community Mental Health and Social Care teams, which include community psychiatric nurses (CPNs), social workers, occupational therapists, community care workers, Clinical Psychologists and Consultant Psychiatrists. There is also a Children and Adolescent Mental Health Service, which is currently recruiting personnel to a sadly depleted team.

For those with dementia (Alzheimer’s is the most common but there are other forms, for example Dementia with Lewy Bodies and Vascular Dementia, both with very different symptoms and disease development) there are Memory Clinics, a variety of support groups and day services, and for hospital inpatients the Mental Health Liaison Service. How best to help these patients stay well and safe in the community is a major preoccupation for the SCCG.

At the heart of community care are the carers, often spouses, parents or family members. It is recognised that what they have to say needs to be properly heard and taken into account, and that they also need to be looked after if they are to continue caring. Service users themselves may finally find that they too are being asked to contribute their experiences to this process, and to become involved in recruitment and service design.

Is this the beginning of a new era in mental health? Let it be so!
Your Medical Practice
Update on services provided by the Practice team

Doctors
- General care, diagnosis and advice
- Follow-up care for existing conditions
- Acute medical/surgical problems
- Doctors' certificates

For routine visits, you can book up to three weeks in advance. For more urgent appointments, ring in the morning and you will be given one of the emergency slots, or the first available appointment.

Home visits are available for disabled and elderly patients who cannot get to the surgery - ring before 10 a.m.

You can also book a telephone appointment with a GP. These are usually in the afternoon.

Triage Sisters
- Can deal with all but the most serious problems, whether illness or injury, by same-day appointments
- Issue prescriptions.

You can have appointments with the nurses at the surgery or over the telephone.

Practice Nurses and Healthcare Assistants
- Routine health checks - blood pressure monitoring, blood tests (Phlebotomy)
- Audiology (screening for hearing problems)
- Sexual health screening and contraception
- Ear syringing
- Routine dressings changing
- Immunisation and advice for people travelling abroad

Specialist Clinics run by Practice Nurses
- Chronic Obstructive Pulmonary Disorder (COPD)
- Diabetes
- Asthma
- Cardio-Vascular Disease (CVD)

Other Services
- Practice-based Counselling service (leaflets at Reception)
- Private counselling
- Diabetic eye-screening
- Podiatry and diabetic foot-screening
- Screening for Abdominal Aortic Aneurism (AAA)
- Help to Slim
- Help to Quit (smoking)

Visiting Health Professionals
- Alcohol Services
- Mental Health Teams
- Health Visitors
- District Nurses
- Diabetes Specialist Nurse
- Smoking Cessation Advisor

Dispensary
The Practice is able to dispense prescription medication to patients living more than a mile from Ellesmere Town Centre. It offers a range of services:
- Repeat prescriptions for patients on regular medication. Prescription requests can be dropped off at Rowlands Pharmacy (secure box by entrance), Wow Hairdressers in Welshampton, Cockshutt Village Shop, and Dudleston Heath Village Hall
- Prescriptions can be ordered online at emp@nhs.net
- Morning and early evening delivery service to all dispensing patients regardless of their address
- Private prescriptions e.g. travel vaccines following an appointment with a clinician
- Any hospital or dental prescriptions

A telephone ordering service will be introduced in November - patients will be informed when this service is available.

For more information or advice, telephone Reception on 01691 623256/622798 for appointments.
It was with great sadness that we heard of the death at the end of September of Peter Gee. Peter was Vice Chairman of the EPG and Chairman of the Communications subgroup from 2012 until very recently. Peter joined the EPG in 2010 and from the start was a very active member of the group although he was also very busy with his business and other community commitments. We knew him as a kind, thoughtful, conscientious man who despite his illness continued his services to the community right to the end.

Paul Goulbourne, Chairman of the Ellesmere Patients’ Group

Welcome to Sister Fiona James

Fiona has recently taken up the post of Triage Nurse at Ellesmere Medical Practice, a position for which she seems eminently well-qualified. She trained in Ipswich, qualifying in 2000, and her first job was on the Gastroenterology Ward there. She moved to the Medical Admissions Unit at Royal Shrewsbury Hospital, where in due course she was promoted to Sister. A sabbatical year took her to Australia and New Zealand, where she worked between periods of travel in Oncology (cancer) and Cardiology departments, and in A&E. After her return to RSH she decided to change tack, and joined the Montgomery Medical Practice in Powys, where she has worked for the last six years. During that time she also worked for Shropdoc Out-of-Hours Service as a Triage Nurse Practitioner.

Fiona has joined Ellesmere Medical Practice at a critical point in its history. The massive changes in the NHS are not happening in Wales, so she is now taking part for the first time in the challenges facing healthcare this side of the border. With so much going on in the county, and a very patient-centred practice as her base, there is plenty of scope for using and extending her professional skills and experience.

Fiona is a local girl, with a twin brother and a sister also living nearby, and is delighted that she was given the opportunity to return to the area. She has a home in Pant, enjoys gardening and walking (she recently completed a charity walk in Iceland for the British Heart Foundation), has a lively social life - and is engaged to be married next year. So with luck she will be part of the Practice team for a good many years to come.

Important Information: The doctors at the Practice would like to make patients aware that the new pharmacy opening in the town is NOT connected in any way with the Practice, despite former Practice staff working there.