



Didcot Health Centre Practice Patient Participation Group

Chairman's Notes

This is the first newsletter since before our move from the temporary surgery as, due to various pressures, we only had a handbill before our last meeting. We hope to get the newsletters back to normal in the coming months and years. The PPG committee hopes to involve the membership in making the newsletter more interesting and would welcome articles from the membership.

You will find an article on fibromyalgia in this issue.

Not all members of the PPG are able to attend all meetings. We hope the summary of our November meeting is a help on the talk and question and answer session.

I think the new Health Centre was worth the wait and all the effort put in by all concerned has made it worthwhile. The improvements in space and comfort are most welcome but, as with all new buildings, probably do not suite everyone. Anyone with thoughts or views on how the new facilities or organization could be improved let the PPG committee know and it can be taken up with the practice.

I would like to express mine, and all our thanks to Jackie Mercer and all the staff for working so hard to ensure that the changeover went smoothly.

Since the move to the new Health Centre, Dr. Beswick has finally fully retired. Many have sent their best wishes.

Our AGM is on Wednesday 3 June, from 7.00 till 9.30pm and the topic of the evening will be the Hospital appointment "Choose and Book System". The new health centre has forced some minor changes on the constitution of the PPG. Copies of the proposed new constitution will be available at the AGM and the membership will have an opportunity to vote on the acceptance of the new constitution at that meeting.

Andrew Jones PPG Chairman.

Practice Matters – Update

There have been a number of changes since the last newsletter was produced and the successful redevelopment of the Health Centre has taken a well deserved top place!

The ‘New Building’ Project Saga.

The partners dream of a ‘Millenium Health and Fitness Centre’ fit for the 21st Century was first discussed in November 1999 at a meeting attended by invited GPs from local practices, other health care providers, representatives of Oxfordshire Health Authority, town and district councillors and potential developers of the new town centre under the expert chairmanship of Brenda Soper (then chair of the PPG). In July 2008, after many false starts, our Health Centre emerged like a phoenix from the rubble of the old building that had been our base for so long and enabled our wish to work from a single site again.

The Doctors.

Dr Victoria Hamilton has stated her intention to stand down as senior partner at the beginning of August 2009, and will then work on Tuesdays and Wednesdays only, prior to retiring in March 2010. Dr David Ebbs will take over as senior partner in August.

Dr Keith Beswick decided to hang up his stethoscope in November 2008 after working in the Practice for 36 years as partner, locum and salaried assistant. His leaving gift to the practice of a DVD recording of the building project was shown initially at the official opening on 18th September and again at the PPG Open evening on 18th November.

Extended Hours.

Since November 2008, the Practice has offered pre-bookable appointments early on Monday mornings, late on Monday evenings and on alternate Saturday mornings.

Thursday evening appointments have been made available since the beginning of April.

These appointments are intended for the benefit of patients who are commuters or shift workers and are unable to book routine appointments or attend the surgery during our normal weekday working hours of 08.00 to 18.30. Our Practice nurses currently offer pre-bookable appointments during these extra hours, subject to personal commitments.

A request for a volunteer.

Are you a patient who has recently attended the John Radcliffe hospital for an ultrasound scan? If so, would you be interested to work as part of a committee to look at providing this service locally? Meetings are held at Jubilee House, Cowley Business Park, Oxford.

Please contact me by the end of May for further information.

Dr Jackie Mercer
General Manager

May 12th 2009

The Britwell Fund

“The Britwell Fund”, was set up in 1994 to receive voluntary contributions to the Practice. The Fund has a separate bank account and is used to fund projects of benefit to the patients within the Practice for which no other funding is available. It has received several generous donations over the years.

We felt that it was important that you should be aware of where the money goes. In the past the following items have been purchased

Two ear syringes for use by the Practice and the District Nurses, a TENS (Transcutaneous Electrical Nerve Stimulator) pain relief machine, several Portable Nebulisers for short term loan to patients, and several Home Blood Pressure Monitors to enable more accurate diagnosis to optimise treatment. The Practice also has a Defibrillator and a CD Rom medical dictionary.

As we now have a brand new Health Centre, the Practice has been given £10,000 from the Fund towards the following items which we feel will be of benefit to the patients using the Centre.

Patient self check-in system - New Touch screens, reducing queues at the reception counter

Reception Counter – Custom built

Waiting room chairs – High backed armed chairs for less mobile patients

Adjustable Couches – In all clinical rooms

Comfort Cooling – Temperature control in waiting area & consulting rooms

If you wish to make a donation to “The Britwell Fund” the Practice will be pleased to receive it.

Teeth

There recently has been reported a 'Worrying' rise in Child dental work. Research has shown that nearly 30,000 children a year attend hospital to have teeth pulled or be treated for decay and that the number of under-17s hospitalised for dental treatment had been rising since 1997.

I realised in my 20s, that as a teenager my teeth had started to rot. I eventually concluded this was due to drinking tea and coffee with sugar at various times during the day. I then gave up sugar, first in tea then coffee, and did not get any new fillings. If you can not give up sugar yourself, then perhaps you should encourage your children or grandchildren to cut down and cut down, until they are sugar free.

Fibromyalgia

The day my Doctor confirmed my Chiropractors diagnosis of Fibromyalgia, was one of huge relief...At long last, after suffering for about ten years, I had a reason for all the symptoms I had been having. These symptoms had, in the past, been put down to Arthritis, age, and "it's all in the mind". To know that at last there was a reason for them all, gave me such a lift. However, this wasn't to last when I was told that there is no cure, and that Doctors do not understand too much about the disease.

Fibromyalgia, means Fi bro (fibrous tissue) My (muscle) Algia (pain). It was described to me by a Consultant Physician, as Total Body Ache. The main symptoms of the disease, are fatigue, widespread soft tissue pain, insomnia, depression/anxiety, irritable bowel syndrome, "foggy brain" and restless arms and legs. Some people may have a few symptoms, others many. My three main severe symptoms are extreme fatigue, widespread aches (which move on a daily basis) and sleep problems. These have developed gradually over several years, and altered my life completely.

My husband and I so looked forward to having time to do all the things in retirement that we hadn't had time for whilst working, but now, unfortunately, a lot of these are beyond me. These include Cross-stitch, Tapestry work, Gardening and walking. I have learned that everything has to be taken a little at a time, with lots of rest periods between. Some days, my arms, shoulders and neck ache so much that any thought of gardening or sewing is out of the question. On other days, my legs ache so much that I feel I have climbed Everest, so this rules out walking. The area of pain moves around every day, so I never know when I wake up where I will ache. My main problem, however, is fatigue. Sometimes this is so severe that I think that, if the house were to catch fire, I wouldn't have the energy to get out. Other days, I wake feeling determined to get some jobs done around the house, but my energy is gone in a few minutes.

I thank goodness that I have a wonderful husband, who has gradually taken over much of the housework, ironing etc. He listens patiently when I have a really bad day and feel low. He has also got used to waking in the night and finding the bed empty when I have a bad night and just have to get up as even lying in bed is painful. However, it is not all doom and gloom, as I do have the occasional better day. We have learned together not to plan too much, but take each day as it comes.

Our family Doctor, although not able to do much to help me, is always ready to listen if things really get me down. One excellent piece of advice he gave me, is to listen to your body. If it tells you that it has had enough, then take note, and sit or lay down. Another thing that I have learned, is to never have a shower when alone in the house. It can get very cold and uncomfortable when you are stuck ! A further item is to never get down on the floor when alone. It is infuriating when the phone rings and you can't get up to answer it. (Whilst on the floor, you also notice far too much low-level dust.)

Lastly, Fibromyalgia is not degenerative or life-threatening, so, as my mother always used to say...Count your blessings!!!)

**PPG open meeting Tuesday 18th November 2008 with presentations
by Helen Peggs of the Radcliffe Hospitals Trust
and Dr. Keith Beswick (retired)**

**The Oxford Radcliffe Hospitals – becoming a Foundation Trust
Helen Peggs, Director of Media and Communications at the Radcliffe
Hospitals**

At the moment the Oxford Radcliffe Hospitals (ORH) is a Trust comprising three hospitals, the John Radcliffe and the Churchill in Oxford and the Horton in Banbury. The government is keen to increase public involvement in the running of the nation's hospitals and to that end is promoting the formation of **Foundation Trusts** (FT). The ORH is currently applying to become a Foundation Trust which will have four strategic aims:

- To be the hospital of choice for patients
- To be a world leading teaching hospital
- To achieve financial sustainability and long term growth
- To be an excellent employer

The ORH currently meets most of the above criteria but to achieve Foundation Trust status has to make a formal application to the Strategic Health Authority (SHA) which is the layer of bureaucracy above the hospital Trusts in the NHS. If the SHA accepts the application it then goes up the NHS chain for final approval.

In South Oxfordshire 95 % of patients needing hospital treatment go to the ORH which suggests that they are already the hospitals of choice. The association with Oxford University enables the Oxford hospitals to maintain its position as a leading teaching hospital with rapid access to the latest treatments. Although there have been major financial crises in the past, the ORH now has better financial stability and is slowly reducing its overdraft despite rising costs. The recent opening of the west wing at the John Radcliffe and the current building programme at the Churchill demonstrate the Trust's commitment to growth. The Trust is a major employer within the area with a staff of about 10,000 people.

The creation of Foundation Trusts within the NHS is designed to achieve the following reforms:

- Better care, better patient experience and better value for money
- More choice and a stronger voice for patients
- Money following the patients, rewarding the best and most efficient providers, giving others the incentive to improve
- More diverse providers, with more freedom to innovate and improve services

There are about 100 Foundation Trusts at the moment with many more in the pipeline. All NHS provider trusts are required to apply for FT status and SHAs are required to declare a transition path and timetable. Some trusts are not expected to become FTs and are likely to be subjected to merger or acquisition.

The presumed benefits of becoming an FT are greater independence with local ownership and staff engagement; greater financial freedom to be run as a business giving better patient care and value for money. An FT will still be part of the NHS but will be free from control by central government and so have more control over its own destiny. Decisions will be taken locally and so should be more responsive to the needs of local people. However, there will be an independent regulator to control the wilder aspirations of local pressure groups.

The new financial freedoms would be very important. Any surpluses can be carried over from one year to the next allowing a more rational spending programme and proceeds from asset sales can also be retained. FTs would be able to raise capital in the public or private sectors and be able to enter into joint ventures. All of these freedoms would enable a Foundation Trust to be run as a proper business, able to plan on a 5 year time scale rather than 1 year at a time as exists at the moment.

For a Foundation Trust to work it needs to involve the local populations which, in our case, means Oxfordshire, Buckingham and part of Northamptonshire. People living in these areas are being encouraged to become members of the FT and to volunteer to serve on the various committees that will oversee the running of the hospitals.. It is proposed that there will be a council of 42 members made up of elected members from the public and the hospital staff and appointed members who must include those from the University, the PCT and local Authorities. There would be 5 members elected to the Members Council from within SODC. The Member's Council has certain key duties which include the appointment of the Chairman and Non-Executive Directors and approval of NED remuneration and appointment of the Chief Executive. Membership of the FT is free with no obligations and members will receive newsletters and the opportunity to become more involved with and influence strategy and services.

The Foundation Trust application process takes a minimum of 43 weeks with extensive public consultation. An independent accountant's review is ongoing and it is expected that nomination by the Strategic Health Authority and the Department of Health should lead to licensing in 2009.

The ORH is also working on closer collaboration with Oxford University under a government scheme to formalise the relationship between the hospitals and the university as an "Academic Health Science Centre" with both financial and health care benefits to everyone.

Questions and Answers

Q What difference will the creation of a Foundation Trust make to hospital patients experience.

A Long term public involvement in the organisation of hospital services should help refine the levels of patient care.

Q What financial benefits might we expect.

A The greatest benefit will arise from the ability to operate over a 5 year time scale rather than annually.

Q Does patient choice still exist

A Yes, in theory you can go anywhere in the country, but you may have to persuade your local PCT to fund you. Financial constraints may limit the availability of some treatments. Decisions on such matters are the responsibility of your PCT . Hospitals are not involved in contentious treatment decisions.

Currently the doctors in the Didcot Health Centre have daily meetings to check that hospital referrals are reasonable within the present “guidelines”.

Q What is the cost of contacting members of the public.

A We minimise the costs by encouraging e-mail contact. Otherwise we send out monthly newsletters. One newsletter covers all aspects of membership, staff, public and others

The Old Health Centre

Dr. Keith Beswick – presented a 15 minute film that he had made of the old Health Centre and some of the reasons for which it had to go and the saga of getting the resources together to replace it with a modern, fit-for-purpose building. The film showed the rapid installation of the temporary portacabins and lingered lovingly on the destruction of the old building prior to the erection of the new. Finally there were the happy scenes as the staff moved into their spacious new surroundings and finished with the formal opening in September 2008.

A farewell card and gift from the PPG were presented to Dr. Beswick at the end of the meeting.

**Didcot Health Centre Practice
Patient Participation Group**

**Hospital
Appointments
“Choose & Book”**

**An Open Discussion
led by
Dr Victoria Hamilton**

Followed by a short A.G.M.

**Wednesday 3rd June 2009
7.30pm**

**The Small Hall, Didcot Civic Hall
Britwell Road, Didcot**