



## DIDCOT HEALTH CENTRE

### Patient Participation Group

# *Newsletter*

MARCH 2010

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### **View from the Chair by Mary Nye**

Welcome to our Spring 2010 Newsletter which I trust you will find both informative and interesting.

I hope you will forgive me if my letter this time is somewhat on a personal note. I now feel that it is time to step down as your chairman and to come off the committee to make way for younger blood. My thanks go to the senior partner, Dr. David Ebbs and to all the doctors and staff at the Health Centre who have in so many ways contributed to the PPG over the years either by attending meetings in their own free time or by contributing to our Newsletters. To the officers and all members of the PPG committee I thank them for their loyalty and support at all times now and in the future.

On the 19<sup>th</sup> April I will be pleased to welcome Pam Treadwell from the Didcot Hospital who will tell us about the vital role the hospital plays in the community. Dr. David Stainthorp has kindly agreed to tell us about the role that the practice doctors play in treating patients while in our community hospital. This will be followed by a short AGM. Thank you to all those who have attended or contributed to our meetings in the past. I wish the new officers and committee all the very best in the future.

### **You, me and the PPG**

I'm Rhonda Leighton, aged 39, a married working mum with a two year old and another on the way. As a relatively new and active member of the committee of the Patients Participation Group (PPG) I invite you to get involved. I had no idea such thing as the PPG existed until I struck up a conversation with a fellow Health Centre patient in the waiting room one afternoon who just happened to be on the committee. I can't even remember what we even talked about now! We are a group of mixed ages and backgrounds, with a common interest in contributing ideas to improve the communication of information to patients about the operation and services on offer from our much relied upon Health Centre.

If you are a patient then you are automatically a member of the Patient Participation Group. No, I didn't know that either but now you do. Put April 19<sup>th</sup> in your diary at 7-30pm and come along to the Small Hall, Didcot Civic Hall, Britwell Road to meet us where we will also be holding an open discussion about Didcot Hospital being led by the Ward Manager, Pam Treadwell.

We have organised talks and discussions on a regular basis, open to all such as the Choose and Book system of Hospital Appointments led by Dr Victoria Hamilton and The Role and Responsibilities of the Primary Care Trust led by Alan Webb director of Oxfordshire PCT and we also produce a newsletter, twice a year, packed with interesting and useful information. This is a unique opportunity to get involved; somewhere where your ideas and opinions count. Make a difference for yourself, your family and the community.

## **Practice update by Jackie Mercer**

### **Dr Hamilton's Retirement.**

We say farewell to Dr Hamilton on Wednesday 31<sup>st</sup> March when she retires after working in the Practice for 30 years. She will be missed by all of us, both staff and patients alike.

We wish her a long and happy retirement and hope she finds time to do all the things that she has always wanted to do! An article by Dr Hamilton, in which she reminisces about her time in Didcot and earlier stages of her medical career, is contained in this newsletter.

**Dr Hamilton's patients** will have their registration transferred to Dr Greg Barnes (for last names beginning with letters A to M) or to Dr Iveta Southwood (for letters N to Z).

However, patients who have been consulting with one of the other Partners should ask the Doctor to change the 'Usual GP' on their computer record; this will make it easier for reception and administration staff to identify who is responsible for their ongoing care.

### **Practice Website**

We are continuing to develop our website at [www.didcohealthcentre.com](http://www.didcohealthcentre.com). Patients with internet access who wish to request a repeat prescription should do so via this site, which also contains the recently updated Practice information leaflet. We would be grateful to receive suggestions for any information that you wish to be considered for inclusion.

The **PPG e-mail address**, [dhcppg1@hotmail.co.uk](mailto:dhcppg1@hotmail.co.uk), appears as a link on the website.

The committee are keen for you use this e-mail address to contact them with ideas and suggestions for future articles for the newsletter and topics for discussion at meetings. However, it is **NOT** appropriate to use this as a route to contact the Practice about patient related issues as the route is not 'secure' and could pose a threat to patient confidentiality.

### **Phone Call queuing system**

Introduced last autumn, to make it easier for patients to contact the appropriate team of staff more easily, the system appears to have settled down and is now working well.

Please note that option 1, to contact the Health Visitors and District Nurses (who are based here but see most of their patients in their own homes) should **NOT** be used by patients wishing to contact the Practice's Nurses. These callers should use Option 3, for appointments and general enquiries, which will be answered by a receptionist.

## **Swine Flu Vaccination Update**

The **swine flu** campaign, that was targeted initially at the clinical 'at risk' groups, is now concentrating on immunising young children (aged from 6 months to under 5 years) and pregnant women (after their 20<sup>th</sup> week of pregnancy) as these two groups have been shown to be the more severely affected by the virus often resulting in hospitalisation. Patients in these two groups should continue to come to the Practice for vaccination over the spring and summer months. When this autumn's **seasonal flu** campaign commences the vaccine will contain components to provide protection against both types of virus.

Dr Jackie Mercer  
Practice Manager

12<sup>th</sup> March 2010

## **A Farewell Article by Dr. Vicki Hamilton**

By now most people will have heard that I am retiring and that my last day in the practice is 31<sup>st</sup> March. It is with very mixed feelings that I approach my 60<sup>th</sup> birthday this week: it means I no longer have to work, but it also therefore means leaving my second home for the past 30 years, the Didcot Health Centre Practice. I would like to thank the PPG for letting me record a few of my memories of working here, and for their support over the past few years.

I first saw the steaming spires of Didcot from the train en route from Oxford to London, and little did I think I might spend 30 years of my working life there. In fact at that time, when I was a medical student at Oxford University, I did not even expect to be following a career in General Practice. I also remember coming over with the Medical School Rugby Club to watch the match against Didcot in Park Road. My husband was the captain and I don't remember the match but the team supper in the Prince of Wales afterwards was the best we had that season!

My husband and I met during the hospital part of our training (in those days one did 3 years in the lecture hall and laboratory, hardly seeing a patient, then 3 years in hospital) and married in our final year. He went off to Africa and I went to Labrador for 3 months as part of the course. After qualifying in 1976 we set off to work for 6 months in Southampton. Another 6 months in Oxford saw us through our registration year. We worked in the old Radcliffe Infirmary, that is no more, on Simmonds and Marlborough Wards and in the theatres of the Towler Block, and lived in my husband's on call room above Matron's office, from whom we had special dispensation to share our accommodation. When you pass the hospital in Woodstock Road it is the room with the round window right at the top and through which the flagpole runs. We gave up on my room in a modern block some way away which never had sheets or a working light bulb!

The hours were very long so at the earliest opportunity we took off for New Zealand, where the working conditions were much better, and spent a year

in a big hospital in North Island. We had a great time, and travelled all over the country. We spent 6 months travelling back through Asia, me to a paediatric job in Cardiff and Rhys to train in General Practice. After I had had my first son in 1979 I stopped the paediatrics which I didn't especially enjoy, and started a rotation in haematology. We eventually decided to return to Oxfordshire to seek a practice for my husband. I thought I ought to give General Practice a try, and was appointed as GP trainee at Didcot Health Centre.

I turned up for my interview on a Saturday in the summer of 1980, and was delighted to meet Keith Beswick, Bill Couldrick, Gordon Lennox and my trainer, Frank Asbury. The partners were very sympathetic to my domestic situation. The practice was excellent, and had an academic leaning but a healthy critical attitude to some of the esoteric musings sent down from the ivory towers of the Royal College of GPs. There were representatives from all walks of life in the town's growing population, and I thought it would therefore be a good place to learn - and so it proved as I am still here to tell the tale. I was offered a partnership in 1983, and it was wonderful at the age of 33 to be professionally independent at last. I was the only female principal in the practice at the time, although I did overlap with Dr Scott and subsequently Dr Jill Cave in the other town practices. The premises at the time were state of the art - offering integrated health and social care, with close relationships with our district nurse and health visitors, and even social workers on site. The social work team was mostly young and dynamic, and we had some exciting lunchtime debates on topics of common interest- the podiatrist, midwives, occupational therapists, dentist and even the practice manager joined in! We were sorry when they all moved out - perhaps they will all come back again in the Darzi Polyclinics of the future.

The partners were quick to nurture the new breed of community nurse, the practice nurse, and as you know we now have a strong and dedicated team of practice nurses and health care technicians. The admin team has expanded to cover the increase in size of the practice population and to deal with all the new challenges thrown at us by successive governments, including fund holding in the 1990's. We opened the Asbury Centre in 1989 to cope with the extra patients, but I am pleased to say that we are now back under one roof again in the wonderful new building.

Over the years the medical establishment has expanded. We have always had trainee GPs and medical and nursing students, who really keep us up to date and on our toes. From the original 4 partners we are now 11, though most are part time. Didcot Hospital has been an important resource for our patients and we have hung on to as much control as we are allowed, although it is much less than formerly. I have spent more nights than most there, as when I first started I had to do on call from within Didcot, and I used to sleep in the Matron's quarters there. The nurses kindly took the phone calls and came running upstairs to tell me if I had to get out of bed! Mobile phones have made a big difference to that aspect of care, and in fact we do many more telephone consults even during the day than we used to.

Later the hospital was used as the base for the Vale Docs Out of Hours Co-operative, and once again I was sleeping there on call at the casualty there and I have sewn up many a cut, or staunched a nose bleed. Of course we have tried to keep in contact with our colleagues from the John Radcliffe over the years, and we have a monthly meeting set aside for the doctors to meet and catch up with new developments in hospital treatments; there have always been doctors coming out to do clinics in the community - some of you may remember Douglas Ellis, Ted Moloney, Jane Clarke, Nick Dudley, my mother in law Ann Hamilton, John Badenoch, Sally Reynolds and many more. I have been delighted that the Community Mental Health Team meets us on a regular basis to discuss patients and treatment.

Patients overall over the years seem to have much the same symptoms and diseases, but a few completely new ones have cropped up - such as HIV and Hepatitis C. We were only just getting accustomed to non accidental injury of children in the early 1980's, when along came the next horror, child sexual abuse. Some new treatments have changed the progress of disease for ever - for example new drugs for asthma and peptic ulceration mean we now hardly ever see an acute asthma attack, or a bleeding ulcer. In rheumatoid arthritis there is a chance of stopping the disease process with medication so that the joints do not become permanently damaged and the patient terribly disabled. New drugs for depression have made a massive difference.

There are some interesting new fields of research, like the study of clotting disorders which lead to deep vein thrombosis and clots on the lung; hopefully we will be able to predict who might be prone to this and therefore prevent it happening. At the same time I occasionally see conditions I have never seen before which I learned about 40 years ago in medical school.

My career in Didcot has been a very happy one. I've been fortunate in my partners who are also good friends and trusted doctors. I will miss them and my nursing colleagues who have always been most dedicated, skilled and willing - I think we have all learned from one another and have something of a unique relationship in the wider world of medicine which stems from mutual respect for our differing but complementary roles. Those who work behind the scenes, making sure that the whole thing runs smoothly, are no less dedicated and I hope that they know how important they are in the patient's pathway. They generally get little thanks, positioned as they are between patients and doctors, and sometimes get the flak from both sides! I will miss the general banter at the Health Centre and it will be hard to find a replacement for that sense of camaraderie and support in tough times, the fun, and the sharing of the immense satisfaction when something has gone well. Credit must also go to my husband and long suffering children who have put up with all sorts of privations because of my job! Without our amazing and reliable childminder who cared for them when they were little, none of this could have happened and so I thank her too.

It has been a great privilege for me to have been a doctor wherever I have worked, but never more so than over these years in Didcot. Sometimes I have been present at a birth, sometimes at a death, and have seen several hundred babies, children, men and women at all stages of their lives in between. I have been welcomed in to homes, and shared a good many tragedies, and a good many happy times as well. Thank you for all of that, and the good wishes and lovely gifts you have sent me over the last few weeks. No doubt next time we meet will be in the street, or the supermarket!

What next for me? Some time to take stock, and to spend time with my family, young and old, and a lot of walking and travel I hope. New hobbies I have always promised myself – bridge and ballroom dancing for example. The partners have kindly presented me with a cookery course as a leaving present, so that every time I take a dish out of the oven I will remember you all. Next year I hope I will be able to work for a while in the third world, until I am ready to hang up my stethoscope for good! I think I will be quite busy.

Dr Vicki Hamilton  
March 2010

### **The Role and Responsibilities of the Primary Care Trust**

**A talk given by Alan Webb, Director of Commissioning, Oxfordshire PCT  
Wednesday 11<sup>th</sup> November 2009**

How does the NHS work, its role and its functions?

The NHS is a large employer, the 5<sup>th</sup> biggest in the world where the Chinese Liberation Army is the largest.

At the top is the Minister for Health with a Chief Executive responsible for organisation.

There are a few top layers which deal with nationwide and regional strategy, then comes the important bit, the PCTs, which are directly responsible for the care that individuals can access. Roughly speaking there is a PCT for each county and some metropolitan areas.

The Oxfordshire PCT has a budget of about £860 million with a total staff of 3,000 people of whom about 100 are management. There are 82 GP practices in Oxfordshire serving a population of 640,000 people. GPs are independent contractors to the PCT, as are dentists and opticians.

There are 97 pharmacies, many of whom depend almost entirely on health service business to survive. There are 97 dental practices and 36 optometrists plus the Hospital, Mental Health and Ambulance Trusts.

What does the PCT do? Its main role is to engage with the local population in the provision of health care. It also has a duty to work with Local Authorities in the provision of care. Quality is a priority. Some population groups need extra care such as the elderly which is an ever increasing proportion of the total population; social care; long term conditions such as

diabetes which tends to occur in deprived areas and mental health which is an ever increasing area of concern. A third of the population have mental health problems at some time in their lives. In this area the PCT often works with voluntary organisations such as MIND. Secondary care needs to improve but costs must be reduced. There will be zero financial growth after 2011.

Oxfordshire is regarded as a wealthy area and so comes out relatively poorly in terms of government funding for the PCT. Quality standards can be set up with large providers and measured, mostly by feedback from patients. However, in other areas the government insistence on targets can cause problems. Obesity is one such area which is known to be linked to areas of deprivation. The PCT is expected to find ways to reverse that trend but it is a complex multi agency problem. The question of GP referrals to hospitals has hit the headlines with the PCT seeking to reduce the number and their cost. The PCT has sought to give educate GPs in the efficiency of referrals and a study of why there has been an increase has been initiated.

NICE (National Institute for Clinical Excellence) decides on the best procedures and the efficiency of new treatments and try to standardise best practice for existing treatments. If NICE says use a new drug then the PCT has 3 months to implement that advice.

Oxfordshire has a “Priorities Forum” to review the evidence for and the cost of procedures. This includes the consideration of local initiatives as well as advice on the implementation of national advice. It looks at potential areas of disinvestment and will produce statements on services of low priority. There is an “Ethical Framework” which looks at the equity, effectiveness and cost of treatment.

### Questions and Answers

Q There is widespread irritation with the constant changes within the NHS. What do you think of the stability of the PCT as an organisation?

A The evolution of PCTs into their present form where they conform to county boundaries is probably the most logical. Each can respond to the specific needs of the people and area that has historically evolved into a cohesive unit. However, the NHS will always be at the mercy of changes in political dogma.

Q You have used the phrase “---aim to cut the cost but at the same time improve the service---”. Surely this is a nonsense. Everyone’s daily experience is that you get what you pay for.

A We are aware of the negative impact of such statements. However, there are areas in which rethinking the way in which some things are done can both improve the service while at the same time reduce costs.

Q There were several questions on the so-called postcode lottery for some treatments.

A While each case that hits the headlines may seem to be ridiculous they are real and are an unfortunate consequence of the way PCTs are set up. Each PCT is responsible for how it spends the available funds in its own area. Therefore it will make spending decisions based on the demographics of the area it serves. Rural areas such as Oxfordshire will have a very different set of priorities to a more industrial area or a large metropolitan area. Similarly one region may have a greater proportion of elderly or younger people than another. Consequently at the boundaries one may find the situation that a particular treatment is available on one side of a street but not on the other. This is of no comfort to patients involved in these situations but they can usually be resolved by negotiation.

Q How does a PCT decide between new treatments that should be made available and those that should not?

A Apart from NICE there are two groups that consider this question; the Priorities Forum and the “ethical framework”. Between them, these two groups consider the ethics of decisions in a philosophical way and also go out and ask outside groups how they would respond to the difficult choices that sometimes have to be made.

### Advice, support and education for Carers of people with dementia at the Didcot Health Centre

Caring for someone who has Alzheimer’s disease can be overwhelming, exhausting and stressful. As well as the sufferer, carers can also experience feelings of loneliness and fear. Carers derive great benefit from being able to be in touch with others in the ‘same boat’ and this reduces people’s feelings of isolation. Carers in Didcot can now meet with each other at the Didcot Health Centre on the 1<sup>st</sup> Thursday of each month 12 – 1.30 pm (1<sup>st</sup> floor) at the **Dementia Carers Support Group**. The group is open to anyone who is involved in caring for someone with Alzheimer’s or a related dementia and offers practical and emotional support, advice and education.



We share experiences and knowledge and often have the benefit of a mental health professional from the Ridgeway Community Mental Health Team at each of our meetings. It is through the Carers Support Group that carers and the people they care for can be connected to appropriate local services and organisations. Education and signposting to relevant training is also a key part of the group.

We invite speakers to join us on a regular basis and have recently covered areas of interest such as Looking After Yourself & Respite, Coping with Stress, Social Services Help, Safety and Independence in the Home, Understanding Dementia and Medication as well as Depression and Relaxation techniques. Our new programme covers Caring with Confidence courses (which are free to carers), Dementia Research and Legal Advice with

a sympathetic local solicitor to include Lasting Power of Attorney, Will Writing, Care Home Funding, Equity Release etc. Our meetings are informal and include a cup of tea and a sandwich, so if you are working please join us during your lunch break.

We welcome new members, so if you would like to come along feel free to just turn up to a meeting. If you would like to make arrangements for the person you are caring for, whilst you attend the group, you will need to make contact with one of the Community Mental Health Team at the Ridgeway on 01235 810575. If you are unable to get to the group and would like advice or information concerning dementia, please contact me as below.

Brenda Green  
Dementia Advisor (Age Concern Oxfordshire)  
Oxfordshire & Buckinghamshire Mental Health Trust  
Tel: 01865 455816  
[Brenda.green@obmh.nhs.uk](mailto:Brenda.green@obmh.nhs.uk)

## Availability of medical services

### Didcot Health Centre

The surgery hours are:

|                   |                    |
|-------------------|--------------------|
| Monday            | 07-00am to 20-00pm |
| Tuesday           | 08-00am to 18-00pm |
| Wednesday         | 08-00am to 18-00pm |
| Thursday          | 08-00am to 20-00pm |
| Friday            | 08-00am to 18-00pm |
| Saturdays/Sundays | CLOSED             |

**Phone lines are open between 08.30-17.30hrs (Monday to Friday.** We have 6 exchange lines and as many as 5 Receptionists are available to book appointments. Each call is taken in turn, so please be patient during our busy periods! Medical emergencies between 08.00-08.30hrs and 17.30-18.30hrs will be dealt with by the Duty Doctor.

**Results:** We have two dedicated telephone numbers for **results** (01235 515544 or 01235 515509), which should be contacted between 10.00-13.00hrs, Monday-Friday.

### Out of Hours and other Services

The **Out of Hours Service** offers care for urgent health care problems when GP surgeries are closed. This is between 18-30pm and 08-00am Monday to Friday and 24 hours over weekends and bank holidays.

Telephone:   **0845 345 8995**

### NHS Direct

NHS Direct can offer useful advice on their 24 -hour helpline which is staffed by experienced nurses who have access to specialist consultants and GPs. If you are worried about a health problem and need information quickly they can advise you on the most appropriate course of action. If you are looking for a dentist NHS Direct can also provide information on NHS services available and details of charges and exemptions.

Telephone:   **0845 4647**

Website:     [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

### The Minor Injuries Unit at Abingdon Hospital

For minor injuries (not illnesses), open 10-00am to 10-30pm seven days a week providing free NHS care to anyone of any age. Appointments can be made by telephone but are not essential.

Telephone:   **01235 205700**

Didcot Health Centre Practice  
**Patient Participation Group**

**Didcot Community Hospital**

**A talk by Pam Treadwell**

**Ward Manager, Didcot Hospital**

**and**

**Dr. Stainthorp of the Health Centre**

**Followed by a short AGM**

**Monday 19<sup>th</sup> April 2010**

**7.30pm**

*Small Hall, Didcot Civic Hall*

*Britwell Road, Didcot*