



THE PATIENT PARTICIPATION GROUP NEWSLETTER FOR PATIENTS OF WRYTHE GREEN SURGERY

Autumn 2014 Issue 17

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SURGERY HOURS

**Telephone: 08.00-18.30
Mon-Fri**

**RECEPTION AVAILABLE
08.00—18.30
Mon-Fri.**

**Late evening appointments:
Monday (sometimes
Wednesday)
from 18.30 - 20.30
(pre-booked appointments
only please enquire at
the desk)**

**Saturday appointments:
Please enquire at the desk**

**OUT OF HOURS CALLS
020-8669-3232 (for onward
direction)
Or RING 111**

**APPOINTMENTS ON-LINE
You can now book
appointments on line.
Please enquire at the Reception
desk for details**

**REPEAT PRESCRIPTIONS
ON-LINE
Please enquire at the
Reception desk for details**

**SURGERY WEBSITE:
www.wrythegreensurgery.nhs.uk**

**NHS CHOICES
www.nhschoices.net**

GENERAL PRACTITIONERS

Partners

Dr. A Galloway
Dr. A Smith
Dr. M Wells
Dr. S Saeed
Dr. C Keers

Associates

Dr. J Rogers
Dr. H Sheikh
Dr. A Jacob
Dr. E Martinez
Dr. V Patel
Dr. M Siva

OTHER MEDICAL STAFF

Physiotherapists

Mrs Kay Jinkins
Mrs Jane Tyrrell

Nursing Staff

Sister Sally Bullen
Sister Julie Rajaratnam
Sister Tracey Bennett
Nurse Jackie Warner

HEALTHCARE ASSISTANT

Tracy Connolly

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EDITORIAL:

Now that, sadly, summer is over we need to consider seasonal tasks. **Firstly, for those eligible for a free 'flu jab, when you receive your invitation to attend the surgery for this purpose, please take it up.** The main invitations have already been dispatched for appointments in October but some injections may be administered in November. If you are concerned about any aspect of this then please discuss this with your GP. If you are concerned about offered dates or you are unable to attend then please enquire at reception so that an alternative date can be offered. For those not eligible automatically for free anti-flu injections at the surgery but who are concerned about contracting 'flu, many pharmacies can offer this service at reasonable cost.

Your Patient Participation Group (PPG) is now a member of the National Association of Patient Participation Groups, NAPP (sponsored by our surgery). NAPP advises on best practice for PPGs and holds annual conferences. The importance of patient care and patient participation groups attached to GP surgeries cannot be overstressed. One of our, and all other, surgeries' tasks is to implement Enhanced Services, some of which already operate, eg. extending appointment booking to two-week rather than one-week intervals, on-line prescription and appointment booking. There are likely to be further developments in future and we shall keep you informed about these as they occur.

We were glad to see a substantially increased attendance at our meeting on 23 September featuring a talk on Fibromyalgia and hope that more of you will attend in future. All details are on the last page of this newsletter should you wish to come to our next meeting. **Our next talk on 2 DECEMBER is about MARIE CURIE CANCER CARE. If you, or someone close to you is affected, you may well wish to come. You will be made very welcome. If you wish to address queries to our PPG, please write c/o our Practice Manager, Mrs A. Cartmell.**

Talk on FIBROMYALGIA



We were very pleased to have Maxine Marshall-Hogg who leads the Carshalton and Morden Support Group* for Fibromyalgia, **CFS/ME** sufferers to talk to us about this enigmatic but often severely debilitating and chronic painful illness at our PPG meeting on 23 September. She thanked the meeting participants for attending and for the opportunity to speak

What is it? Maxine explained that in common with **myalgic encephalitis (better known as ME) and chronic fatigue (CF) ** are varied both in terms of what they are and how they affect individuals. The Fibromyalgia UK group describe the most common symptoms affecting sufferers as comprising muscle pain and stiffness; disturbed sleep and fatigue; poor concentration, specific 'tender' points and Irritable Bowel Syndrome (IBS). Roughly 2-4% of the population is affected. This is a considerable proportion of our population!!

What are its effects? This figure and the possible symptoms mean that precise and early diagnosis is often very difficult. Whereas polymyalgia (from the Greek meaning 'many pains in the muscles') polyrheumatica and polyarthritis can be generalised pain in the body, thus meriting this somewhat vague description, Fibromyalgia has some distinct features. For example, there are 18 points in the body which can trigger often very severe pain when aggravated by touch or pressure. It is confirmed (as Fibromyalgia) on the basis of this widespread pain for 3 months or more, and a course of blood tests, eliminating other conditions. It attacks the fibrous tissues around the body, the muscles, ligaments and tendons. Some patients even suffer severe pain from contact with certain types of clothing. Fatigue and exhaustion can be constant companions and many patients experience difficulty in moving limbs. Prolonged sitting, standing and lying can also aggravate symptoms and simple everyday tasks, such as writing, can be very difficult. Sleep does not refresh and deep, restorative sleep (stage 4) is lacking in Fibromyalgia sufferers many of whom can wake up in the morning feeling substantially worse than when they went to bed. There can be considerable suffering through weather, light and noise sensitivity and some patients suffer severe migraines, depression and low self-esteem. Concentration and memory impairment can be severely affected and every day can be different. Each sufferer's symptoms vary and it is common to have many other overlapping conditions, such as Rheumatoid and Osteoarthritis, Lupus, Thyroid and mineral deficiencies. In a crowded room it can be difficult to distinguish individual sounds and noises. Pains in tender points are generally experienced as bilateral, on both sides of the body. Onset of Fibromyalgia can be sudden, sometimes triggered by stress and physical or /mental emotional trauma and general occurs in people between 20 and 60 years of age, with far more women than men sufferers (in common with rheumatoid arthritis, for example). It can be genetic and is also known to start as growing pains as a child and for all of which there is no known cure. Ironically, sufferers often do not look ill and some family, friends and doctors tend to dismiss the symptoms as they might dismiss ME. **Fortunately, our surgery takes it very seriously.**

What are the causes and treatments? The abnormal, heightened sensitive nervous system, viruses, hormonal disturbance, allergies and intolerances (food and environment) trauma and lifestyle may be implicated although a single, definitive cause has not yet been identified. Patients may need to be seen by a combination of rheumatologists, neurologists and physiotherapists. Often steroids and painkillers in combination with drugs such as amitriptyline are used. Acupuncture and hydrotherapy may help as can properly considered and tailored exercise and Cognitive Behavioural Therapy. A patient's needs to work closely with their doctor, as it takes some time to establish the right treatments and medications needed. Unfortunately, NHS treatments may be of limited duration, due to cost and heavy demand for services. It can be difficult for those who are rendered unemployed by their Fibromyalgia to pay for indefinitely prolonged private treatment. An international conference of doctors held each year has indicated that Fibromyalgia is beginning to be regarded seriously as an illness (or syndrome comprising a set of symptoms resulting in general ill health as are Chronic Fatigue and Myalgic Encephalitis which clearly share some common ground).

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A checklist of symptoms ('map 'f medicine') is available on the British Pain Society website, Pain Pathway, which is for health professionals and the general public. - <http://bps.mapofmedicine.com/evidence/bps/index.html>.

For those requiring information and help with Fibromyalgia, please consult Fibromyalgia Association UK:
Telephone: 0844 887 2444 or their website: www.fmauk.org

*The local Fibromyalgia support group meets on the last Wednesday of each month at the George Harvester in Epsom Road, Morden between 11.30am. - 1.30pm. For further information about this local support group, please contact Maxine on 0844 887 2577.

MENTAL HEALTH



PPG/PRG UPDATE - Mental Health

The Clinical Commissioning Group Patient Reference Group held a meeting on 24 September which included an intensive workshop examining six key and priority health areas. We shall report on this later as results have to be analysed properly prior to the next PRG meeting in November. One area of concern is Mental Health provision in Sutton. Dementia is constantly in the national news, not least because there seems to be insufficient backup for carers and negative attitudes towards sufferers and their families. One of our GPs who specialises in this area has said that the Government and NHS are keen to try to reduce the stigma attached to dementia. The aim is to ensure a parity of esteem for dementia sufferers alongside those suffering from other illnesses to ensure adequate help and funding is made available to them. A Government report, entitled '**No Health Without Mental Health**' published in 2011, lists six objectives for improving mental health outcomes. These are: That more people will enjoy good mental health; more people with mental health problems will recover; more people with mental health problems will also enjoy good physical health; more people will have a positive experience of care and support; fewer people will suffer avoidable harm; and, fewer people will experience stigma and discrimination. Healthwatch Sutton recently organised a seminar for carers of those with mental health problems and, at some future stage, we hope the PPG here may be able to organise a talk on this. For those interested in learning more please consult:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138253/dh_124058.pdf or search under '**No Health Without Mental Health**' online.

If you wish to join Healthwatch Sutton or know more about their programmes of talks and other activities, please go to: www.healthwatchsutton.org.uk

Or contact them on : 020 8641 9540 73-79 Oakhill Road, Sutton SM1 3AA

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HOSPITAL DISCHARGE REPORT (Healthwatch Sutton)

One of our PPG members, who has extensive experience of working with the NHS and who is also a member of Healthwatch Sutton (HWS), volunteered with other authorised volunteers to encourage in-ward patients at St Helier Hospital to answer a carefully constructed interview questionnaire comprising 22 questions. Where possible, the interviews were conducted by telephone by further volunteers within 48 hours after discharge. The patients' comments resulted in HWS' Hospital Discharge Report published in April 2014. Our PPG member reported that patients from the researched wards generally seemed very willing to participate. The wards included in the research at

St. Helier Hospital were: A1 - Acute Medical Unit; A5 - Care of the Elderly; B3 - Orthopaedic; B5 - Care of the Elderly; B6 - Gastroenterology; C6 - Respiratory/Coronary Care Unit (CCU); and Ward 3 (for Sutton residents) at Springfield Hospital (attached to St. George's Hospital in Tooting). In the latter case, questionnaires could not proceed and a separate exercise will be conducted at Springfield Hospital later. 33 St. Helier patients were contacted to complete the Hospital Discharge Questionnaire. The enquiry was prioritised within the work plan for 2013/14 for Healthwatch Sutton following substantial feedback received from local people who had experienced problems at the hospital relating to their discharge arrangements. The key findings and recommendations published in the report were as follows:

1. **Finding category: Communication** - Discussions about discharges occur late in the patients' stay. Sometimes there was poor communication between the hospital and the patient about the services a patient required after discharge. GPs are receiving Discharge Summaries late and contained insufficient information.

Recommendations - Discussions regarding discharge to be commenced earlier during a patient's stay.

Improvement in communication between the hospital and external providers of patients' requirements post-discharge (community services, social care etc.) . Investigate the disparity between the feedback given by GPs concerning delays in receiving Discharge Summaries and the figures collected by the hospital trust.

Improvement in the quality of information given in the Discharge Summaries given to GPs.

2. **Finding category: Delays** - (a) delays on the day of discharge due to the late availability of medication, transport and for other reasons; (b) delays to the planned day of discharge due to tests, procedure and services; (c) discharges late in the day.

Recommendations: Reduction in the number and length of delays incurred on the day of discharge (45% of respondents experienced a delay, 43% of those over 4 hours) including those due to the following issues: (a) dispensing of medicine; (b) transport (c) final tests, other procedures and test results. Reduction in the number of delays of more than a day from the originally arranged discharge date due to availability of tests or services (eg. scans, OT); reduction in the number of discharges made in the evening (ie. after 6pm).

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3. Finding category: Discharge process - Late notification to patients of discharge.

Recommendation: Improvement in the time given by staff to patients advising them when they will be able to leave in order to allow patients and others to plan effectively.

4. Finding category - Information. A low number of patients were told by staff whom to contact if they are worried once they have left hospital. Some patients had not received written information about their medicines. Some friends and family have not received enough information about how to care for a patient, information about support services in the community and/or information about the discharge process.

Recommendations: Details to be provided to all patients on discharge as to whom to contact in the event of any concerns regarding their condition or treatment; clear information to be given to all patients about their prescribed medication; improvement in the sharing of information with friends and family that they have the information they need to care for the patient; improvement in the sharing of information so that they have the information they need to care for the patient; improvement in the sharing of information about support services and groups available in the community; more written information to be given/available for patients to explain the discharge process.

It was clear from responses that a good proportion of the patients interviewed had had Satisfactory experiences, at least in part. The aim clearly is to achieve consistency in how patients are treated. Healthwatch Sutton may repeat the process later on to establish whether the proposed initiatives and actions have had the desired impact. Alternative methods of engagement are to be investigated to find out about the experience of service users at Springfield Hospital.

For further information and information about Healthwatch Sutton, please visit their website on:

www.healthwatchsutton.org.uk

We anticipate providing further specific information about aspects of discharge arrangements at a later date

PLEASE REMEMBER YOUR 'FLU JABS!!



Remember - 'Flu is not just an ordinary cold and can affect some vulnerable patients very severely.

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Public meeting in Wallington on 17 July 2014

Key to abbreviations: CCGs- Clinical Commissioning Groups;

In our last edition (newsletter 16) we noted this public meeting at which our two local serving Liberal Democrat MPs' Paul Burstow and Tom Brake were present. The meeting was organised by Healthwatch Sutton. The purpose of the meeting was to update the public about local NHS services. It was chaired by David Williams, Chairman of Healthwatch Sutton and attended by Chrishia Alagaratnam, Chief Executive of Epsom and St. Helier Hospital Trust, Dr. Brendan Hudson, Chairman of Sutton Clinical Commissioning Group and Councillor Ruth Dombey Chairman of Sutton Council. Written questions had been invited and submitted in advance but it was announced that further questions written and handed in at the meeting would be answered on the Healthwatch Sutton website at a future date. Currently this further information is awaited. The following is a resumé of information given in response to questions at the meeting.

Development of current local hospital services: Transfer of the majority of services formerly run at Sutton Hospital helps to reduce duplication and inefficiencies between the hospital sites. The Sutton CCG has a £210 million budget to run hospital services at St. Helier and residual services at the Sutton Hospital site. The aim is to ensure safe, accessible and high quality treatment, to reduce in-hospital stays wherever possible and, together with the Local Authority, ensure efficient services under the Better Care Fund, linking patient care with community services as appropriate. There are six SW London Clinical Commissioning Groups within the local areas including Surrey Downs CCG which covers Epsom General Hospital. The budget for the six CCGs overall is £1.6billion for all their constituent CCG commitments. The majority of planned (elective) operations take place at Epsom and acute surgery at St. Helier Hospital. Capital proceeds from the Sutton Hospital site remain with the St. Helier site. The original commitment to spend £219million on St. Helier Hospital has not proceeded but the Epsom and St. Helier hospital trust development project retain £5 million for urgent projects. The Department of Health (for NHS England) holds the remainder of the funds. The Epsom and St. Helier Hospital Trust is now in balance financially but expenditure against NHS services provision has continually to be managed and monitored. Tom Brake noted that there is a united front across the representatives of all political parties locally to save the services, including A & E and maternity services, operating at St. Helier Hospital. A bid has been put out to tender by St. Helier Hospital for the services run at the Nelson Hospital in Mitcham (which is covered by Merton CCG). Sutton CCGs's five-year plan will include an investment of £10.7 million to cover the employment of more doctors and nurses. A £78 million upgrade to Epsom and St. Helier Hospital Trust is planned although the implementation date is unclear.

Bearing in mind this information, the CCG needs to stay in financial balance. Councillor Dombey said that the Better Services Better Value (BSBV) review, now abandoned (which we have reported in earlier newsletter issues) created some problems. Tom Brake said that out of 32 participating GPs to a ballot on the BSBV 32 rejected closure of A & E and maternity services at St. Helier Hospital. It was conceded that consultant and doctor care at the weekend in hospitals was a major concern (the Sutton CCG are currently working on this with a view to providing 160 working hours out of 168 possible hours based on a 24/7 calculation). However, no local hospital services have been cut. Councillor Dombey said better health care was required closer to home. This is intended to include better management of diabetes, dementia and long term health conditions. Efficiency savings of £20billion overall are required to be made by the NHS whilst maintaining and improving standards of care including reduction of morbidity (death) rates. This is an extreme challenge!

'Health Tourism' by unentitled people from overseas is to be vetted more closely but there are reciprocal health arrangements with some countries including those in the EU. However, it is noted that the UK claims back less for its citizens falling ill overseas than in reverse. A substantial debt has been incurred through unpaid bills relating to health tourism. St. Helier Hospital has an Overseas Visitor Team to scrutinize applications from foreign citizens seeking health treatment.

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Out of Hospital Services: The Jubilee Centre in Wallington runs cardiology, dermatology and X-ray facilities together with physiotherapy services plus support services for older people. Current services for the latter includes active case management with named doctors for people aged 75 years or more at each GP surgery. Councillor Dombey wants better integration between health and social care services (such as those run under the auspices of the local Health and Welfare Committee). She invited meeting attenders to email her for the Sutton Health Prospectus. The aim is to provide better joined-up care between GPs, community services and hospitals. A new pilot scheme to help vulnerable elderly people includes a telecare package involving remote technology which can monitor blood pressure and falls. Paul Burstow said there needs to be a drive to increase speed of dementia diagnosis rates. An Older Persons' Team has been set up involving a community team linking with the Accident and Emergency Department at St. Helier Hospital. It has been illegal to discriminate against older people receiving full treatment for their medical needs since October 2012.

Funding for GP Primary Care Services: This is the responsibility of NHS England but GPs consider that at least 10% of NHS funding needs to be allocated to General Practice. Currently it runs at slightly under 8%. The panel considered that such funding needs to be increased in view of the fact that there are a lot of GP vacancies and the care of some patients is proving problematic. These situations require urgent improvement. In some areas surgery closures are occurring and better premises are required for some practices. Paul Burstow pointed out that Primary Care also included pharmacy services, chiropody etc. These also require additional support and Mr Burstow emphasised that Primary Care services overall have been chronically underfunded.

Transatlantic Trade and Investment Partnership(TTIP): According to one website, the publicised purpose of the Transatlantic Trade and Investment Partnership is to promote economic growth for both the US and the EU/UK. The European Union is currently in negotiation concerning proposals under this banner, which covers a number of areas including national health programmes. There is considerable concern about the possible adverse impact this may have on our own health services by countries whose health services are less well developed than those in the UK. Further information can be obtained by consulting relevant websites including:

ec.europa.eu/trade/policy/in-focus/ttip/about-ttip

UPDATES:

Free talks at St. Anthony's hospital, North Cheam

St. Anthony's Hospital offers free information meetings on different health topics. This Autumn the following have been arranged:

- **16 September 2014 - Eye Health - talk by Mr. Sanjay Shah consultant ophthalmic surgeon (already delivered)**
- **15 October 2014 - Osteoporosis - talk by Dr. Sanjeev Patel- Consultant Physician and Rheumatologist**
- **13 November 2014 - Prostate - talk by Mr Roger Walker Consultant Urologist**

Talks take place at the Conference Centre in the grounds of St. Anthony's Hospital. Doors open at 6.30pm for 7pm. Talks including question and answer sessions usually last about one hour. Light refreshments are available.

Early Booking is recommended: Booking: Website: www.stanthonys.org.uk

Or, Email: Marketing@st.anthonys.org.uk; Telephone: 020 0335 4558

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NEWSLETTER VIA EMAIL

Would you like to receive your Wrythe News newsletters by email? If so please complete and return the form below to the surgery's reception desk. **Your details will be kept confidential at all times.**

Yes, I would like to receive the newsletter by email.

Name:

.....

Email address:.....

(Please detach this section if you do not wish also to complete the section(s) below)

**DO YOU HAVE ANY MEDICAL TOPICS YOU WOULD LIKE THE PPG TO DISCUSS?
DO YOU WISH TO JOIN OUR PPG WHICH IS AN ACTIVE ONE? IF SO, PLEASE
COMPLETE THE FOLLOWING SECTION.**

To: Mrs A Cartmell, Practice Manager, Wrythe Green Surgery

I would like to raise the following topic(s) for the PPG to discuss.

(please write your suggestions clearly in the box below or delete if inapplicable)

Name.....

Email or telephone number.....

****I would also like to join the PPG (*please delete if inapplicable)***

ATTENDANCE AT PLANNED PPG MEETING ON TUESDAY 2 DECEMBER 2014

The next PPG meeting at Wrythe Green Surgery is planned for 1.00 pm until 2.30pm when there will be a talk about **MARIE CURIE CANCER CARE. If you would like to attend, please complete, detach and return the form below to the Practice Manager, Mrs Anne Cartmell at the surgery.**

YES, I WOULD LIKE TO ATTEND THE PPG MEETING ON 2nd DECEMBER.

Name.....

Date