



# Patients' Newsletter

**FREE COPY - PLEASE TAKE ONE. PASS IT ON. WE WANT EVERYONE IN OUR COMMUNITY TO READ OUR NEWSLETTER!**

## NEW MEDICAL CENTRE IN SIGHT!

The champagne has been bought, the bottle unwrapped, but best not pop the cork just yet .....

On Wednesday, 25th September councillors at North Shropshire District Council voted unanimously to give £2 million to purchase the land and build a new Health Centre down at the Wharf in our town. Carolyn Newbold, Chair of the Patients' Group, said, "This is fantastic news. We have been told time and time again that the Health Authority cannot fund our desperately needed new building. We always thought it was possible one way or another."

### PAST SUCCESSES

The last great leap forward had been when the company developing the Wharf site were made to put aside a plot of land for a medical centre as part of the deal to get all the land. The plot was ear-marked for only 5 years and yet the Primary Care Trust could not predict when they would have enough money to build Ellesmere a new medical centre.

This unexpected and exciting development has been made possible because NSDC is being replaced in April 2009 by a new Unitary Body, which will take over from the current county and district councils and so NSDC is trying to spend North Shropshire's money on facilities within North Shropshire. The nuts and bolts must all be in place before the end of March. There is an interim body smoothing the transition between the old style councils and the new one.



### CORK NOT POPPED YET

This means that Ed Manning, Practice Manager, is negotiating with three different public bodies and the developer who owns the land, Pochins. "The approval to spend the £2 million is subject to a business case approval," he explained. "Because the spend is over £100,000 it has to be agreed by the interim Unitary Authority

Body. Although everyone involved is making very positive noises, there are still some possible pitfalls."

First, the site must be valued and Pochins agree to sell for the right price. Experienced architects have been contacted to provide accurate estimates of the build costs. The business case must be able to show that the land and the building can be got for the £2m!

Next, the PCT (health authority) must agree to the rental arrangements with the Council. "There will also be an awkward gap between when we would take over the building and when the PCT would start paying rent. So the Council will have to give the health authority a rent-free period. Thank goodness the Council is already aware of this!" Ed Manning said.

So, the doctors, other health care professionals, admin team and the Patients' Group all hope that the business case will be approved and the rent agreed. It is thought that these stages can be completed by Christmas. What a Christmas present for Ellesmere from its District Council!

Only then can planning permission be sought.

If the planning permission is granted, the building on the generous one-acre site (lots of easy access and parking!) could be completed by the middle of 2010. Then the celebratory champagne bottle can be uncorked.

# Unwell over the weekend or during the night – who do you call?

By Elaine Edwards, Nurse Director, Shropshire Doctors' Cooperative

The answer in most cases is ShropDoc on 08450 202131. Don't worry if you think you'll lose a bit of paper with the number on it; all calls to your own surgery out-of-hours get directly transferred to ShropDoc!

And there has been much news lately about how confusing it is for patients to work out **who** to ring when there is a medical problem outside of the normal GP hours. So .....

**ShroDoc provides medical assistance or advice when your surgery is closed.**

*If you have a 'true' emergency (heart attack, accident, bleeding, unconscious) you need to dial 999. Don't worry. If you ring ShropDoc but actually need an ambulance, the Call Handler will advise you – see below!*

## About ShropDoc:

- ◆ Established since 1996;
- ◆ Owned by 334 local GPs;
- ◆ Provides medical cover when your surgery is closed for the whole of Shropshire and Powys. (600,000 population);
- ◆ We also have a team of 25 Nurse Practitioners as well as Call Handlers, Despatchers and drivers;
- ◆ Times of service: 1800-0800 Mon – Fri. 0800-0800 Sat – Sun & Bank Holidays. 365 days/year. *(If you phone the surgery between 8.00a.m. and 8.30a.m. you will be connected to ShropDoc who may advise you to call back at 8.30a.m. if you are calling about an appointment or prescription. However, if you need urgent attention, you will be helped as normal by ShropDoc.)*

## What happens when you call?

Your call will be answered by a **Call Handler** – this is someone who is not medically trained, but is experienced to take your call. You will first be asked for a contact phone number (important so we know how to return your call/ should you get cut off, etc.), name, address and a brief outline of your problem (there is no need to go into lengthy detail at this stage).

## We will ring you back -

It will be a **doctor** or **nurse** who will return your call within an hour. The Call Handlers are

trained to work out how urgent a call is – you might even be advised to call 999. If it is something urgent but not needing an ambulance, then you will be rung back within 10-20 minutes at most. There are times when we get very busy - if you are becoming concerned, then please ring us again.

When the **doctor** or **nurse** rings you back, s/he will take a clinical history of your problem. We will also need to ask about your health generally and whether you take any medicines - lots of information because we have no link to your normal GP records. This is not just a problem for the out-of-hours service in Shropshire – it is true all over the country. A plan of what we need to do next will be agreed with you.

## What happens next?

There are many conditions that can be managed over the phone and you will be given appropriate **advice** to be able to manage things yourself. ShropDoc may be able to arrange a prescription to be available at a local chemist. If you need to see a doctor and are able to travel, you will be given an **appointment** at a location nearest to your home (this may be Shrewsbury, Whitchurch or Oswestry).

Sometimes we need to visit you at home. **Home visits** are arranged according to clinical need. Priority will be given to the very frail or those with palliative care needs.

**When your surgery is closed:**

# ShropDoc

## 08450 202131

**Mon – Fri: 1800 – 0800**  
**Sat, Sun, Bank Hol: 0800 – 0800**  
**365 days/year**

**Out of Hour; medical cover**

# IF YOU KNEW ABOUT FLU, YOU'D GET THE JOB!

## Nurse Foong Chee Birch explains the reasons why.

On average an additional **12,500 people die each year** in England and Wales during the flu season. These people are probably the elderly or adults and children with long-standing illnesses like asthma, heart disease and diabetes. These illnesses puts them at risk. **Don't let you or your loved ones become one of those 12,500 this winter.**

### So what can you do? [Get the jab, of course.](#)

The elderly and people with long-standing illnesses have weakened immunity so they are likely to get any infection that is doing the rounds like the flu. Such people might then get a more serious illness such as bronchitis or pneumonia, two illnesses that can lead to death .....

A vaccine helps our bodies to strengthen our defences against disease. What some people don't realise is that once a body has had a vaccine, it will recognise another one coming along and the process of building up immunity will happen more quickly.

Other people don't realise they need a vaccine every year. Viruses change, so the vaccine created to protect

you changes every year too.

Another myth is that someone could catch flu from the vaccine. This is totally impossible. Some patients might get a slight reaction, like a cough, but it is short-lived and better than ending up dead. [Get the jab.](#)

Some GP surgeries in Shropshire only see about 40% take-up of the flu vaccinations for the over 65s, compared to some of the best take-up figures from across the country at around 70%. Ellesmere has one of the lowest take-up rates for flu vaccinations in Shropshire. Let's change that this year.

[Get the jab.](#)

### Walk-in clinics for flu vaccinations this year are:

Wednesday 8th October	9.00a.m.—5.50p.m.
Monday 20th October	9.00a.m.—5.50p.m.

COMRADES CLUB, VICTORIA STREET,  
ELLESMERE.

## More Doctors on the 'Phone .....

### From November, the answer is "Yes"!

In the last Newsletter Ed Manning revealed that the Practice's appointments system was under review. The Practice has listened to what patients have said, many feeling they would prefer to speak directly to a doctor on the 'phone.

So, from November the appointments system will change to allow just that! There will be more opportunities for patients to speak directly to their doctors.

How patients go about getting medical advice remains the same in the first instance.

When a patient speaks to a receptionist, whether on the 'phone or in person, s/he would find the quickest way to get referred to the correct clinician would be by telling the receptionist a little about why the appointment is needed. As is the case now, patients should not worry about

confidentiality. The receptionists treat such conversations as confidential, just the same as every other aspect of patient care. Of course, patients have the right not to give this information; getting the right advice and treatment might just take that little bit longer!



**Editorial Note:** *It has come to our attention that some people are concerned that conversations with receptionists at the counter can be overheard. The Practice is aware the building is inadequate and privacy is difficult (note the good news on the front page), but it would always be possible to speak in private to a receptionist. Just say that is what you want! There's always an empty room (or maybe broom cupboard) somewhere!!*

## FEMALE HEART ATTACKS ARE DIFFERENT. KNOWING WHAT TO LOOK FOR COULD SAVE A LIFE!

Did you know that women rarely have the same dramatic symptoms that men have when experiencing a heart attack ... you know, the sudden stabbing pain in the chest, the cold sweat, grabbing the chest and dropping to the floor that we see in the movies? Here is the story of one woman's experience with a heart attack.

"I had a heart attack at about 10.30p.m. with NO prior exertion, NO prior emotional upset. I was sitting all snug and warm on a cold evening, with my purring cat on my lap, reading an interesting book, and actually thinking, 'A-A-h, this is the life.'

A moment later I felt that awful sensation of indigestion, like when you've been in a hurry, grabbed a bite of sandwich and washed it down with a dash of water, and it gets stuck. Most uncomfortable! This was my initial sensation .....the only trouble was that I hadn't eaten anything since about 5.00 p.m.

The next sensation was like little squeezing motions that seemed to be racing up my SPINE (hind-sight, it was probably my aorta spasms), gaining speed as they continued racing up and under my breast bone.

This sensation continued on into my throat and branched out into both jaws. AHA!! NOW I stopped puzzling about what was happening -- we all have read and/or heard about pain in the jaws being a significant signal of something, haven't we? I said aloud to myself and the cat, "Dear God, I think I'm having a heart attack!"

I lowered the footrest, started to take a step, and fell on the floor. I thought to myself, 'If this is a heart attack, I shouldn't be walking into the next room where the phone is ... On the other hand, if I don't, nobody will know that I need help, and if I wait any longer I may not be able to get up in a moment.'

Somehow I got into the next room and dialed 999 ... I told the call handler I thought I was having a heart attack due to my symptoms. I didn't feel hysterical or afraid, just stating the facts. She said she was sending help immediately, asked if the front door was near, and, if so, to un-bolt the door and then lie down on the floor where the paramedics could see me when they came in.

I unlocked the door then laid down on the floor as instructed. I lost consciousness, recalling nothing until I briefly awoke at the hospital and saw someone important looking, helping the medics pull my stretcher out of the ambulance. He was bending over me asking questions. I couldn't make my mind interpret what he was saying, and nodded off. I only awoke again when the Cardiologist and partner had already threaded the teeny angiogram balloon up my femoral artery into the aorta and into my heart where they installed 2 side-by-side stints to hold open my right coronary artery.

I am lucky I live so close to the ambulance station, and so close to the hospital. What may seem by my description to have taken over 20 minutes at home probably only took 4—5 minutes.

### What are the lessons I am trying to get across?

1. Be aware that something very different is happening in your body, not the usual men's symptoms but inexplicable things happening. It is said that many more women than men die of their first (and last) heart attack because they didn't know they were having one. They commonly mistake it for indigestion, take some anti-heartburn stuff and go to bed, hoping they'll feel better next day... but they don't wake up. My female friends, your symptoms might not be exactly like mine, so I advise you to ring 999 if ANYTHING is unpleasantly happening that you've not felt before. It is better to have a 'false alarm' visit than to risk your life guessing what it might be!

2. Note that I said 'Ring 999'. And, if you can, take an aspirin. Ladies, **TIME IS OF THE ESSENCE!**

**Do NOT** try to drive yourself to the hospital - you are a hazard to others on the road.

**Do NOT** have your panicked husband drive as he will be speeding and looking anxiously at what's happening with you instead of the road.

**Do NOT** call your doctor. He doesn't carry the equipment in his car that you need to be saved! The Paramedics do, principally OXYGEN that you need ASAP. Your doctor will be notified later.

3. Don't assume it couldn't be a heart attack because you have a normal cholesterol count. Research shows that a cholesterol-elevated reading is rarely the cause of a heart attack (unless it's unbelievably high and/or accompanied by high blood pressure). Heart attacks are usually caused by long-term stress and inflammation in the body, which dumps all sorts of deadly hormones into your system to sludge things up.

Pain in the jaw can wake you from a sound sleep.

**Let's be careful and be aware. The more we know, the better chance we could survive.**

**A cardiologist says if everyone who reads this information lets ten others know, at least one life will be saved."**



## HOME FIRST AID KITS PART 4.

You may recall that in the last edition of the Newsletter we included information about putting together a first aid kit. Here we continue with further, important information

### Optional extras

Extra items that you may like to have in your first aid kit include:

- ♦ sterile eye pads (a large wound dressing can be used instead to cover an eye)
- ♦ sterile saline sachets for cleaning a wound - but clean water will do

### Containers for first aid kits

Keep your first aid items in a waterproof container large enough for the contents to be arranged so that items can be found quickly when needed. A plastic container with a closely fitting lid is suitable.

It's a good idea to label the first aid box so that it can be easily recognised by anybody. The standard labelling for a first aid box is a green background with a white cross.

### Ready-made kits

There are many ready made kits available that you can buy from a pharmacy or on the internet. You can also make a kit yourself, selecting the contents that you need.

There is no official standard for first aid kits within the home so they can vary. The contents you need may be different for your individual situation and its likely use. Some may not include all the items you may need. Some may contain more than you are likely to need, or even unnecessary items, such as cotton wool or alcohol wipes, which are now considered unsuitable for cleaning wounds but have other uses. You should check the contents carefully.

### Storing your first aid kit

It makes sense to keep your first aid kit near to where it's most likely to be needed. It should be out of reach of children, but still readily accessible. The place should be dry and cool, so your bathroom is probably not ideal.

### Using your first aid kit

Just as important as keeping a first aid kit is knowing how to use it. All adults, older children and teenagers

living in the house should know where the kit is kept, what is in it and how the items are used. It's a good idea to keep a first aid manual with the kit. Replace any used or out-of-date items immediately and check expiry dates from time to time.

### Medicines

There are some medicines that can be useful to keep at home in case of minor accidents. You should keep these medicines in a separate locked medicines cabinet, out of reach of children. The medicines include:

- ♦ antihistamine cream for insect bites (but not for use on broken or infected skin)
- ♦ paracetamol and ibuprofen for pain relief (tablets for adults, liquid for children)
- ♦ antihistamine tablets such as chlorpheniramine (eg Piriton), for allergic reactions

You should always follow the instructions in the patient information leaflet that comes with the medicines. Ask your pharmacist if you need advice.

### Training

It's a good idea to be trained in first aid. In the UK, courses are provided by organisations like the St John Ambulance and the British Red Cross. See *Further information* for details.

### Further information

- St John Ambulance  
08700 10 49 50  
[www.sja.org.uk](http://www.sja.org.uk)
- British Red Cross  
0870 170 7000  
[www.redcross.org.uk](http://www.redcross.org.uk)





## A Letters Section -

giving you the opportunity to express your thoughts in the Newsletter.

Please address any letter you wish to appear to "The Editor" and hand it in at Surgery Reception.

Dear Editor,

I recently attended the surgery and noticed the sign about the number of hours of time wasted by doctors and other healthcare professionals by patients who had failed to keep appointments. I felt angry. We are all paying for these people to waste our medics' time. And I bet some of these people are the ones who complain they can't get appointments!

Two days later I had a dentist's appointment. In the waiting room was a sign to the effect that missed appointments would be paid for. I suspect that very few people miss their dentist appointments! What a shame that the surgery cannot charge people for missed appointments. Is there any chance that such a system could be introduced?

Yours faithfully,

Yvonne Hill.

Ed Manning, Practice Manager, replies:

It sounds like it would be a great solution to charge people who do not attend their appointments in the hope that they will cancel so we can offer the appointment to another patient. However, the rules are quite strict about what we can and cannot charge our patients for. I doubt we would be allowed to charge patients for missed appointments!

There is another issue, however. If we charged patients who missed appointments, they might not make further ones for fear of missing again and then having yet more money to find. It might seem good to other patients that those who are unreliable no longer attend, but we cannot put barriers such as this to anyone who is a registered patient at the Practice. There could be serious consequences. For example, the patient might not then book in for a routine smear test. A case of cancer could be missed.

Readers may also like to know that in some cases we have trouble collecting prescription charges *with a very small minority of our patients*. It would put our staff in a very difficult position if they were being asked to collect further unpopular charges.

So, regrettably, we cannot charge for missed appointments. But you have raised an important issue. The message is: PLEASE DON'T MISS BOOKED APPOINTMENTS. IF YOU ARE UNABLE TO ATTEND, PLEASE CANCEL, PREFERABLY GIVING AS MUCH NOTICE AS YOU CAN.

Dear Editor,

I read with interest recent items in your Newsletters about dealing with emergencies, particularly how to ensure an ambulance arrives promptly at the scene.

It might be of use to your readers to realise that the first call to "999 Ambulance" may not be sufficient, in certain circumstances. If in answer to the questions, the caller indicates that the patient's condition is not that serious and is stable, it is quite likely a "technician" will be sent. If the patient's condition deteriorates, a second call must be made to ensure that a "paramedic" is sent.

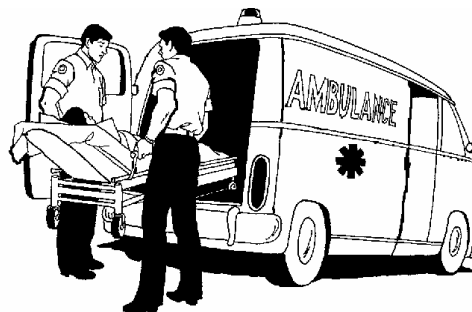
I do hope this proves useful to your readers.

Anon

The Editor asked the Ambulance Service to confirm that what the letter says is correct. After some prompting, this was the reply; hope it helps you all to better understand the situation.

"The Ambulance Service always assigns the nearer appropriate resource to the incident. The type and number of resources sent to an incident will depend on the information that the caller gives the staff in the Emergency Operations Centre. This decision is informed by the use of the national categorisation system. It uses a number of set questions to gain information from callers who may, understandably, be nervous or frightened.

Call Assessors are highly skilled in identifying information and this is used by the dispatchers to assess what resources are required on each incident. This will guide them as to whether it needs to be a paramedic crew, a non-paramedic crew, a CFR\*, a helicopter, an officer or a combination of all of these.



However, the Trust also uses a national protocol that informs the caller that if the patient's condition deteriorates at all, prior to the arrival of ambulance staff, they should call back on 999, as we can give

instructions and help over the phone e.g. instructions on CPR\*, etc. "

\*CFR = Community First Responder

\*CPR = Cardio Pulmonary Respiration (i.e. mouth to mouth)

**Repeat prescriptions.  
If you don't need them, don't order them!  
How to help stop £1 million going down  
the drain!**

Evidence suggests that many patients who no longer need to take their drugs still continue to order them.

Once medicines are dispensed they cannot be re-used and must be thrown away. This is a terrible waste of NHS money that could be spent on other NHS services.

You can help by checking and ticking your prescriptions carefully. Only request the medicines you need and avoid being tempted to order extra as a standby. If you feel you no longer need a particular medicine or you have problems with your medication, please contact the surgery. You could be helping to prevent waste.

So, please take the time to think about the medicines you are ordering. £1 million of NHS money in Shropshire alone could be spent on other vital resources within the county if wastage can be reduced.

However, please do not stop taking your medication without first consulting your GP.

Geraldine Dunkerley

**CORRECTION:**

In the last edition's front page item we said that the current opening hours of the surgery are 9.00a.m. to 5.40p.m. This is, of course, incorrect.

The first appointment each morning is 8.30a.m.

***News from the Surgery***

**Ed Manning, Practice Manager, writes: -**

I am sure that our builders, practice team and patients are looking forward to the build works coming to an end. The outstanding work to the building is the completion of the enlarged waiting room and new Reception counter, a new disabled toilet in the waiting room and a new sluice room for storing and processing samples.

It looks like the widening of Trimpley and the regrading of our car park is going to start in January so we might have to put up with builders for quite some time yet.....

Finally a big thank you to all of you who took the

time to fill in the survey forms in this year's patient surveys. We ran the survey over four main days trying to get a response from everyone who had seen a Doctor or a Nurse. The Doctors' survey is part of a national requirement. However, we find it strange that patients who come to see our nurses are not also required to fill out a national survey form so we decided to do something about that this year. We will publish the headlines from the survey and any action points in forthcoming Newsletters.

**Appointments: 01691 622798**  
**General enquiries: 01691 623256**  
**Emergencies: 01691 622711**

**[www.ellesmeremedicalpractice.co.uk](http://www.ellesmeremedicalpractice.co.uk)**  
**E-mail: emp@nhs.net**  
***Prescription requests may be sent by e-mail to emp@nhs.net but please do not include other messages in the same e-mail.***