

Mersea Island Medical Practice Patient Participation Group

Welcome to the PPG

A Patient Participation Group (PPG) is a group of patients, carers and GP Practice staff who meet to discuss Practice issues and patient experience to help improve the service and promote the Practice to the wider community.

The PPG is open to all patients registered with the Mersea Island Medical Practice. We meet every two months, and a small group works between meetings to take issues forward.

The chair of the PPG is Maureen Phillips who has lived on Mersea for forty years. Maureen has an NHS background having joined at the time of GP Fundholding to develop evaluation and sharing of best practice. She was a Director of a Special Health Authority for a while and her final job before retirement was as a Practice Manager.

Maureen is determined to make a difference to the PPG and is spending the early months of her tenure looking at best practice in other PPGs, making local connections and developing our longer-term strategic plan. Maureen has also joined the Patient Association so we can all benefit from the excellent work they do.

See: www.patient-association.org.uk

Updates from the Practice

The Practice is fully staffed – a new receptionist is undertaking training, and a member of the reception team will be taking on responsibility for the Practice website.

The Primary Care Network comprising of Rowhedge, Tiptree and Mersea Practices are together offering a new mental health support service. Appointments can be made through reception.

The memory café continues to run each month on the second Wednesday of the month between 1.30-3pm at the Community Support Hall in Melrose Road.

The first seated yoga sessions were highly successful and a second set of three free sessions will be held on Wednesday 24th January, Wednesday 28th February and Wednesday 27th March at 1.45-3pm in the Community Support Hall, Melrose Road. To book your place email: sneeicb-nee.colte@nhs.net

The system in the practice of clinicians calling in patients from the waiting room which has been trialed for the last few months will now be permanent.

We are delighted to announce that the practice has received its Veteran Accreditation – more about this in the next newsletter.

Focus on Prostate Cancer

Focus on Prostate Cancer

Mersea and Pyfleet as a ward has a higher- than- expected standardised incidence ratio for prostate cancer. Figures are calculated as the observed number of new cases per year as a percentage of expected new cases, calculated relative to England.

The prostate is a gland which sits underneath the bladder and surrounds the urethra in men, which is the tube that carries urine (wee) out of the body. The prostate's main job is to help make semen – the fluid that carries sperm. It is usually the size and shape of a walnut and grows bigger as you get older.

Prostate cancer is the most common cancer in men. 1 in 8 men in the UK will get prostate cancer during their lifetime but the good news is that the earlier it is identified the more likely it is to be cured. Prostate cancer mainly affects men over 50 but younger men do get it too. You have a greater risk if you have a family history of prostate cancer and there is an even higher risk for black men. Being overweight or obese also increases your risk.

It is however difficult to identify prostate cancer and many men get no symptoms until the later stages of the disease. Others will experience symptoms such as urinary problems including needing

to pass urine more frequently, needing to rush to the toilet, difficulty in starting to pee, straining or taking a long time to pee, weak flow, feeling that your bladder has not emptied fully, blood in the urine or semen. These signs do not mean that you have prostate cancer – they are also common symptoms of an enlarged prostate and prostatitis – so it is important that if you experience any of the symptoms above that you go and see your GP to get an accurate diagnosis. The most common tests for prostate cancer are blood tests, a digital rectal examination, an MRI scan and a biopsy. There has been recent debate about the value of a blood test for a protein called PSA for men without symptoms aged 50 and over. We have included a link below to provide further information on this particular test.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1175163/PCRMP_patient_info_sheet_update_March_2022_v2.pdf

If it is prostate cancer your doctors will identify the type of cancer and how far it has spread. In some men – particularly older men - the cancer develops so slowly that it will not need any treatment. It is so important to stress that the earlier you get a diagnosis the more likely it is that it can be successfully treated.

You can find more information about prostate cancer on the following sites:

www.Prostatecanceruk.org

www.theerrolmckellarfoundation.com










www.pcf.org

www.prost8.org.uk

Keeping warm and healthy in winter

Keeping warm, keeping healthy

As the winter months arrive there are simple measures you can take to keep warm and healthy.

	<p>Keep moving – staying active is a great way to help you keep warm. Try not to sit still for more than an hour at a time.</p>
	<p>Eat well – hot food and drinks can help you. Try to have one hot meal a day and as many hot drinks as you can.</p>
	<p>Get your winter vaccinations – if you are eligible get your flu jab and your coronavirus booster.</p>
	<p>Make sure your home is warm enough – try to heat the rooms you use in your home to a comfortable temperature of at least 18° C.</p>
	<p>Wrap up well – wear layers and add extra layers if you are going out. Keeping hands and feet warm will help keep the rest of us warm.</p>
	<p>Stay stocked up – have a supply of food and medicine for days when the weather is too harsh to go out.</p>
	<p>Check what support you can get – make sure you are getting all the payments and benefits you are entitled too to help with fuel costs.</p>
	<p>Use extra bedding when it gets cold.</p>
	<p>During winter months when we do not make enough Vitamin D from the sun, take a supplement. The usual dose for children over 1 and adults is 10 micrograms daily.</p>

You can find more information about staying warm and healthy in winter from:

www.ageuk.org.uk

www.redcross.org.uk

www.nhs.uk

<https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/>

Our appointment system explained

Focus on Appointments

One of the topics that has come up at our PPG meetings is about the appointment system adopted by our Practice. We thought it would be useful to look at this topic in more detail to help patients understand some of the decision making involved.

Making sure that patients who need to see a GP can do so in a timely way is a challenge for all GP practices across the country. Over the last five years the government has recognised the importance of making sure that systems work better and have made commitments to fund the necessary changes required.

In 2019 the NHS Long Term Plan was published which increased the push for patients to see more healthcare professionals such as clinical pharmacists, physiotherapists, paramedics, specialist nurses and others who have taken on new and extended roles of seeing and treating patients who might traditionally have seen a GP. Over the next editions of our newsletter, we will introduce you to some of these members of the practice team starting in this edition with Social Prescribing.

Earlier this year we also saw the publication of the *Delivery plan for recovery access to primary care* which sets out the government's commitment to tackle the 8am rush for appointments and make it easier and quicker for patients to get the help they need from primary care. These commitments include:

1. Empowering patients by rolling out tools to help patients manage their own health, and expanding services offered by community pharmacy.

2. Implementing modern general practice access so that patients know on the day how their request will be handled, based on clinical need and respecting preference for telephone or face-to-face consultations or on-line messages.
3. Building capacity so practices can offer more appointments from more staff.
4. Cutting bureaucracy to give practice teams more time to focus on patients' clinical needs.

Our practice, like all others, struggles with the 8am rush. Practices can take various approaches to managing this issue such as only allowing on the day appointments, open advance booking or open access walk-in surgeries. Decisions about how to structure appointments must consider factors such as demand, waiting room space and car parking.

The approach taken by the practice, like many others, is to stick to the on-the-day appointment system meaning that for your first appointment relating to a health condition you will need to call or book an appointment on-line on the day you need the appointment. The surgery has insufficient waiting room space to safely offer a walk-in facility and the practice has learned from experience that advance bookings result in a significant number of wasted appointments. With on-the-day appointments you may be invited into the practice for a face-to-face appointment, or you will receive a telephone call. This may be with a GP or a member of the wider health care team. Whilst all patients have a named GP who takes an overview of their care, on the day appointments that require seeing or talking with a GP will be with any GP working that day.

The Practice does also offer a range of other appointments for specific groups of patients. These include planned clinics such as antenatal clinics and chronic disease clinics, vaccination sessions, blood clinics, clinical pharmacy reviews, physiotherapy and social prescribing appointments and more. As a member of the Colte Partnerships comprising nine practices, and the local Primary Care Network comprising three local practices the Practice is also able

to offer Extended Access appointments for patients who are able to travel further afield.

Remember that there is a wealth of medical information and advice available from your local pharmacies, through the NHS App which is free to download, and via www.nhs.uk/conditions/. The Practice also encourage patients requiring repeat prescriptions to call later in the morning or to order these via the NHS App.

If patients need urgent advice, they should call 111 or in the case of medical emergencies they should call 999. Both services are available 24 hours a day, seven days a week.

*Extended Practice
roles*

Extended roles – Social Prescribing

Social Prescribing had been introduced to help take some of the pressure off GPs and the appointment systems. It is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

In social prescribing, local agencies such as local charities, social care and health services refer people to a social prescribing link worker who give people time, focusing on ‘what matters to me?’ to coproduce a simple personalised care and support plan to help people to take control of their health and wellbeing.

Social prescribing link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners.

The Social Prescriber working with the Mersea Practice is in the practice reception on Tuesday afternoons. She is employed by an organisation called Community360 which is an independent chairity which was formed in 1968 with the aim to inspire and enable social action to improve people’s quality of life.

Patients can refer themselves to the Social Prescribing team as can GPs and other members of the practice team. The Social Prescriber is there to help people access the support they need. Sometimes it is someone wanting to get involved with voluntary work, while others need help to find the right support group for them, from poor housing problems to mental health. The Social

Prescriber covers pretty much everything non-medical for patients.

Our local Social Prescriber has found that Mersea has a very good support network already but finds the most common problem is around mobility. Lack of mobility can lead to an increase in loneliness and deteriorating mental health. The Social Prescriber is able to advise about access to transport schemes although some of these are oversubscribed. Mersea does have an equipment loan service run by the Mersea Community Support team in Melrose Road.

There is also a Hospital Team that supports patients being discharged. They help with organising transport, making sure friends and family know people are going home, checking that there is food and milk, etc. The project “Stepping Stones” helps accommodate patients into a special flat, with support, for a short time to make the transition from Hospital to Home easier.

When the Social Prescriber Team receive a referral, they will telephone the patient within 5 days to discuss their needs. Solutions may not be immediate but the patient is reassured that someone is working on their behalf and will stay in touch. Social Prescribers look at the whole person and works to solve that person’s needs. Follow up calls are made, and these can be beneficial as the person’s needs may have changed and they need different support. Anna works closely with the practice’s GP Care Advisor who can help with aids, adaptations and benefit queries.

Patients can telephone Community360 (01206 505250) or the Surgery and ask to be referred to the Social Prescriber team.

The Community360 website: www.comunity360.org.uk

*The Bigger
Pictures*

The New NHS

In this item we are focusing on helping members of our PPG to understand the key organisations that make up the NHS and other organisations that works alongside the NHS to provide support for patients. In this issue we thought we would start by looking at the basic building blocks of the NHS as there were changes which came into place in 2022 which not everyone might know about.

NHS England is the organization responsible for leading the NHS across England to deliver high quality services for all. It oversees the funding, planning and delivery of healthcare in England.

Sitting under NHS England are around 40 Integrated Care Systems (ICS) which are responsible for bringing together geographically close partners to work together to make health and care services more cohesive. Each ICS has a statutory Integrated Care Partnership (ICP) and its key role has been to develop an integrated care strategy to focus on improving health outcomes and experience through the integration of local health and care services. Each ICS also has an NHS Integrated Care Board (ICB) which commissions services based on local need and aligned to the strategy.

NHS England is accountable to the Secretary of State for Health and Social Care. It receives funding from government each year but allocates most of the funding it receives to NHS Integrated Care Boards (ICBs) and supports the ICB's to commission services. NHS England does retain responsibility for commissioning some services directly such as secure mental health, prison health, some national screening programmes and the treatment of some rare diseases.

In this area the ICS covers Suffolk and North East Essex (often abbreviated to SNEE). SNEE ICS has created the Suffolk and North East Essex Integrated Care Partnership (ICP) which has developed the Integrated Care Strategy ((visit www.sneeics.org.uk). The ICS has also created the NHS Suffolk and North East Essex Integrated Care Board (ICB) which works in close partnership with local government, community and voluntary organisations and residents to plan and buy healthcare services for over a million people. The annual budget is around £1.5 billion.

The ICB delegates some authority to three place-based health and wellbeing alliances covering West Suffolk, Ipswich and East Suffolk and North East Essex. Mersea Island sits within the North East Essex alliance. Among other things these Place-based alliances support groups of GP practices who have come together

as Primary Care Networks (PCNs). Mersea Island Medical Centre sits in a PCN with Rowhedge and University of Essex Medical Practice and Tiptree Medical Centre. It is slightly more complicated locally as the Mersea Island practice was already a member of the COLTE Partnership which comprises nine practices – now divided into three PCNs.

We will look more closely at the work of COLTE and the PCN in a future newsletter.

We have included a link to a short animation that cleverly shows this bigger NHS structure in pictures.

<https://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work>

This newsletter has been compiled by the Mersea Island Medical Practice Patient Participation Group.

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