**Princes Park Health Centre**

**Newsletter**

**www.princesparkhealthcentre.co.uk**

**Volume 3 Issue 5 September 2015**

***Voice from the Patient Participation Group***

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**The purpose of this group is to gain views from the patients on how well the current surgery services are run and then feedback these comments constructively to the practice.**

**The current Chairperson would like to hear views and suggestions from other patients on how best the PPG can operate. You can make contact by writing to the PPG direct, ‘Care Of’ the surgery, or use the PPG suggestion box under the noticeboard.**

**“Why not visit the dedicated noticeboard for the PPG in the reception area.”**

**If you are interested in joining the group please contact Graham Hunt at the surgery, or ask at reception for further details.**

**Dates of the next meetings are; Thursday 10th September at 1.00pm, and Thursday 8th October at 1.00pm.**

**Flu Vaccine Information**

IF YOU MEET THE CRITERIA BELOW AND ARE REGISTERED WITH DR ANDREWS AND PARTNERS, PLEASE BOOK AN APPOINTMENT FOR YOUR FLU VACCINE. APPOINTMENTS CAN BE MADE FROM MONDAY 28TH SEPTEMBER 2015 FOR THE FOLLOWING DATES;

MONDAY 12th OCTOBER 2015: 2.00-5.30 PM

WEDNESDAY 14th OCTOBER 2015: 2.00-5.30 PM

MONDAY 19th OCTOBER 2015: 2.00-5.30 PM

WEDNESDAY 21st OCTOBER 2015: 2.00-5.30 PM

MONDAY 26th OCTOBER 2015: 2.00-5.30 PM

WEDNESDAY 18th NOVEMBER 2015: 2.00-5.30 PM

WEDNESDAY 2ND DECEMBER 2015: 2.00-5.30 PM

WEDNESDAY 9th DECEMBER 2015: 2.00-5.30 PM

* People aged 65 years and over.
* All those aged 6 months or older with the following conditions:
* Chest problems including certain asthmatics on steroid inhalers or steroid tablets and those with chronic bronchitis or emphysema.
* Chronic heart disease.
* Diabetes.
* Chronic kidney disease.
* Chronic liver disease.
* Chronic neurological disease.
* People who are immunosuppressed, have no spleen or whose spleen does not work properly.
* Pregnant women.
* Those in contact with people who may be at risk of developing serious complications from flu:
* People living in long stay residential homes.
* Carers.
* Healthcare professional.

\*\*All children aged two, three and four years without any long-term health conditions can now have a (single dose of nasal spray)\*\*

Parents please book an appointment 4.30-5.30 pm before end of December 2015 for your child/children.

Nasal spray cannot be given to children aged six months to two years and to adults currently. Children aged two to 18 years who are ‘at risk’ can have the nasal spray (for some children 2 doses may be offered at 4 weeks interval).

***Did you know?***

**30% of appointments are now pre-bookable up to two weeks in advance.**

***Did you know?***

**That Dr Andrews and Dr Rabuszko offer evening appointments that are also pre-bookable on a Tuesday and Thursday between 6.30 – 7.40pm.**

**“Boots”, the chemist next door, also stays open until 7.30pm on these evenings.**

**Dr Sorooshian and Dr Southward offer early morning appointments that are also pre –bookable on a Wednesday morning between 7.00-8.10am.**

***Did you Know?***

Last month **203** people forgot to turn up for their appointment!!! This is way too **HIGH!!**

Please, if you cannot attend your clinic appointment then make a cancellation. This then allows others waiting, to utilise the freed up place.

**Welcome**

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**We would like to**

**Say a big welcome to Dr Rana Suliman our new member on the GP team. She will be taking over Dr Wiggins patients and working 8 sessions a week.**



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**Surgery Closure**

The surgery will be closed on Wednesday 30th September for staff training, from 12.30pm.

***Did you Know?***

**CQC – stands for**

**Care Quality Commission.**

**Our latest inspection report was published on 4th December 2013 and shows us to be meeting all CQC national standards.**

**For a copy of the full report go to our website, or ask at reception to see a printed version.**

**Old Glasses**



Please note that you can leave old/unwanted glasses at reception or in the box under the Taxi Freephone. These are collected and given out to charities.

A note from the Eastbourne Lions Club about this charity work;

“Eastbourne Lions Club has provided a bin for your used spectacles. These are sent on to be sorted, recycled and graded in preparation for use in eye camps in Africa and India. Eastbourne Lions collect and send around 12,000 pairs a year.”

**Zero Tolerance**

**This practice supports the Government’s NHS Zero Tolerance Campaign. We ask patients to treat GPs, PNs and all practice staff courteously, without a hint of either physical or verbal violence/abuse. Any patient found guilty of such actions will be removed from the surgery list straight away.**

**Princes Park is a very busy practice and at times the wait to see your GP or PN may be longer than is expected. All the staff are under increasing pressure, with patient expectations at a high, but they are doing their best and just ask for a little patience at times.**



**Shingles Vaccination Information**

From September 1 2015 the shingles vaccine is routinely available to people aged 70 and 78.

In addition, anyone who was eligible for immunisation in the first two years of the programme but has not yet been vaccinated against shingles remains eligible until their 80th birthday. This includes:

* people aged 71 and 72 on 1 September 2015
* people aged 79

You can have the shingles vaccination at any time of year, though many people will find it convenient to have it at the same time as their annual flu vaccination. If your birthday falls within the following date ranges then you are currently eligible for the vaccine and can book an appointment;

02/09/1935 – 01/09/1936 = 79 years old

02/09/1936 – 01/09/1937 = 78 years old

02/09/1944 – 01/09/1945 = 70 years old

02/09/1943 – 01/09/1944 = 71 years old

02/09/1942 – 01/09/1943 = 72 years old

**Car Parking at Princes Park Health Centre**

**Car Parking MC900056919**

**If there are no car parking spaces left please do not block the car park area by sitting in your car double parked. This causes problems for the delivery lorries/vans that then have problems with access. Please park on the road instead and remember the DISABLED BAYS are only for those with a blue badge, many thanks.**

**The NHS Friends and Family Test**

On 1st December 2014 the NHS Friends and Family Test went live across 8ooo GP practices in England. The aim is to drive service improvement in local healthcare by providing patients with the opportunity to give feedback on their experience. For the month of, **August 92.31% of our patients said that they would recommend our surgery to friends and family if they needed similar care or treatment.** Thank you for your support.

***Eastbourne Food bank***

***Princes Park supports the Eastbourne Food Bank through the generosity of you the patient. The scheme is on-going throughout the year. Please continue with your donations whenever you can.***

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**Summary of July 2015 governing bodies' meeting**

**The governing bodies of Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG met jointly in public on 29 July 2015 at St Peter’s Community Centre, Bexhill. If you were unable to join us at this meeting you will find a summary of the main reports below. All papers for this meeting are available in our**[**meetings section**](http://www.eastbournehailshamandseafordccg.nhs.uk/about-us/our-governing-body/meetings-in-public/)**.**

**Questions from the public**

Questions were asked about the CCGs’ response to the Care Quality Commission (CQC) inspection at East Sussex Healthcare NHS Trust (ESHT) and the performance of local stroke services. The governing body was also asked about the recruitment of a new chief executive at ESHT following the resignation of Darren Grayson, and confirmed it would not be involved in this process. Full written answers to all questions will be included in the minutes of the September 2015 governing bodies’ meeting.

**Opening remarks from the chairs**

Dr Roger Elias, chair of Hastings and Rother CCG, expressed sadness at the recent tragic fire at St Michael’s Hospice, and thanked the staff for their efforts in restoring services at the hospice, which is a much valued and vital local care provider.

Dr Elias also noted the strong performance the Regional East Sussex Pulmonary Service, which had proved an unqualified success since its inception two years ago.

A learning event for local GP practices on the Healthy Hastings and Rother reducing health inequalities programme had been a great success.

Dr Martin Writer, chair of Eastbourne, Hailsham and Seaford CCG, had attended a meeting with Professor Keith Willett, director of acute care for NHS England. Dr Writer said it was vital that the NHS provides more urgent care services seven days a week to ensure people have access to safe and high quality care when they need it, but that did not necessarily mean providing all services at weekends. There was a need to educate and trust the public to use services appropriately.

Dr Writer paid tribute to vice chair Dr Matt Jackson, who is standing down from the governing body, and acknowledged his huge contribution to the CCG,

**Chief officer's remarks**

Amanda Philpott informed the governing bodies that Allison Cannon had been recruited to the post of CCG chief nurse and head of quality.

Leadership transition arrangements were in process at ESHT following the resignation of Darren Grayson, with a view to recruiting a substantive chief executive in 6-12 months.

The CCGs had increased their grant allocation to St Michael’s Hospice and St Wilfred’s Hospice to support improvements to end of life care.

**Patient and public involvement**

Lay members Barbara Beaton and Frances Hasler reported on key progress in the CCGs’ engagement activity. This included the launch of the East Sussex Better Together public reference forum and an event held in Eastbourne aimed at testing the CCG’s approach to co-designing services with local people.

**Membership engagement**

The CCGs were continuing to engage with member practices through locality meetings and practice operational fora. The annual CCG 360% survey, conducted by Ipsos MORI, had been published. It collects feedback from CCGs from a wide range of stakeholders including member practices, local authorities, NHS providers and Healthwatch. The survey demonstrates a rich picture of working relationships that, in the most part, have built on the foundations established in 2013/14. A key focus for the year ahead is to redefine how CCGs can maximise our strengths as membership organisations and how we best engage to do so, alongside our role in supporting practices to ensure a resilient and sustainable primary care system.

**East Sussex Better Together**

Governing bodies discussed the progress made by week 50 of the 150 week programme to transform local health and care services in East Sussex. This included the agreement of a model for how we can improve urgent care locally, with a full business case scheduled for the autumn. Health and Social Care Connect, a new streamlined point of telephone access for health and social care professionals, had launched as a service for local GPs and early indications were encouraging. Integrated health and social care teams, providing support for adults with long-term conditions, were on schedule to be launched in localities from October 2015.

**Reducing health inequalities**

Through East Sussex Better Together, 2016/17 would see an increased focus on health promotion and preventing illness, and this would be reflected in CCGs’ planning and investment.

The Healthy Hastings and Rother reducing health inequalities programme will significantly contribute to this as it enters mainstream service delivery in the coming year. The governing bodies noted the progress of the Healthy Hastings and Rother programme, in particular the strong engagement with local clinicians, local authorities and the community and voluntary sector.

**Organisational development strategy 2015/16**

The governing bodies ratified a strategy for continuing to develop the CCGs’ staff, governing bodies and members to ensure we remain in a strong position to deliver our transformational plans for local health and social care under East Sussex Better Together. The focus of the strategy is on developing skills and capacity, leadership, structure, recruitment and retention and workforce planning.

**Prioritisation framework**

Governing bodies agreed weightings for the CCGs’ prioritisation framework. The framework enables CCGs to assess priorities for projects and activities based on benefit, feasibility, clinical need and equality.

**Community paediatrics – service specification timetable**

Governing bodies agreed to begin soft market testing for two potential options for the future procurement of community paediatric services. This follows the agreement of a revised service specification in May 2015. The two options are:

1. A consultant-led community paediatric child development service
2. Children’s integrated therapy services.

If pursued, procurement would be completed ready for service commencement by April 2016.

**Integrated quality and performance report**

Governing bodies discussed at length key indicators of quality and performance for all providers of services. There was an opportunity for the members to consider reasons why performance and quality differed across the two CCGs and what they could collectively learn from this to apply to future performance and contracting meetings with providers.

**Care Quality Commission inspections of local NHS services**

An update on CQC inspections of ESHT, Brighton and Sussex University Hospitals NHS Trust (BSUH) Sussex Partnership NHS Foundation Trust (SPFT) and GP practice in Eastbourne, Hailsham and Seaford was noted. The CCGs are actively ensuring providers are addressing any actions as a result of CQC inspections, to ensure public confidence is maintained in NHS services.

**Assurance framework**

The CCGs’ assurance framework, which informs the governing bodies about organisational risks and the actions we are taking to mitigate them, was ratified by members.

**Annual reports and AGMS**

The governing bodies noted the publication of the CCG annual reports and were informed of the dates of the annual general meetings:

* Eastbourne, Hailsham and Seaford CCG AGM is on Wednesday 9 September at the Kings Centre, 27 Edison Road, Eastbourne, BN23 6PT, 7pm-8pm.
* Hastings and Rother CCG AGM is on Wednesday 16 September at Cooden Beach Hotel,Cooden Sea Rd, Bexhill-on-Sea, East Sussex TN39 4TT, 7pm-8pm.

**Next joint meeting in public of the governing bodies**

The next joint meeting in public of the CCGs will take place on:

* 23 September 2015 - 2.30pm at the King’s Centre, Edison Way, Eastbourne, East Sussex, BN23 6PT

Relevant papers will be published in our [meetings section](http://www.eastbournehailshamandseafordccg.nhs.uk/about-us/our-governing-body/meetings-in-public/).Bottom of Form

***Meeting pic***

**A note to our Readers**

**If anybody would like to contribute an article and be included in the next newsletter, then please leave your comments at reception or email;** [**grahamhunt@nhs.net**](mailto:grahamhunt@nhs.net)

***Princes Park Website***

**Finally you can find a copy of this newsletter on our website plus lots of other useful information.** [**www.princesparkhealthcentre.co.uk**](http://www.princesparkhealthcentre.co.uk)

**Medical Corner**

**This month we are focusing on the provision of ACP -**

**Advance Care Planning**

The information below is taken from the 'gold standard framework' who can be contacted as follows  
Telephone number: 01743 291891   
Address: Victoria Mews, 8-9 St Austin's Friars, Shrewsbury, Shropshire, SY1 1RY    
Website: [www.goldstandardsframework.org.uk](http://www.goldstandardsframework.org.uk/)

**Key Messages**

* Advance Care (ACP) is important. It is a structured discussion with patients and their families or carers about their wishes and thoughts for the future. Although such discussions may have occurred informally before, it was not occurring with all relevant people or being communicated to others. So the offer of an advance care plan for every appropriate person is now recognised as a key part of good care.
* Advance Care planning  is key means of improving care for people nearing the end of life and of enabling better planning and provision of care, to help them live and die in the place and the manner of their choosing. The main goal in delivering good end of life care is to be able to clarify peoples’ wishes, needs and preferences and deliver care to meet these needs.
* Advance care planning is in essence an important yet simple conversation that can change practice and empower patients. It can be a process of discussions over time, a ‘relationship’ discussion with regular reviews and can helps catalyse deeper communication between patients and their families and loved ones.  It need not be ‘over medicalised’ or  too formalised, and could be undertaken by any involved in end of life care, though is best undertaken by experienced trained staff who know the person well, such as GPs, community nurses , care homes staff and  specialists.
* ACP is a key part of the GSF Programmes. It should be included consistently and  systematically so that every appropriate person is offered the chance to have an advance care planning discussion with the most suitable person caring for them e.g., one of the recommendations in GSF training in care homes, primary care and hospitals.
* The process of Advance care planning in the UK includes many elements – essentially helping people approaching the end of their life to describe and clarify
  + What they want to happen
  + What they don’t want to happen
  + Who will speak for them
  + We encourage all people to be given the chance to clarify their wishes, needs and preferences   for the kind of care they would like to receive in **Advance Statements of preferences (AS)**, and the means of leading a fuller life meanwhile.  Many need to discuss their thoughts on resuscitation and confirm if they do not wish to be resuscitated (DNACPR) or allowed to die naturally (Allow Natural Death/ AND).  A fewer number might wish to describe specific medical interventions they don’t want to happen, through Advance Decisions to Refuse Treatments (ADRT). Most will also wish to say who might speak for the – proxy spokesperson or legal Lasting Power of Attorney. This is important particularly if it is related to the development of future incapacity, but is important for all to express their wishes.

[Thinking Ahead - Advance Care Planning (ACP)](http://www.goldstandardsframework.org.uk/cd-content/uploads/files/Library%2C%20Tools%20%26%20resources/ACP%20General%20July%202013.v21.pdf)

* + To do this there are a number of documents and tools including several locally developed (see website for more examples). The actual tools follow similar lines - the tools used matter less than the process, but the important thing is to have the discussion as part of the caring and therapeutic process.
  + Advance care planning discussions open up a space in which such plans and reflections can be discussed, a place for contemplating future outcomes and eventualities within a safe environment in order to maximise life in the present.  There can be a deeper significance of this discussion, in drawing closer to the person’s sense of meaning and core values, of the way they make sense of the world and inner life and in enhancing not decreasing a sense of optimism, self- determination, control and hope.

**Loss of capacity and ACP**. Advance care planning has the potential to improve end of life care by enabling patients to discuss and record their future health and care wishes and also to appoint someone as an advocate or surrogate, thus making the likelihood of these wishes being known and respected at the end of life. This subject is important for those with the ability to make decisions now, to plan ahead and to live life as fully as possible until they die. It is also important to anticipate a time when they may not be able to make such decisions in future, and to plan for this eventuality. This aspect is stressed as a priority by some than by others, and it refers to the various legislations related to mental capacity and development of advocacy or best interest decisions, particularly in the context of the epidemic of dementia now facing us. This is therefore extremely important in the many cases in which people are unable to make clear decisions at a crucial stage in their lives, not just due to dementia, but also due to changes in levels of consciousness and the incapacity of severe illness. But in addition to this, it is also widely held that in fact the process of having this discussion is as important as the outcome. Advance Care Planning discussions can provide a possibility of clarifying future directions and choices so that the issues can be raised, examined and fully discussed, fears both trivial and huge can be clarified and addressed, and a more realistic and pragmatic approach can be taken to living out the final stage of life in the way that is important to that individual person.  
  
**How to hold crucial conversations around the end of life - Advance Care Planning discussions**

For more information and examples see the GSF website ACP section or ‘Advance Care Planning in End of Life Care Ed Thomas K Lobo B OUP 2010.’

**Useful information and guidance regarding the Mental Capacity Act**

NOTE: please note that there is a section on the draft Mental Capacity Act section 4.6 which also affirms that Advance Statements of wishes can be taken into account when considering best interest and stated preference of the patient involved:"In determining for the purposes of this Act what is in a person's best interests.....He must consider....(a) the person's past and present wishes and feelings (and, in particular, any relevant written statement made by him when he had capacity)."

**If you wish to make an Advance Care Plan, or discuss the matter further, then please get in touch with your GP. There is also a dedicated page on our website.**

**Finally an Urgent Request**

**You’re Patient Participation Group (PPG) Needs You**



**Please ask at the Reception Desk for Details or contact** [**grahamhunt@nhs.net**](mailto:grahamhunt@nhs.net)

**Eastbourne   
Healthy Walks  
  
Hampden Park, Tuesdays, 10.30am meet outside the Lakeside Tea Chalet, Hampden Park Drive  
  
Shinewater, Fridays, 10.30am meet outside the Co-op, Milfoil Drive  
  
Free, friendly walks.   
Every week, just an hour.  
  
Please wear suitable shoes and dress for the weather conditions on the day.  
  
  
Contact: Paula Hubens, Healthy Walks Project Officer  
 07740 899559/** [**p.hubens@tcv.org.uk**](mailto:p.hubens@tcv.org.uk)

**Advance Planning!!**

**Give yourselves a head start and sign up now**

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**For local support in Eastbourne call 0800 622 6968**

**Or visit our Stop Smoking Service website at:**

[**www.quit51.co.uk**](http://www.quit51.co.uk)

**Text ‘smokefree’ to 66777 for more information**