

Patient Participation Group NEWSLETTER

"Written by patients for patients"

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SUMMER 2017

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Welcome to the Caythorpe & Ancaster Medical Practice, Patient Participation Group's newsletter.

This Issue - We wish all our readers a safe and happy summer

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PRACTICE AND DISPENSARY CLOSURES

Bank Holidays – All day

- Monday 28th August

Staff Training

**Wednesday 6th September
12.30pm- 4.00pm**

Practice News

There will be quite a few changes with the General Practitioners in the coming months.

April – August 2017

The Practice welcomed Trainee GP Registrar Dr Mehta for his initial 4 months training from April to August.

Dr Watts, Senior Partner, will be retiring at the end of July 2017 after many years of committed service to both patients and the practice. Thank you is not enough and we all wish him well for the future. (See page 2 for his article).

Dr Thomas will be starting her Maternity leave at the beginning of August. We all send her our thanks and best wishes for the birth.

The Practice welcomes three new associate doctors starting in July/August 2017 who will be working across both sites of the practice.

Mid July - Dr Rachel Alexander, currently working as a GP in Leicester, will be working in the practice three days per week.

August - Dr Felicity Allen, currently working in Lincoln, will be working in the practice two days per week and

Dr Matthew Glasson, who has recently trained as a GP in Lincoln, will be working in the practice three days per week.

And also welcomes further new staff;

Alison Addison – Secretary

In May Sarah Knight moved from the Secretarial team to Trainee Dispenser

Rebekah Gale - Dispensary Apprentice in July

Sharon Laywood – Admin Support in Dispensary

Rachel Pacey - Clinical Pharmacist in September

They send their thanks and send best wishes for the future to those leaving the Practice;

Alys Rae – Dispensary Assistant

Maisie Borrill – Dispensary Apprentice

Shaney Gregory – Secretary

The Practice has received funding from the Medical Equipment Trust.

The aim of the trust is to provide medical equipment (that the NHS does not provide) to the practice to benefit the health and wellbeing of the practice's patients.

Recent funding has enabled the Practice to obtain a phlebotomy chair which is a fantastic piece of equipment, that some of you may have already benefited from when coming in for blood tests. It is designed for comfort and can be raised and lowered, and tilted aiding patients should they feel dizzy or light-headed.

They have also received funding for the new van (below) for the prescription deliveries. It's already on the road so if you have



your prescriptions delivered you may well have seen it.

Patient Participation Group (PPG) News

The PPG Annual General Meeting (AGM) was held on Wednesday 24th April at 6.30pm at the Ancaster Surgery.

A full article will appear in the next edition of the newsletter.

Elizabeth Cole elected Chair

Doug Vince elected Vice Chair

Kate Holley elected Secretary

Thank you to PPG members, Practice staff and the Practice patients who attended.



Tony Watts Retirement

Dr Tony Watts

By now many reading this article will be aware that I have decided to hang up my stethoscope and retire completely from General Practice at the end of July 2017.

Retirement is not something that I have embarked upon lightly nor is it a snap decision. The partners have been aware of my intentions for the past two years and we have been taking careful steps to ensure that the transition will be a smooth one.

My reasons for leaving are numerous but mainly it is to be able to fully support my wife in her career as a manuscript Illuminator as well as having time to pursue my own interests in woodworking, natural history and photography.

I came to Caythorpe as a trainee GP, under the tutorship of Dr Roger Gee on Wednesday August 7th 1985 and was lucky enough to secure a partnership in 1988.

Things were very different in 1988.

In those days the five partners (Dr Fraser Darling, Dr Wightman, Dr Allen, Dr Harris and Dr Gee) were on duty 24 hours a day, 7 days a week, 365 days a year each being 'on call' one night each week and every fifth weekend covering a population of 7,500 scattered over 400 square miles of rural Lincolnshire.

Ancaster surgery was a small bungalow, computers had not reared their ugly heads on our desks, dispensers wrote all the prescriptions and labels by hand, I drove a Morris Minor and Practice Managers hadn't been invented.

I'm not saying that I would go back to those times but there did seem more time to get everything done.

Over the ensuing years the face of General Practice has changed enormously with the emphasis being on the provision of evidence based quality of care with defined performance targets. We were pioneers in this field and have remained so.

In 1993 I became a trainer and have had the absolute privilege of helping more than twenty doctors become fully qualified GPs. Many of them have settled in practices locally and five have gone on to become trainers themselves.

In 2017 the practice is better staffed, better run, better equipped and safer than ever before. We have been rated 'Outstanding' by the care quality commission and the entire team are determined to retain that rating by continuing to maintain and improve our performance into the future. We have a succession plan to replace the three doctors at or nearing retirement and I'm happy to leave the place very different but every bit as good as it was when I arrived and very much fit for purpose to serve our population for the next 3 decades, which is just as well as I will be still around....but as a patient.

Tony Watts

Tony will also be sadly missed by the PPG. He was a representative of the Surgery and attended many of our meetings.

He will be sadly missed by one and all....

"The Grand Waterloo Charity Adventure"

Waterloo Close to Waterloo Battlefield by bike

Sunday 29th May. 42 miles

This day was made for cycling.....

As I peddled towards Caythorpe to meet Adrian, our practice manager, at the Surgery car park the sun was shining, a gentle breeze cooled me and above me the firmament rejoiced at the song of skylarks.

Adrian was already there when I arrived so we set off to our 'official' start point of Waterloo Close where we propped our bikes against the road sign and asked a passer-by to photograph us looking suitably 'heroic', sadly he must have misheard and we had to settle for 'ridiculous' but where's David Bailey when you need him?



Gorse hill and gravity gave us a good launch to the trip and we were soon heading north towards Lincoln, the Cathedral our marker on the horizon.

As we approached Lincoln via the useful cycle path from Brant Road to the city centre we were surprised to find smoke bellowing from the area to the East of the Bradford Pool, it turned out to be a fire in the wheelie bins behind Primark and was quickly dealt with by the fire brigade. Thus entertained we steeled ourselves for the inevitable climb up to Cathedral Square where the presence of armed police reminded us that it was only a few days since the atrocities at Manchester arena.

We rested in the evening sun with welcome pints of cold Pepsi (other varieties of cola are available) before setting off again down country lanes and through small villages until we reached our destination, Beechwood Guest House in Market Rasen where we were greeted warmly by the owner and our bikes were taken away to be tucked up for the night while we headed to the 'Gate of India' for a competent and welcome curry.

After a soothing bath, sleep came to me very easily.

Monday 29th May 42 miles

This is more like it, proper cycling tour weather, grey and drizzling - what the Scots call 'dreich', with warnings of storms for later.... perfick!

Bellies swollen with the obligatory full English we headed straight for Tesco to stock up with more food for the journey before heading in a more Northerly direction towards Hull and our waiting Ferry.

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The Grand Waterloo Charity Adventure

Continued from page 2

Our first challenge of the day was a long slow climb up Walesby Hill as we approached the Lincolnshire Wolds. It is always a relief to get to the top without waking up in coronary care with only an oxygen mask for company.

Having survived the hill once more we headed to the village of Great Limber a favourite spot to stop by the village pond for a picnic or to the village pub for a hot meal, depending on the weather. The sun was trying hard to break through so we took the 'al fresco' option and watched the world go by from a handy bench overlooking the village pond where coots and moorhens shepherded their babies into fluffy flotillas while squadrons of swallows and martins swooped to collect insects above the water's surface to take back to their own broods.

From Great Limber, we had 2 route choices, a rough off-road track or a 5 mile dash down the A18 before rejoining the 'official' route. We chose the latter, on the grounds that it was bank holiday Monday so there should be few lorries around. What we had failed to consider, however, was the fact that on a grey holiday afternoon all the caravaners on the North Lincs coast might choose to return home together. We survived, rather than enjoyed the experience but gained some valuable time and soon the Humber bridge was in sight in the far distance.

Crossing the bridge was a thrill, as always, and guided by Adrian's sat-nav we were able to overcome our previous difficulties with route finding through Hull to

King George's Dock and to the 'Pride of York' our transport to Belgium.



Tuesday 30th May 65 miles

We had a smooth crossing and slept soundly before enjoying a hearty breakfast and setting off from Zeebrugge towards the town of Bruges.

On the outskirts of Bruges we lived up to our sworn mission to never knowingly pass a cake shop and, re-energised set off towards medieval splendour of Gent.

So followed a couple of hours of easy riding alongside one of the many canals which were to be our companions during this trip. At about the half way point our progress was halted by a large hole dug in the towpath adjacent to an industrial site.

A sign in Flemish pointed inland, presumably a diversion but for how long? And where would it take us?

We spotted a couple of female, presumably Belgian, cyclists and asked them for their advice. Unfortunately they turned out to be American and had no more idea than ourselves. We decided to ignore the signs and try to rejoin the towpath by taking the next entrance back to the canal. We passed through some sort of quarry and discovered an overgrown rusting staircase descending to the canal side beyond the obstruction. It would mean carrying our bikes, complete with luggage, down them but we were keen to make progress. Adrian and I descended without incident but this left us with a dilemma - should we hang around to help the American girls or would this be viewed as an affront to their feminist values.

In the end our sense of chivalry outweighed our concerns and just as well, the first girl struck a rusting gate with her pannier and nearly ended up with it on top of her and the other simply lacked the strength to carry her cycle and luggage down the steps.

With everyone safe we set off again towards Gent.

Outside Gent we were deep in thought over our map trying to pick the best route into the city when a helpful Australian tourist came over and announced that he would use his own electronic sat-nav to take us on the best roads and tracks to the city centre. In the end he was very helpful but we were not sorry that he needed to press on towards Brussels as we were both ready for a rest by this time.

After a short break outside a cafe we pressed on towards Aalst, our destination for the evening using a combination of printed and electronic maps and two hours later were safe in our B+B where we cleaned up and headed into town for a meal, a hearty pizza.

Wednesday 31st May 65 miles

This day was the reason for our trip. Today we were riding towards the 'Lions Mound' a monument built shortly after the Battle of Waterloo to commemorate the place where William, the Crown Prince of the Netherlands, commanding one of Wellington's battalions was injured. I have had an interest in the wars against Napoleon, largely through the novels of Alexander Kent and Bernard Cornwell bringing to life the naval and land battles of the period.

After a superb breakfast, prepared by our host, brioche toast with scrambled eggs and smoked salmon topped with caviar (OK it was lumpfish roe but it looked like caviar), we set off.

Initially we made excellent time bowling along a smooth canal towpath but after about an hour we left the flatlands and headed through the rolling hills and woodlands of the countryside skirting Brussels. We encountered some route finding issues in the outskirts of the town of Halle where we had initially planned to stay overnight but due to P and O taking one of their ferries out of service we were forced to spend a day less in Belgium than we originally intended, so today was a round trip back to Aalst. By combining my maps with Adrian's sat-nav we were soon back on the correct road and in the early afternoon arrived at the battle site just in time for us to turn round and head back again. No time to look at the museum or climb the mound thanks to P+O.

We retraced our outward journey and by early evening were heading back along the canal to Aalst.



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The Grand Waterloo Charity Adventure

Continued from page 3

As we rode through small towns and villages we were puzzled to see the high number of streets where the planning department appeared to have gone utterly bonkers. Traditional stepped gable houses were interspersed with 'Le Corbusier' style concrete blocks or modernist angular buildings with mirrored glass fronts, and a mock-Spanish hacienda. Individually the dwellings had, no doubt, much merit but together (in our humble opinion) a dog's breakfast! Back in Aalst we decided to revisit our Italian restaurant from the preceding evening and, for afters, had planned a dessert of locally made ice cream from the enticing parlour next door. Unfortunately by the time we had finished the parlour had closed but, Adrian managed to save the day with a McFlurry from a well known fast food chain - synthetic but delicious.

Thursday June 1st 72 miles

All too soon it was time to head back home. We knew that if we took the same time to cycle back as we did to get to Aalst 2 days earlier then we should catch the ferry with an hour to spare, not much of a margin if we encountered head winds or punctures. In the event, it was a beautiful day, and we were soon retracing our journey, trying to 'tweak' our route to shave off 5 minutes here and there as we went along. After a couple of hours we were alongside one of the wide canals which we were to follow to Bruges, after which our route finding should have been totally straightforward - how difficult can it be to follow a river? In the event it was more difficult than we had intended. We suddenly encountered a diversion to our route because contractors were repairing the towpath just before a junction in the canal. I still can't work out how we managed it but when we rejoined the waterway we discovered, after about 20 minutes of cycling, that we were following entirely the wrong branch if the canal heading away from Bruges. We consulted the map, scratched our heads and set off, through the countryside to find the correct branch then started to pedal faster to try to make up for lost time.

We paused for a bite of lunch by a small farm 'shop' which consisted of a refrigerated vending machine which dispensed soft drinks, chocolate bars, crisps and fresh strawberries from the farm. The latter were too good to resist and we had soon scoffed a whole punnet.

We arrived at the outskirts of Bruges slightly behind schedule but still with a 45 minute safety margin to reach the ferry by the check-in time of 5.30pm. Adrian went off in search of cakes and I guarded the bikes. He returned with a brace of excellent custard slices which soon joined the strawberries.

Route finding through, around and out of cities is always a challenge but Adrian's sat-nav worked well to put us on the right path to Zeebrugge our only concern being a headwind which grew stronger with every mile as we approached the coast. In the end we reached the port with our 45 minute margin intact feeling very pleased with ourselves.

Zeebrugge is a sprawling mix of seaside town, industrial dockland and commercial transport hub which we approached by an entirely different route to the one by which we had departed two days previously and very soon it was clear that we had no idea which harbour our ship was due to sail from.

Adrian accosted an elderly lady and asked her in his best Lincolnshire Flemish if she knew where the P+O ferries sailed from, to our surprise and relief she replied in perfect English that she did, unfortunately it was from a terminal 'over the bridge then straight on for three or four kilometres'. We had twenty minutes.....

Trusting entirely our new friend we cycled furiously back in the direction we had come from and eventually saw the 'car ferries' signs which guided us to our transportation back to Hull. We arrived with five minutes in hand, exhausted and sweaty only to find that loading of cars and cyclists was suspended while the stewards embarked all the container lorries while we stood like tired podgy middle-aged blokes, who really should know better than to wear Lycra and watched the loading process. To make matters worse we were joined by a group of Belgian club cyclists on their way for a 3 day tour of Yorkshire complete with fully matching kit, honed muscles, carbon fibre bikes each worth more than the ferry and a support vehicle - not a bulging saddle bag to be seen. We could see it on their smug little faces 'we are what Europe looks like and you are what Brexit looks like' I think they may have had a point.

By 6.30 we had our bikes strapped to a bulkhead in the hold of the ship and were off to our cabin and suitably showered and changed, were sitting in the lounge with a beer/Pepsi listening to the same singing guitarist who entertained us on the outward leg and generally feeling better about life.

Friday June 2nd 82 miles

After a good night's sleep and the obligatory hearty breakfast we stood outside on the pointy end of the ship and watched it manoeuvre into the inner ferry dock at Hull. It was a cooler, cloudier day but the wind was light and we followed Adrian's sat-nav out of the city and in no time we had re-crossed the mighty Humber Bridge and were sat outside one of our favourite cafes, 'The Ropewalk' in Barton upon Humber, conveniently placed adjacent to Tesco where we were able to stock up with items for lunch.

Despite being a small town, Barton has a cunning network of one way streets and it took a little while before we were puffing our way back through the Wolds.

After our previous encounter with the A18 we decided to follow the 'official' route back to the village of Great Limber which entailed a couple of miles uphill along a rutted unsurfaced bridleway but it had been dry for a few days and we managed it without any dramas and were soon back admiring the aerial acrobatics of swifts and swallows while enjoying lunch on the bench by the duck pond.

Suitably refreshed we toiled over the remaining Wolds to Market Rasen just getting to shelter as the heavens opened.

The feared strong Southerly wind failed to materialise and we made good time through the flatlands to Lincoln and enjoyed a break in Cathedral Square once again. By this time we had done the best part of 70 miles and were starting to feel weary.

It took us the best part of two hours to cycle back to Waterloo Close in Caythorpe and soon had the bikes stowed in the back of the Surgery's medicines delivery van allowing me to drop Adrian back at his house before I returned to my own home, **cntd page 5**

Conclusion to “The Grand Waterloo Charity Adventure” & Insect Bites & Stings & The Lincolnshire Sustainability & Transformation Plan

a hug from my wife and a welcome bath and meal.

All in all a great trip. Belgium is a wonderful country for cyclists and I intend to return for further adventures before too long. We have yet to finalise our sponsorship total but are very grateful for everyone who has helped support Clic Sargent, a charity supporting children with cancer and their families and also Welbourn Church’s project to repair and replace badly damaged paths in the graveyard.

(Thank you to Tony Watts)

Insect Bites and Stings



With summer upon us, more pesky bugs about, and the School holidays fast approaching, there are going to be many more of us suffering with bites and stings. I certainly attract them.

It can be difficult to identify what you have been bitten or stung by if you didn't see it happen, however the treatment for most bites and stings is similar.

Stings from a bee, wasp or hornet can be painful but are usually not dangerous.

Symptoms

- | | |
|--------------|------------------|
| 1. Redness | 2. Swelling |
| 3. Itchiness | 4. Stinging pain |



What you need to do

- If you can see the sting, brush or scrape it off sideways. (Don't use tweezers to try and pull it out, or you could squeeze more poison into the wound).
- Put an ice pack or something cold on the wound to reduce the swelling and raise the part of the body that's affected. If the sting is in the mouth or throat, suck an ice cube or sip cold water.
- Keep checking the breathing, pulse and level of response.
- If you notice any signs of an allergic reaction such as breathing difficulties or reddened, swollen itchy skin, particularly to the face or neck – call 999 or 112 for emergency medical help.

First aid for bites and stings



- Remove the sting or tick if it's still in the skin (see above)
- Wash the affected area with soap and water.
- Apply a cold compress (such as a flannel or cloth cooled with cold water) or an ice pack to any swelling for at least 10 minutes.
- Raise or elevate the affected area if possible, as this can help reduce swelling.
- Avoid scratching the area, to reduce the risk of infection.
- Avoid traditional home remedies, such as vinegar and bicarbonate of soda, as they're unlikely to help.

The pain, swelling and itchiness should only last a few days.

Ask the Pharmacist

They can help with over the counter medicines that do not require a prescription

- For pain or discomfort - paracetamol or ibuprofen (children under 16 years of age shouldn't be given aspirin).
- For itching - crotamiton cream or lotion, hydrocorti cream or ointment and antihistamine tablets
- For swelling - antihistamine tablets.



Contact your GP or call NHS 111 for advice if:

- you're worried about the bite or sting
- your symptoms don't start to improve within a few days or are getting worse
- you've been stung or bitten in your mouth or throat, or near your eyes
- a large area (around 10cm or more) around the bite becomes red and swollen
- you have symptoms of a wound infection, such as pus or increasing pain, swelling or redness you have symptoms of a more widespread infection, such as a fever, swollen glands and other flu-like symptoms

Call 999 or go to A&E if you have:

- difficulty breathing / difficulty swallowing
- dizziness or fainting / nausea or vomiting
- an increased heart rate
- rapid and severe swelling of the face, mouth or throat

These could be signs of a severe allergic reaction such as anaphylactic shock.

Prevention

A few things you can do are

- Cover exposed skin – if you're outside at a time of day when insects are particularly active, such as sunrise or sunset, cover your skin by wearing long sleeves and trousers.
- Wear shoes when outdoors.
- Apply insect repellent to exposed skin – repellents that contain 50% DEET (diethyltoluamide) are most effective.
- Avoid using products with strong perfumes, such as soaps, shampoos and deodorants – these can attract insects.
- Keep food and drink covered when eating or drinking outside, particularly sweet things – wasps or bees can also get into open drink bottles or cans you're drinking from.

For more information click [here](#) to Visit NHS Choices.

The Lincolnshire Sustainability and Transformation Plan **Health and Care Services in Lincolnshire are changing.**

Lincolnshire health and care organisations have been working together on a new 5 year Plan – it is called the Sustainability and Transformation Plan (STP). They want to make sure that services are safe and effective, and they want every pound spent on services in the county to make a real difference for Lincolnshire residents.

The STP sets out how care in Lincolnshire will be provided differently by 2021. It explains what the benefits will be for Lincolnshire residents. It also describes how they will continue talking and listening to residents and staff as they finalise this Plan and take it forward.

Why do our Health & Care services need to change?

Health and care staff work really hard to provide excellent care. However, the quality of services in Lincolnshire is not always as good as it could be.

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The Lincolnshire Sustainability & Transformation Plan &

The important role of an unpaid carer

Over the past nine months, Lincolnshire's health and care organisations have been looking at how changes can be made to:

- improve the wellbeing of our population
- provide better quality care and
- deliver services within our budget over the next five years.

They've been out talking to the public for the last 3 years to get their views about our services. They've heard from over 18,000 people during this time.

A Public Summary document has been produced and, in response to that, we at the PPG have sent a response to raise some initial points and questions on behalf of patients of the Caythorpe and Ancaster Medical Practice. This response is set out below:

To: Diane Hansen, Head of Engagement and Inclusion
From: Elizabeth Cole (Chairperson, of the PPG)
 John England (Vice chairman)
 Kate Holly (Secretary)
Copy to: Adrian Down, Practice Manager.
Date: 22 February 2017

This is the response by the Caythorpe & Ancaster Medical Practice Patient Participation Group (PPG) to the invitation from Diane Hansen, to comment on the Lincolnshire Sustainability and Transformation Plan (STP).

Our observations give rise to the impression that the strategic planning is unsupported by tactical and operational guidance. We note the commonality of words such as engagement, strategy, aspirations and vision. For the STP to be effective for the Lincolnshire NHS population there is an absence of how it might be directed, delivered, managed and resourced by the doctors and support staff.

We find little to reassure patients that money saved by various 'strategies' is not adequately balanced against how it is relates to resourcing the medical practice or how these strategies/economies are to be related to resources for the medical practice to deliver.

We are unable to ascertain the representation of GP led planning for primary care although it does indicate that is where the work is being put and also note the representation of the four chief CCG executive signatories.

There is a notable emphasis placed on the use by patients of information technology (IT). Our evidence shows the percentage of patients using IT is very small although growing slowly; it is especially low for those over 60 years and those in other notable categories.

Our questions welcome your written response.

1 To what extent has there been GP consultation/input? Why is there no input/sign-off from any primary care official?

2 Reference is made to a 7 a day access to GPs. How will this be funded/ managed and where can the GP led input to this be found?

3 No apparent reference is made to the ambulance service and its prevailing standard.

If not, why not and where are the STP proposals located?

4 What is the future of A&E in Lincolnshire, specifically Grantham?

Whilst it is not possible to reproduce the full content of the Public Summary here, we hope to set out more information in future issues of this Newsletter. In the meantime the Summary can be viewed in full using the following link:

<http://lincolnshirehealthandcare.org/wp-content/uploads/2016/10/Sustainability-and-Transformation-Plan-web-Summary-doc.pdf>

or by visiting the "Latest News" section of the Practice's website. It is also accessible via the "Reports" tab on the PPG section of the Practice's website.

The important role of an unpaid Carer

The definition of a Carer is

"Anyone who cares, unpaid for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support."

If you are a carer you will know that:

Carers are all ages, from all cultures and all walks of life.

- Some take on the role of Carer knowing exactly what they are doing, they just do what anyone else would do in that situation and get on with it.
- Others fall into the role of caring not classing themselves as a Carer at all.
- Whilst others keep their role quiet in front of those they care for because it would offend them to think they were being cared for.

Just as the reasons why someone becomes a Carer vary greatly, the variety of tasks that a Carer fulfils is diverse.

Please tell the Practice you're a Carer,

It's very important so that they can update your records.

They have a dedicated team of approachable people that you can talk to.

Carers Champions

Debbie Clark (Reception Supervisor, Ancaster Surgery),

Jo Harby (Reception Supervisor, Caythorpe Surgery)

Care Co-ordinator

Claire Gasson (Caythorpe Surgery)

Being a Carer can be positive and rewarding but it can also be tough too. It can cause physical and emotional exhaustion, and in some instances feelings of social isolation and financial worries. The team may be able to discuss how a Carers Assessment may help by looking at your needs, and ways to help support you in your valuable and essential role, or if this isn't something you want a free Emergency Care Plan could be put in place so that if you were taken ill, something could be put in place to care for the person you are looking after.

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The important role of a Carer?

South West Lincolnshire CCG News *Be prepared for bumps and scrapes* *& Inspired by summer sports?* *What to do with sprains & strains*

The important role of an unpaid Carer? Cntd

Patients may be asked upon attending Surgery if they are a Carer who supports someone who cannot manage on their own. This may be a family member, friend or neighbour. This is to ensure that as a Carer they get access to all the support they need. Not everyone is aware they are entitled to assistance, or even think of themselves as a Carer, and on completion of a short form that can be handed to reception or posted in the special Carers referrals box in the waiting area the details can be forwarded for assessment to the Carers team in Lincoln. This in no way means tested and there is no charge for the service.

Caring is often, by its nature, hidden. When you're caring for someone it's easy to overlook your own needs and your own health may suffer it's important to discuss this with your GP. They will be able to offer you advice and support.

Visit the Practice website click [here](#) for more information.

We will be exploring this subject in further detail in future issues.

Inspired by summer sports? *What to do with sprains and strains*

With the countdown to a summer of sport, you may be inspired to take up a new sport or leisure activity. But South Lincolnshire CCG is warning people to take a few simple steps to avoid a sprain or strain.

We all know that exercise has many health benefits. It can help you live longer and reduce the risk of heart disease, stroke, diabetes and cancer by up to 50%. But if you haven't exercised in a while you should take things gently to start with. Most sports injuries happen because a person does too much too quickly, aren't properly prepared or use poor techniques.

So how do you avoid injury and still get the daily exercise you need to lead a healthy lifestyle? Well, here are a few simple things that can help.

Dr Kevin Hill, Chair of NHS South Lincolnshire CCG, said:

"When you start a new sport or exercise for the first time your muscles aren't used to the physical stresses involved which can lead to sprains and strains. So, make sure you start slowly and gradually build up your activity over time."

"It helps to wear footwear that supports and protects your feet and ankles and is appropriate for the type of activity you're doing. Always make sure your footwear is in good condition and avoid running or walking on uneven surfaces if possible."

"Signs of a sprain or strain can include pain, swelling, bruising and tenderness around a joint or in a muscle. You may also find it difficult to move the affected body part."

Most sprains and strains are relatively minor and can be treated at home with self-care techniques, such as PRICE (Protect, Rest, Ice, Compression, and Elevation) therapy or paracetamol.

Your local pharmacy can advise you on a range of over the counter medicines which are usually cheaper than a prescription from your GP.

Remember soft tissue injuries can take up to four weeks to heal so it's important to be patient. If the symptoms haven't improved you can call NHS111 - available 24 hours a day, seven days a week. They can offer advice about what to do or where to go. All you have to do is dial 111 to talk to the NHS.

For more information about treating sports injuries, visit www.nhs.uk

Be prepared for bumps and scrapes

It won't be long and the summer holidays will soon be in full swing. Many parents will be making the most of the sunshine before the return to nursery, play group or school again. With endless energy and excitement there's usually a fall, scrape or even a bump to the head, so it's best to be prepared!

It's not uncommon for children to have accidents while playing at home. In fact, according to the Royal Society for the Prevention of Accidents, this happens to more than two million children under the age of 15 each year. Of these, children under the age of five are the most likely to hurt themselves. Most accidents are minor and can be treated at home with a first aid kit and lots of hugs.

But when was the last time you checked your first aid kit?

A typical first aid kit should include **ANTISEPTIC** to clean cuts before they are dressed. Most can treat a range of conditions, including insect stings, ulcers and pimples. **PLASTERS** will help to keep the area dry and protected but make sure you have **STERILE DRESSING** for larger injuries too. This will help to prevent infection until treatment can be given by a health professional, in the rare instances that is needed.

Keep a good stock of **ELASTICATED BANDAGES** to help support a sprained wrist or ankle, and apply direct pressure to larger cuts. Cooling **GEL PACKS** or flannels dipped in cold water are good to use as a compress, as well as an **EYE-WASH SOLUTION** that can help to wash out grit or dirt from the eyes.

Finally, it's important to make sure you have a **HIGH FACTOR SUNSCREEN** in your kit (SPF 50 provides the best protection) to protect your child's skin from the sun, especially if you are outside for long periods of time.

Seek medical help if your child has had a knock or bump to the head that has caused mild dizziness and a headache to get worse. NHS111 can offer advice 24 hours a day, seven days a week and advise you of the best place to go if you're unsure. For more information about what to do if your child has an accident, visit www.nhs.uk



Printing costs for this newsletter were kindly donated by "Totemic Holdings Ltd."

Ancaster Walking for Life & Healthwatch Highlights 2016/2017

Ancaster Walking for Life

Its summer - What a beautiful time to be walking

This is something we are keen to advocate. If you are living alone, your partner is working away, you are feeling lonely, or have recently moved to the area. It's a great sociable environment. There is no pressure to attend every week, and there are a range of walks for differing abilities. Not only is it a proven way to increase energy, reduce the feelings and symptoms of stress, and improve sleep, it can help to reduce blood pressure and assist with weight management.

And if you have a dog they are more than welcome too.

If you are unsure pick up the phone and call one of the walk leaders and they will be happy to talk through with you what it entails; **Barbara:** 01529-488488; **Brian:** 01476-403105; **Dave:** 01400-230275(Mobile 07910-144040); **Sue:** 01476-560569; **Jan:** 01400-230989(Mobile 07500-362477); **Trish:** (mobile) 07880-784250; **Pam:** (Mobile) 07977-915010

Wear footwear and clothing appropriate to the weather, bring water in hot weather. Refreshments are charged at 50p.

MONDAY MORNINGS

Gentle short walks/strolls of no more than 2 miles with a toilet break. Routes are decided on the day. Meet at Ancaster playing field by 9.50am to depart 10am. Every Monday except bank holidays.

WEDNESDAY MORNINGS - car sharing encouraged

Away walks of 1-2 hours (alternative route available for shorter walks). Meeting and departure times are as above. Alternative meeting points are provided, meeting by 10.30am.

THURSDAY EVENINGS- car sharing encouraged

Meet at Ancaster Surgery by 6pm or at the alternative meeting point by 6.30pm. These conclude at the end of September due to the fading light. The Social Evening at Woodland Waters continues on the last Thursday of the month.

SATURDAY - Last Saturday of each month

Longer and a little more challenging walks meeting at Ancaster Surgery by 10am or the alternative given by 10.30am. Details of the walks can be found in the Around Ancaster monthly brochure and waiting area in Ancaster Surgery /notice board.

Healthwatch Highlights 2016-2017

"Healthwatch Lincolnshire is your independent health and care Watchdog"

Visit; <http://www.healthwatchlincolnshire.co.uk/>

Healthwatch Lincolnshire exists to make health and social care services work for the people who use them. Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England and believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Highlights from our year;

- Our website and feedback centre has received an impressive 53,952 hits.
 - Our Information Signposting Team helped 1,570 patients, carers and service users find their way through the complicated health and social care system.
 - This year we've reached 7,778 people on social media
 - Our reports have tackled issues ranging from NHS Health Checks to Neurology.
 - Healthwatch volunteers have contributed a staggering 1,732 hours of support from April '16 to March '17.
 - We have raised 353 questions, recommendations, observations and suggestions.
- 197 were raised directly with health and care provider organisations.
 - 101 recommendations were shared as a result of our Enter and View activities.
 - 10 recommendations, observations and suggestions were made following our NHS Immunisation and Screening project activities.
 - 11 recommendations, observations and suggestions were made from our Learning Disability NHS Health Check project activities.
- Our Public Experience Committee (PEC) has raised:
- 16 questions with EMAS 8 questions with community health, acute and adult social care, for delayed transfers of care 8 questions about cancer services.
- PEC has produced escalation reports for neurology and Transitional Care pathways, both of which asked questions of the service providers.

Caythorpe & Ancaster Medical Practice PPG (Patient Participation Group)

HAVE YOUR SAY – "PLEASE HELP US TO HELP YOU....."

Please let us know if you have any suggestions for future articles, any views regarding the Practice itself which you would like raised on your behalf (or anonymously) complete this form and pass on to reception

Email - villagedoctorpppg@gmail.com

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☐ I would like to receive the newsletter by email

Email.....

Name (optional).....

Telephone (optional).....

Address (optional).....

Thank you