



Advice from Dr Hans Paul

Decisions, decisions.....

What would you like to happen if you were taken gravely ill? What would you like to happen if you were taken gravely ill but were unable to decide for yourself what treatment you should receive?

The first question is the easier one to answer. If you are taken ill, whether it is a serious or even potentially life-threatening illness, you will be able to decide the course of medical treatment you wish to receive at any time during that illness. The second question, however, arises if you should be *unable to decide for yourself*, because you have lost consciousness or are confused or mentally disturbed. In these situations you are deemed to have lost capacity. An *advanced decision* is a legally binding document which will then come into force. The term *living will* is not used now as wills usually relate to money or property matters.

Do not be afraid to sit down, and think about an *advanced decision*. Discuss your thoughts with family and friends and your doctor. Put pen to paper and remember: although it is legally binding you will be able to override its terms at any time if you should wish to do so, as long as you have the mental capacity. You cannot ask for specific medical treatments to be given or request something that is illegal, such as help with committing suicide (assisted suicide). You cannot refuse treatment for mental health conditions as the Mental Health Act empowers doctors to treat such conditions. Equally, you cannot refuse basic nursing care, shelter and warmth and being fed by mouth. The *advanced decision* is not there to nominate a person to make decisions for you unless you have also given that person 'Lasting Power of Attorney'.

Advanced decisions are useful in laying down your ideas about which treatments you would not like to have. This could be the use of intravenous fluids, artificial nutrition or the 'kiss of life' - cardiopulmonary resuscitation. Or it could be that you would not like to receive any lifesaving treatments for such illnesses as brain damage following a stroke, head injury or dementia. It will be impossible to cover every eventuality. So be realistic, take advice or speak to a solicitor, have the document witnessed and signed and tell your nearest and dearest (including your family doctor) where a copy is kept.

An *advanced statement* is something a little different. It is not legally binding but may be used to outline your personal desires, values and principles as well as your religious beliefs. This may guide doctors in deciding in your best interest.

There would be much more to talk about but you will find good advice on Patient UK and the Alzheimer's Society websites. So, get going and start thinking about it. And remember: have you made your will?

New Breast screening for cancer - age extension

NHS Oxfordshire has announced this summer that the age criteria for the breast screening programme have been extended.

The Berkshire programme is planning to extend the age range later this year.

Currently, women aged **50-70** are invited for screening at three-yearly intervals. Women aged **over 70** are able to opt in and request screening (see phone number to call below). Now the age range is to be extended to cover women aged **47-73**.

Initially, over the next three years, women aged 47-49 and 71-73 will be selected randomly for screening. This will allow scientific evaluation of the benefit of extending the age range. About half of the women aged 47-49 and half of those aged 71-73 will be invited for screening. The remaining women in these age groups will **not be automatically invited** but they can **opt in** if they wish. Women aged 50-70 will continue to get their screening invitations as normal.

Eventually, all women in the 47-73 age group will be invited for screening.

The number to call for more information, and to **opt in** if you are aged 47-49 or 71-73 and **not** invited, is **01865 235621** (Breast Imaging Centre, Churchill Hospital). For more information see www.cancerscreening.nhs.uk

New ON-LINE APPOINTMENTS

Welcome to the new option of an **On-line Appointment Booking Service**, designed to assist patients with booking appointments whether 'on-the-day' or for 'future' appointments. By using this service you will help to free up the telephone lines so making it easier for those who do not have use of the internet.

Appointments will continue to be released each weekday morning and will be accessible for everyone whether booking by telephone, on-line or in person at the surgery.

- Initially this on-line service will be for **Doctor** appointments only.
- A maximum of **3** pre-bookable appointments up to 6 weeks in advance may be booked on-line.
- Patients will only have access to their own information.

Registration

In order to access the On-line Appointment Booking Service, you will need to register. Each family member must be registered separately even if using the same e-mail address. If you change your e-mail address you must re-register with the service. Patients can de-register from the service at any time.

The practice can disable access to the service for any patient who is deemed to be using the service inappropriately

To register for access to the On-line Appointment Booking Service:

Step 1 - Instruct the practice regarding your intention to use the service. You can do this either via the website, in person or e-mail:

wallingford.practice@gp-k84037.nhs.uk

Step 2 - You will receive an e-mail/document from the practice with the necessary account details and instructions to register.

Step 3 – Follow the instructions to the appropriate link to register (myvisiononline.co.uk), the link can also be found on the practice website; this is the only way you can register and activate your on-line account. You must do this separately for each family member.

When booking appointments

- Please refer to the location chart on the practice website for doctor availability
- Remember to add a brief but accurate and informative message
- Appointments can be cancelled on-line by following the instructions
- **Only use your account for your appointments**
- If you have a [Minor Illness](#) call the surgery and book in with a Nurse Specialist for an on the day appointment

We are all aware of how busy the receptionists are at the beginning of the day when the appointments become available.

*If you have a problem with booking on-line, **please DO NOT ask for help during the morning rush hour** - instead use the telephone call to book in the usual way. Call the practice later in the day for on-line queries/help.*

As a final note: please be patient in receiving your registration details. We have near to 16,000 patients registered which will have an effect on how fast we're able to turn around the registration process. We guarantee we will mail back your details as soon as we possibly can





11 June 2011

The theme: 'Patients Matter'

Patients must be at the centre of healthcare decision making

This year's N.A.P.P. Annual Conference was held at The Grange Hotel in Bracknell on 11 June. 140 delegates from practices ranging from Northumberland to Cornwall attended and Wallingford's PiP was represented by Val Wolsey.

Closing Comments from the Chair - Professor Sir Denis Pereira Gray OBE

Sir Denis said we should aim to create a PPG that is representative of all patients in the practice. This can be created by GPs working with the patient group.

He recommended that patients should be involved in the decision-making of their treatment - this can help to control the disease. Better results are generally achieved where more time is given to patient/GP consultations. Patient-centred consultations result in fewer prescriptions and hospital consultations, so leading to lower costs. Where patients continue to see the same GP for a particular illness, it is also likely to reduce hospital admissions.



Dr Clare Gerada, Chair of Council, Royal College of General Practitioners opened the conference with the theme '**We are all patients**' emphasising that patients are vital in the new commissioning agenda.

She was very keen that Patient Participation Groups (PPGs) should get their GPs involved. Every element of the new contract requires GPs to seek patient opinions and recommendations and they will only get meaningful results if GPs are active members of the group. They cannot expect patients to act in isolation. She suggested that GPs should look to help the Patient Group with funding events and communications.

Recommendations should come from a group, not one or two people! (*Would YOU like to play a more active part in PiP, our PPG? Let us know. See Page 4 Contacts*)

Information should be easy to find, easy to understand, reliable and trustworthy. must be available to all, not just those with Internet and email.

Choice.

Dr Gerada explained that whilst 'choice' may be seen as desirable, it requires there to be excess capacity; if the excess is not taken up it leads to waste of facilities and hence money.

Competition

In order to justify competition, whether internal or involving the private sector, 'value' must be added. Where markets are involved there will always be winners and losers.



His final remark was a very practical suggestion: If you have difficulty getting travel insurance, contact the appropriate charity/organisation associated with your illness and they can often help.

The patient's slogan

No decision about me - without me
No decisions about us - without us

PiP MEMBERSHIP

PiP is affiliated to NAPP, a very active organisation involving Patient Groups across the country. In time and with the support of NAPP, we hope to build up relationships with other Patient Groups across our local area.

We now have **85** PiP members. **Please join us** and lend your voice to our group.

To join: Please refer to the Contact List on the back page of our Newsletters and send an email.

Alternatively go to the practice website, click on 'Practice News', then on 'PiP' where you will find the membership form under Appendix. Download the form and send it to pipwallingford@hotmail.co.uk Paper copies are available at the PiP board in the surgery, and completed forms can be handed in to Reception.

THE PiP MONTHLY DRAW



The monthly draw was one of Charles Harrison's ideas for raising money to fund PiP activities. He particularly wanted to raise sufficient money to buy something for the surgery that would benefit the patients.

With this in mind, we have decided to dedicate this work to Charles and name it **The Harrison Monthly Draw.**

The prize winners to date have been:

April	Gladys Sadler
May	John Tobias
June	Mike Simmons
July	Alan Streets
August	Rhian Williams.

When you read the report from the Chair in this issue, you will understand why the Core Group would like to encourage patients to join The Harrison Monthly Draw and who knows, one day we may be able to realize his wish.

To enter please download an application form from the Practice website (click on Practice News, then on PiP) or collect a form from the box under the PiP Notice Board in the surgery.

Please join in and you may be a lucky winner!

PiP Newsletters

We publish a newsletter every three months. This Autumn issue is particularly large, 8 pages instead of 4, since we have so much going on at the practice.

Normally we have PiP's Postbag but in this issue we have used the space for other material as we hadn't heard from you. Please do let us have your questions/queries so that we can answer any issues that may be causing you concern or about which you would like more information.

PiP OPEN MEETINGS— EVERYONE WELCOME!

"Patients Matter" is the theme of our meeting on 11 October 2011

See Back Page for details

"Spare Parts" is the title of our Christmas meeting when Dr Tony Maisey (retired), who has the reputation for being one of the funniest speakers, will be giving a light-hearted talk about hip replacements and lots more!!

Make a note in your diary ... **Thursday 8 December 7.00 for 7.30 pm**
Details in the Winter Newsletter.