

Porter Brook Medical Centre Newsletter

Summer 2021

Making Caring Visible and Valued



At Porter Brook we are aware that up to one in eight of our patients may be carers. Although caring can be very rewarding it can also adversely affect physical and mental health.

Dr Kirsty Goddard writes:

Awareness of our carers' roles and being able to offer meaningful support at the right stage can help carers to maintain their own health and wellbeing, care better and for longer and help prevent breakdown of the care situation, which can result in emergency hospital admission of the person that they care for.

As a primary health care team, we are ideally placed to support our patients who are carers, but sometimes we may not know. Please help us to help you.

We need to make it clear, in your notes, that we are aware that you have caring responsibilities, or when you are being supported or cared for by a family member. We would hope to always take this into account when supporting you with physical or mental health needs.

Please let your GP know when you next see them if you are a carer.

In this issue of our newsletter we are looking at caring and carers in more depth and providing sources of more information and help.

Who are the carers?

A carer can be anyone – child or adult – who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction, and cannot cope without their support. The care they give is unpaid.

Many carers don't see themselves as carers and it takes them an average of two years to acknowledge their role as a carer. It can be difficult for carers to see their caring role as separate from the relationship they have with the person for whom they care, whether that relationship is as a parent, child, sibling, partner, or a friend.

It's likely that every one of us will have caring responsibilities at some time in our lives with the challenges faced by carers taking many forms. Many carers juggle their caring responsibilities with work, study and other family commitments. Some, in particular younger carers, are not known to be carers. They don't tell relatives, friends or health and care professionals about their responsibilities because of a fear of separation, guilt, pride or other reasons.

This means that the sort of roles and responsibilities that carers have to provide varies widely. They can range from help with everyday tasks such as getting out of bed and personal care such as bathing, to emotional support such as

helping someone cope with the symptoms of a mental illness.

There is an increasing prevalence of 'sandwich carers' (2.4 million in the UK) – those looking after young children at the same time as caring for older parents. It can also be used much more broadly to describe a variety of multiple caring responsibilities for people in different generations.

Unpaid carers who provide high levels of care for sick, or

disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities, with nearly 21 percent of carers providing over 50 hours of care, in poor health compared to nearly 11 percent of the non-carer population. Carers attribute their health risk to a lack of support, with 64 percent citing a lack of practical support.

The 1.2 million carers in the UK spend over 50 hours caring for others, this is equal to a full time workforce larger than the entire NHS.

Carers are estimated to save the UK economy £119 billion a year in care costs, more than the entire NHS budget and equivalent to £18,473 per year for every carer in the UK.

Sheffield Carers Centre

Their services include:

- **Carers Advice Line:** for specialist advice and information on 0114 272 8362
- **Carer Card:** for a range of discounts and offers from local and national businesses. For all carers registered with us or Sheffield Young Carers
- **Carers Café:** currently meeting via Zoom at 10am and 2pm on alternate Fridays
- **Carer's Assessments:** a legal right of all adult carers looking after another adult. It looks at how caring impacts on the carer and what solutions can be found to address these issues.
- **Community Connect:** provides practical information and support for carers from our team of volunteers
- **Carers News!:** a monthly Enewsletter providing carers and professionals with up-to-date information on key topics
- **Carers Support Groups:** Zoom meetings that help carers share experiences and keep in touch with others.
- **Legal Service:** online sessions with a solicitor to offer advice on common legal issues facing carers
- **Plan for Emergencies:** their Carer Card and Carer Advisors can help plan for if, or when, you are unable to care
- **Time for a break:** helps carers get a break from caring to find some quality time

For more information call 0114 278 8942 open 10am to 4pm

The **Community Connect** service was launched in the summer of 2019 to help reduce social isolation by providing an opportunity for carers to speak to one of their team of volunteers.

The first covid lockdown in March 2020 had a considerable impact on carers. This included shielding the person they were caring for, taking on more caring tasks and living with much more pressure, stress and anxiety. In addition many carers were unable to physically meet up with other people which increased their feelings of isolation.

The Carers Centre decided to develop the role of Community Connect volunteers to become more of a 'listening ear' and a 'safe space' for carers to talk to an understanding person about how they were really feeling.

The team was expanded from 5 to 26 volunteers phoning over 100 carers, weekly or fortnightly. The calls usually last about 30 minutes and provide essential practical and emotional support.

There is a genuine mix of experience and backgrounds in the volunteer team. Ages range from early 20s to 80s. Some are students, some are unemployed and some are retired. All are good listeners and good communicators who enjoy sharing their experiences and using their existing skills or developing new skills.



What's it like being a carer?

We spoke to five people in caring roles, and following discussions with them we highlight their key remarks and requests

A is a single man of 59 who is the full-time carer for his house-bound 87-year-old mother, supported by his two full-time working siblings, and local authority drop-in care.

C is a married woman with a full-time often-away working lorry-driver husband, in full-time work as a care worker for disabled children. She provides key support to both her disabled sons: a 35-year-old with Aspergers, married and in full-time manual work, who struggles with paperwork, and confidence; and a 30-year-old with autism and learning disabilities who lives in independent living accommodation. The support worker remit offered by this outfit does not stretch to support with budgeting for utilities or undertaking online shopping. The difficulties faced by the mother and son in this second area have increased greatly during lockdown, with evermore online shopping required. Added to which the carer herself lacks confidence and skills in digital communication.

S is a married man in his sixties who is still working full-time as a secondary school teacher, (with a full-time working wife and adult no-longer-fully-dependant son). This carer provides back-up support to his 73-year-old retired brother who is the full-time carer for their 99-year-old

mum. She now has dementia and increasing incontinence problems, loss of sight and hearing, although she can still get up and down stairs. This secondary carer lives an hour's drive away but tries to get over to help after work 3 times a week and on both weekend days.

J is a woman in her fifties. She has a full-time job at the university and is the family breadwinner. She lives with her husband who was made redundant and is becoming increasingly depressed. Her teenage son is spending more and more time online. She is increasingly worried about both of them. She also looks after her elderly mother who lives about twenty minutes away. She has installed cameras so that she can keep an eye on her mum during the day, and also pops in after work to make her a meal and settle her for the night. She is feeling increasingly tired and stressed but doesn't see herself as a 'real' carer as she goes out to work.

E is 16. Her mother has episodes of depression when she drinks too much and doesn't get out of bed, sometimes for days. E takes care of her 7 year old brother when this happens – she shops, cooks, does the laundry and makes sure he gets to school. She is terrified that if anyone finds out they might get 'put into care', so her brother is sworn to secrecy. But they can't go on like this for long.

...and this is what they said

Could we please have...

- Advice on benefits and other forms of financial assistance.
- Better ways to find out about local support groups, counselling or therapies for everyone but particularly those carers facing the most intense stress.
- More respite care and other forms of relaxation or recreation which could lend themselves to 'recharging' the batteries. Also how we can get it!
- Specialist training, such as First Aid which can be self-evidently important with certain conditions like epilepsy.
- Advice, training and equipment to carry out basic sight and hearing checks. Loss of these faculties is a key factor in increasing loneliness and then low-mood/ depression among the elderly.
- Information about incontinence in the elderly and access incontinence pads. (This was especially an issue for the sons looking after elderly mothers).
- Help with applying to social services for help and support.
- Information about transportation by volunteer groups, or taxi firms offering specialist vehicles, for those who cannot drive.
- Posters and information at the GP's surgery telling us what they can do to help us.
- Be given a basic knowledge of pharmaceutical drugs and the

potential side effects they should look out for of the drugs that are prescribed to those they care for..

- Access to and provision of alternative medical therapies, such as aromatherapy or acupuncture.

Every carer is different, and the young carers, particularly, asked for:

- Information about the illness or issues affecting their family.
- A chance to ask questions.
- Someone to talk to who they can trust.
- Information about what to do in a crisis.
- Practical help and training.
- To know that their situation is not uncommon.
- To have a break and the chance to be children/young people.
- To know that their role is understood and valued.
- Support and understanding at school.



Sheffield Young Carers

Young carers are children or young people who provide care for one or more family members who have disabilities, long-term physical illnesses, mental health difficulties or who misuse drugs or alcohol. They may be taking on physical, personal, financial and/or emotional care.

Looking after loved ones can be rewarding. It can build confidence, develop empathy and life skills. However, it can also be relentless, exhausting, tiring, worrying and lonely, especially for young people. Life can be hard. Being a carer juggling caring responsibilities with schoolwork can affect a young person in many ways – including social isolation, bullying, difficulties with school attendance and achievement, and physical and mental ill health themselves.

It is estimated that every GP in Sheffield may have up to 20 young carers amongst their patients. Many of these remain hidden because they don't see themselves as carers – having done it all their lives – or because they feel worried or frightened to ask for help.

Young carers often say that if their GP asked how the caring affects them, this would make a big difference.

Early identification is vital to reduce negative impacts on young carers and improve outcomes for them and their families. The key to identifying young carers is raising awareness and being proactive, to give children and young people the chance to recognise their caring and to feel safe enough to talk to someone about what is happening at home.

Sheffield Young Carers is a specialist local charity raising awareness of and providing support to children and young people from Sheffield, who care for a member (or members) of their family.

The young carers' website has lots of information on help and support available to both the young people and their families.

www.sheffieldyoungcarers.org.uk

And don't forget if you are a carer or being cared for by a family member, do let your GP know so that they can give you the additional help you might need.



Carers Week 7– 13 June 2021

Making Caring Visible and Valued



Carers and their friends and family, partner organisations and local businesses all need to come together to recognise and celebrate carers.

As a community it is important that we help identify carers so that they can access information and help and be acknowledged and supported. Three in five of us will become a carer at some point in our lives. It can happen at any time and to anyone, and can have a huge impact on a person's life.



Do You Care?

1 in 4 people in Sheffield are unpaid carers. We can make it easier

www.doyoucare.co.uk

Clinical room refurbishment

Tracey Butler is the assistant Practice Manager and here she shares her experience of the work that has gone on to modernise and bring the surgery up to the new standards.

As the years have flown by, the clinical rooms at Porter Brook were beginning to look a bit tired. We needed to think about a refreshes for our beloved building – a place most of us have been seeing more than our own four walls during the recent pandemic.

A top-to-toe facelift was in order, since the old place last had a lick of paint new requirements had been introduced and so it was out with the old flooring tiles and in with clinical grade flooring. 'Toodle pip' to the sink units and 'hello beautiful' to the latest in sanitary wear with non-splash features and easy clean surrounds the likes of Mrs Hinch would swoon over.

Of course this was going to be no easy feat. The flooring was going to take five days to lay not to mention the old one coming up and the furniture coming out. I resigned myself to the fact that several working weekends would be required in order for us to continue working in the surgery during the week.

And so it was I began my first Saturday as a labourer, assisting (I like to think anyway) our wonderful tradespersons in moving furniture out of clinical rooms and into the waiting room, dismantling desks and under sink units, making many cups of tea and chasing dust bunnies (and more!) with a pan and brush. In the midst of this the flooring team arrived, who

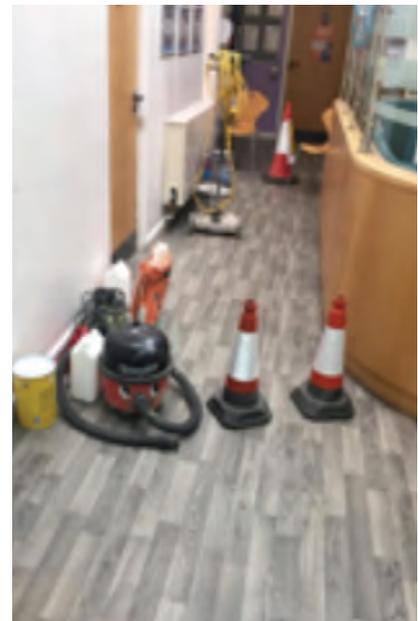
worked tirelessly to get the floors prepped and the specialist flooring down and sealed.

Sparkling new flooring fitted it was the turn of the old sinks

and new ones to go in. Taking on average a day to fit four sinks, with 13 to be fitted in all, this was a job we had to work around during the surgeries opening hours but which with the efficiency of our tradesperson worked out really well.

Once the old furniture was back in the rooms, it did distract somewhat from the pristine new surroundings but like all good transformations, like the caterpillar to the butterfly, good things come to those who wait.

With the decorating done and new furniture in, I can glance around and smile at what we have achieved so far with a lot of sweat, no blood, no tears but with well over 100 cups of Yorkshire tea!



Why your doctor may not prescribe your usual medicine

The Sheffield **Clinical Commissioning Group** (CCG) is responsible for buying health services on behalf of the people of Sheffield, including medicines provided on prescription.

The CCG has to make sure that they get the best value for money for the NHS and that patients get the most effective care and treatment.

Sheffield currently spends over £3 million a year on medicines that are widely available to buy over-the-counter without a prescription and a further £300,000 on expensive branded medicines where a non-branded product would have been available at a much lower cost.



Unless there is a specific clinical reason not to, the CCG is asking GPs to prescribe generic medicines rather than the more expensive branded products. This is because they both have the same clinical effect for patients but branded medicines can be up to 56 times more expensive

The best way to manage many minor illnesses such as coughs, colds, fever, aches and pains is treating the symptoms yourself as quickly as possible. Medicines for these conditions are widely available at low cost in pharmacies and supermarkets but are much more expensive when provided on an NHS prescription. Your local pharmacist can give you advice on lots of minor conditions and what the best treatment is.

Practice news

Prescriptions – these are mostly sent off electronically so you can collect these directly from your local pharmacy.

Medication deliveries – some pharmacies now charge for deliveries. For patients not able to pay for a delivery service there are on-line postal services. Most local independent pharmacies still offer free deliveries. For patients shielding due to covid the council volunteers can help with medication collections.

Samples and specimens – these should be left in the sample box inside the main door of the surgery. Please make

sure you have clearly labelled the sample container.

Letters and information can be left in the post box outside of the main doors.

Registering – Patients can register online at www.porterbrookmedicalcentre.co.uk

Contact Details

Telephone: 0114 263 6100

Repeat Prescriptions: 0114 372 3000

Out of Hours: 0114 263 6100

Web: porterbrookmedicalcentre.co.uk

Network Covid Vaccine Centre at Porter Brook Medical Centre

Since the 6 January 2021 we have given 14,500 vaccinations

– that's 7,290 first vaccines and 7,131 second vaccines.

Just under of these 5,000 were Porter Brook patients.

We have also successfully managed to vaccinate all our care and nursing home patients and staff, homeless, homeless charity staff, hostels, housebound patients and our staff and volunteers.

And this is how we did it...

In mid December we were given the go ahead to set up the Covid Vaccine Centre and the first challenge was to transform the former disused Dental Practice into a clinical area compliant with all the usual regulations you would expect of a GP Practice.

Staff and tradesmen did a tremendous job turning a disused area into a clinical area in less than two weeks. Some Porter Brook staff even gave up their annual leave over Christmas and New Year holiday to make sure the building was ready to start receiving its first patients on the 6th January 2021.

Whilst the building was being transformed, the back office staff at each practice were busy identifying and contacting patients who needed to be invited first in accordance with the government's priority list.

This was an enormous undertaking, more than anything that had ever been done before. There were some technical difficulties with the computer system initially, but these were ironed out over the following weeks as we implemented a booking system which enabled patients to book their appointment directly.

Organising the clinical and non clinical workforce was another enormous challenge. Staff had to complete all the necessary training to give the covid vaccine. Rotas had to be drawn up to provide a workforce of vaccinators, pharmacist, lead clinician, supervising manager, internal marshalls, health care assistants and external marshalls directing traffic and patients for each and every clinic session.

Clinics run from 8.30 am until 6 pm three to four days a week once the vaccine is delivered. Business Managers, Practice Managers and Assistant Practice Managers, IT manager and back office staff work constantly behind the scenes, on top of their 'day job', to make sure the clinics are full and no vaccines are wasted. They also organise the wonderful hardworking team of volunteers.

The clinics are now supported with by helpful volunteers from Shipshape and Blend Kitchen working as marshalls. Sheffield City Council have also provided stewards directing patients to the clinic and where to park. The surrounding businesses have also played their part with Shorts Accountants, Investec and Nuffield generously giving up parking

spaces for patient's on vaccine clinic days

We would like to say a **huge** thank you everyone involved for the support and role they continue to play in delivering the covid vaccine, working tirelessly, working through wind, rain sleet, hail and snow and even sunshine going the extra mile every day!

Dr Julie Endacott

(Clinical Director for City Network)

Pippa Fitzsimmons

(Practice Manager)

Here's how you can help do your bit...

Please respond once you receive your text invite and book in as soon as possible, and then please keep your appointment.

If you have had your first vaccine but are still waiting for your second one and its over 11 weeks please get in touch with the surgery.

Welcome



Alex Worthington

Alex joined the practice in April, as a part time salaried GP working a full day on Wednesday and a session on Thursday and Friday. Alex has a special area of interest in musculoskeletal, sports and exercise medicine.



Steve Moore

Steve recently joined the practice as a full time salaried GP working Monday, Tuesday, Thursday and Friday. His special areas of interest include musculoskeletal problems, sports and exercise medicine.

Two new pharmacy technicians are due to start soon:

Helen Thompson in June and **Anicka Khadam** in July.

Both will be working full time Monday to Friday. They will be joining the practice pharmacist Belinda Pickett to develop a pharmacy team.

More details and pictures in the next issue.

Goodbye



In 1990 Dr Nikki Bates joined Dr Robertson and partners working at Wostenholm Road.

31 years later, she is retiring from the same practice although both the name and location have changed. She writes:

Back in 1990 I was given the tiniest consulting room, which would not have met any current standards and worked on a pine kitchen table! No computers and no room for more than two chairs and a rickety examination couch. This was my home for eight years until we built Porter Brook.

Working in the same practice for over 30 years has enabled long standing relationships with patients and their families and I will miss this aspect of my job.

I have loved working with the students over the years from Sheffield Polytechnic days, now Sheffield Hallam University. Young people, starting out to become independent on their life's journey are an important group to support, and we as a practice have specialised in this area of

young people's medicine. We have worked with other practices across the UK as part of the Student Health Association to offer the best care to this group of our patients.

We were one of the first practices in Sheffield to offer appointments with independent nurse practitioners and I am proud that as a practice we have continued to grow and embrace new ways of working. Our clinical team is quite different from the team we had in the 1990's. Training has developed in the practice over the years. I started training medical students in the early 90's and now the practice trains GP's, nurses, health care assistants, managers and apprentices. It is fantastic to watch our staff develop and take on new skills.

Outside the practice I have been an elected member of the governing body of Sheffield Clinical Commissioning Group for several years and a partner Governor at Sheffield Children's Hospital. I will miss being part of these organisations who provide and commission care for the whole of Sheffield.

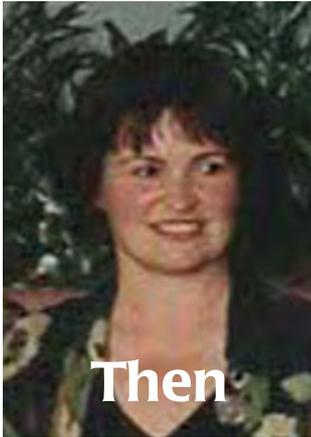
Being a GP is a job I have loved and I am looking forward to the next stage of my life.

If you are a patient of Dr Bates or Dr Russell, don't worry – you will still be a patient of the Porter Brook Medical Centre and under the care of all the staff there.

Sara left at the beginning of June and leaves Nikki at the end.

We wish them both all the best for the future.

Goodbye



Then



Now

Dr Sara Russell joined the Wostenholm Road surgery as a partner in 1996 after a brief period as a locum.

She had previously been a partner in Rotherham for four years.

She writes:

Shortly after joining we designed, built and then moved into the Porter Brook Medical Centre. It's been an extraordinary journey watching the practice grow and develop since then.

At the heart of its success is a kind, caring, dedicated (and ever expanding) team of staff who aim to provide the best possible service. The culture has been proactive, embracing change for good of patients and local community.

The student service has also expanded enormously over that time with improved premises and access, and bespoke services being adapted to the specific needs and concerns of students.

We've been fortunate to have great leadership – from managers, clinicians and staff who are recognised across Sheffield and have been able to

participate and influence in a wider arena. Training the next generation of clinicians means we have been able to share this good practice and select to continue with the same ethos.

The impact of the Covid-19 pandemic over the past year has been very challenging for so many reasons. Our workload has been significantly transformed; with the challenge of how we are able to provide services, while feeling distanced from patients, staff and teams, as well as coping with bereavement, loss, illness and anxiety. I am sure that all of us have found it difficult.

Despite all that, it feels we have successfully risen to the challenge. With great teamwork and camaraderie staff have worked hard at staying safe, protecting colleagues and patients and strived to continue to provide a safe and effective service for patients. All this has happened alongside developing and managing a vaccination site.

I feel very proud and fortunate to have worked with such amazing and dedicated friends and colleagues. I want to acknowledge and thank them all.

I have loved being a GP and have valued the variety of the work and patient contacts it has provided. Continuity of care is the joy and essence of good general practice and I've enjoyed developing long term relationships with patients and families. I feel privileged to have been placed in this position of trust often seeing people at their most vulnerable. I will miss all of this.

However, I am looking forward to starting the next chapter of my life.



Wandering down memory lane...

Look what we found! A picture of Nikki when she started in 1991.

Front row: Dr Jo Buchanan, Dr Forbes Robertson, June, receptionist who was retiring, Dr Tony Jones, Dr Nikki Bates

Back row: Anita receptionist, Maxine practice manager, Jane admin, Carole receptionist, Carol receptionist, Pam housekeeper, Gill practice nurse.

Why don't you join the **Patient and Practice Participation Group**?

The group exists to help the practice communicate with its patients. As a member of this group you can get involved in initiatives to further these ends – such as working on this newsletter.

For more information contact Jenny Bristow at dysonb@blueyonder.co.uk where you can also leave feedback and ideas of what you would like to see in the future.