

## April 2016 – Surgery Newsletter



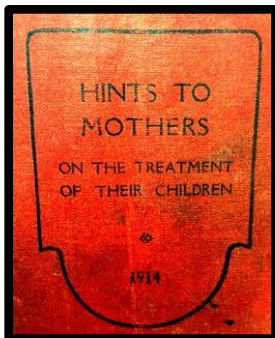
I'm writing this on the morning that we've received our notice of a Care Quality Commission (CQC) inspection on March 23<sup>rd</sup> and as you can imagine, my brain is working overtime at the moment thinking about all the things I need to do! By the time you read this however, it'll all be over and I'm sure that we will have made a good impression on them.

**IMPORTANT:** I need to remind patients that we do not offer a 'walk in' service here at Great Bentley Surgery. Unfortunately we are getting more and more patients turn up in person wanting to see a doctor which is causing them to wait for long periods in the waiting room when they're ill and impacts adversely on other patients. We will always see patients when there is a clinical need for an on the day urgent appointment, but patients **MUST** telephone us first. When an urgent appointment is requested, patients will get a call back from the on call doctor who will assess them over the phone, If they agree on the need to be seen that day, they will book the next available urgent appointment. Call backs are usually made between 20 to 30 minutes and any resulting appointment is usually booked for within two hours of that call.

This month's meeting of the Great Bentley Surgery **Patient Participation Group** will be meeting on **Thursday 21<sup>st</sup> April 2016 at 6.30pm** at the Great Bentley Village Hall

**Richard Miller (Practice Manager)**

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This part of our newsletter publishes suggestions from this 102 year old book called "**Hints to Mothers**" on the health and wellbeing of children prior to the NHS existing. We hope you find this interesting and in many instances still useful even today. **Please bear in mind this was written a long time ago!**

**Broken Limbs** – *If the child has his leg or arm broken do not attempt to undress him. Send for the doctor at once, and until his arrival let the child lie on his back, either on a hard mattress or on the floor, and cover him over with a couple of blankets. If it is absolutely necessary that he should be moved, let one person carry him, and another take charge of the broken limb, holding it in such a manner, that it is not in the least jarred. Remember that the medical man is the only person who can be of any real service in such cases. Do not attempt to manipulate or bandage the broken limb in any way yourself. – Of course these days we have 999, ambulances and hospitals!*

**Bronchitis** – *is one of the most common diseases of children. When the malady is approaching, the child suffers with a heavy cold and is very fretful. The cold becomes more confirmed, he has a loud, hard, dry cough, while his breathing is hurried, oppressed and wheezy, and the malady is worse during the night. Keep the child in one room which should be well warmed – over 65F; and if it is a severe case, keep him in bed, and have a bronchitis kettle always boiling, so to moisten the atmosphere. A teaspoon of ipecacuanha wine, mixed with a little sugar and water, should be administered every four hours. Give the child a warm bath at night, and, in a stubborn case, put linseed and mustard poultice on his chest. Do not physic the child with paregorics, which are apt to stop the cough without curing the disease. The cough being the best means of relieving the chest of the phlegm, should not be prevented. – There are many unusual words by today's standards here which like us, you may want to look up the meaning of!*