

Balmoral Surgery Newsletter



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Balmoral Surgery is "Outstanding"

The practice was inspected by CQC on 22nd December 2015. We have now received the report;

- Are the services safe? Good
- Are the services effective? Good
- Are the services caring? Good
- Are services responsive to people's needs? Outstanding
- Are services well-led? Outstanding

This gives us an overall rating of **Outstanding**. Outstanding rating has been awarded to only approximately 3% of Practices nationally so we are extremely proud of our achievement. We would like to thank our Patient Forum for their help and support, as our rating took into account their activities.

Partnership Changes

- As many of you know, Dr Sharvill will be retiring at the end of May. We have recruited two doctors to replace Dr Sharvill. Dr Revi Jassal will be one of the new partners; he is currently a Registrar at Balmoral and will be starting as a partner in August. We have also recruited Dr Paula Newens who completed her training in April and has moved to us from a surgery in Whitstable. Dr Newens starts with us on 1.6.16.
- We suggest that patients of Dr Sharvill should migrate to one of the two new doctors, as the existing doctors are already working to capacity, although our patients do have the choice to book an appointment with any of the doctors here.

Medicines which are available for purchase over the counter

An increasing range of medicines is available for purchase and it is expected that patients will purchase such medicines after seeking appropriate advice from a community pharmacist. This is particularly the case in self-limiting illness such as those described below;

- Treatment of acute pain, e.g. back pain, general sports aches
 - Migraine and other types of headache
 - Hay fever
 - Smoking Cessation
 - Eye infections
 - Malaria prophylaxis
- Acute dry skin conditions for body and scalp
 - Management of coughs and colds
 - Constipation and /or diarrhoea
- Treating minor abrasions or irritated skin
 - Occurrences of head-lice infestation
 - Indigestion
 - Treatment of oral or vaginal thrush

If patients are experiencing one of these illnesses, they are advised to visit their local pharmacist for advice.

Workload and Resources

Over the last 5 to 10 years, the number of times the “average” person comes to see their GP has more than doubled.

As the population gets older and lives longer, the number of chronic illnesses that they have increases, along with the corresponding checks and monitoring that is required.

The number of prescriptions that the practice is issuing has also increased drastically and all of these prescriptions need to be checked by a GP.

The number of GPs available has fallen, and continues to fall, the number of Practice Nurses likewise.

As a result, at times, we find it hard to keep up so we apologise if you can't easily get an appointment and if other things take time, but we are trying our best within a limited resource setting.

Junior Doctors and the state of the NHS finances and staffing

Written by Dr John Sharvill

This may be a bit of a grim read and is not party political as it seems, in my opinion no political party in the 40 years that I have worked in the NHS has been able to tell the truth, the whole truth and nothing but the truth.

As I write this, the Junior Doctor dispute sadly continues. It appears to most doctors that the media on the whole is pro government on this and strangely omits some non-debatable facts, such as the implementation for the changes to 7 day working will cost £1 billion according to a study commissioned and paid for by NHS England. Plainly there is not a spare £1 billion within our current economic plan, so the decision seems to be do for nothing.

The complexity of the Junior Doctor's working life is hard to explain if not within it, but for most it is a collection of days, long days, nights and weekends which averaged out over 6 months equates to a working week of approximately 60 hours per week, but with some weeks much longer and only a very short break after nights before going back to start again.

The whole thing is made incomprehensively worse by the fact that many rotas in busy specialties have unfilled posts, so the doctors have to work more than "their" own rota to cover patients.

It is sad that the dispute has got so bitter as whilst there was a manifesto promising a 7 day NHS (this has existed already for the whole of my career), there were also other manifesto promises such as no NHS reorganisation and we also had the disaster of the Health and Social Care Bill.

The bigger picture in my view is the myth of £20 billion of new NHS money talked from the governments. Health cost inflation everywhere runs about 5%. All the local trusts appear to be underfunded for the work they do and as such are in deficit. Neither NHS nor any other health system can do everything for everybody but our political leaders never will say that or use the word rationing.

What is not disputed is that the proportion of the total GNP spent on the NHS is lower than most Western countries and is declining for the next 4 years. Even more upsetting for us here in Deal is the proportion of the declining total which is spent on primary care (where 90% of patients are seen) is declining even more.

This may be my final contribution to the Practice Newsletter and I am, sad to write the above home truths but the NHS is in a real financial crisis. We have lots of new buildings like the 3 Deal group practices and some fantastic hospital services like acute stroke and acute cardiology but other bits are struggling to keep going. There is now a local NHS support group contactable via their coordinator Rosie Rechter on dealwithtoday@yahoo.co.uk

In the 40 years since I started as a Medical Student, I have seen the political myths from all parties. What is great about the NHS and Balmoral though is that for 99% of the time, everybody, patients and staff tried their hardest to make it work for everyone and I am proud to have worked here and in the NHS and thank our team here for their support and our patients for trusting us with their health care.

You have been referred to see a Specialist

This article provides guidance on what to expect when you are referred by your GP to see a Specialist (or therapist). Please read this information carefully— it may save you an unnecessary trip to the surgery by talking this process through with your specialist.

Tests & Investigations

All tests and investigations required by the specialists must be ordered by them and the appointments sent to you. If the specialist requires blood tests he/she should give you a request form which you can take to whoever normally provides blood tests in your area. The specialist is responsible for acting upon the results of any test he/she requests and for informing you of the results. If you haven't heard from the specialist about a test result please ring his or her secretary at the hospital. Unfortunately your surgery may not know the result and will not know what the specialist intended to do with the information.

Requesting medication

If the doctor in outpatients advises that you need a new medication in theory that should be prescribed for you by that doctor there and then and we will be written to. On receipt of that letter we will ordinarily add medications to your repeat medication list but we will not issue it unless, and until, requested as otherwise a huge amount of waste may occur. Similarly if you have been in hospital and discharged on medication we will update your records but the hospital should give you enough medication for 2 weeks. It is essential if you are not clear what you should or should not be taking you clarify that with the person advising you at the time or with your pharmacist or your GP.

Blood test monitoring

More and more people are now being discharged from the hospital with a letter saying things like GP to repeat the blood test in say 2 weeks or 3 months. Please can you make sure that either the hospital doctor gives you the form for the blood test or that you request it from the surgery and keep on requesting for as long as blood tests are needed. For quite a lot of medicines monitoring is needed regularly for the whole time you are on these, this list includes most blood pressure and diabetic medication, medication to thin your blood and most heart medication. If you are not clear if testing is needed please ask your pharmacist or doctor and request the blood test form from the surgery and then about 1 week after the test, phone up to check tests are normal.

Sick notes and fit notes

If you have been in hospital, the hospital should give you as sick note. As things improve you may then get a 'fit note' which means you may not be fit to do your normal job for the full hours but you may be able to return to work in a different role or for fewer hours. It is the employers responsibility to sort this and if not available a fit note counts as a sick note. Legally a fit note is more to do with statutory sick pay than ability to work, and it is possible to return to work as soon as you are well even if the note is for longer. There is no longer a 'fit for work certificate as there was 'in the old days' If requesting a follow on sick note from the surgery and the doctor who knows you is not available, you may be issued one just for a few days or a week until that doctor is back.

Follow Up Appointments

If you need to be seen again the hospital will provide you with another appointment. Please ask the specialist's secretary if it does not arrive in a timely way.

In summary, the specialists are responsible for:

- Looking after all your tests
- Providing prescriptions when needed
- Issuing a sick note if required
- Providing you with a follow up appointment if necessary

Dr Eastbrook's Lifestyle Approach to the Menopause

Here are some simple lifestyle ideas to help control menopause symptoms.

FOOD

Avoid spicy food. Hot flushes are caused by the body's thermoregulation centre resetting at a lower level during the menopause. Spicy foods that make anyone sweat will have an even greater effect at this time.

Ensure you eat your "5 a day" of fruit and vegetables. Roughage and fibre in fresh fruit and vegetables helps keep your stool soft and helps to avoid constipation. Straining a stool during constipation will weaken your pelvic floor and encourage stress incontinence. Drinking plenty of water will also help to keep stools softer and easier to pass.

Lose weight. Muscle and joint aches and pains are commonly reported. Weight loss will help this. It will also elevate self-esteem and reduce cardiovascular risk.

CLOTHING

Wear natural fibre clothing. Natural fibres such as cotton allow better transpiration of fluid and allow the body to cool itself more easily and readily.

Layering. Layer clothes so that you can readily peel off a layer when you start to feel hot or a flush generating.

EXERCISE

Weight-bearing exercise. This includes walking, jogging or running but not swimming or cycling. Putting weight through the long bones of your body helps to keep them strong and prevent osteoporosis which is common after the menopause.

Any Exercise. The benefits of regular exercise are enormous. Aim for at least 2 hours a week in at least 30 minute bursts. Your heart rate should be elevated and you should be slightly breathless. This does include brisk walking, you don't have to join a gym! Exercise helps improve your cardiovascular health which deteriorates after the menopause and also releases endorphins in your brain. These are natural "feel good factors" which elevate self-esteem. They also help reduce hot flushes.

FLUID BALANCE

Drink more water. Aim to drink at least 1.5L a day. It is normal to lose 500mls naturally through normal body metabolism, but you lose much more during the menopause. Concentrated urine irritates the bladder. So drinking more creates less concentrated urine and reduces both stress and urge incontinence and reduces irritable bladder.

Reduce caffeine. Caffeine is a bladder irritant. Try and aim for a maximum of 3 cups of tea or coffee a day. Tea is also a diuretic due to tannin. It can aggravate incontinence.

SMOKING and ALCOHOL

Stop smoking. Smoking after the menopause adds to the increased cardiovascular risk. It also increases hot flushes.

Reduce alcohol. Drinking increases a hormone in the blood called "sex hormone binding globulin". This does as it says and mops up circulating oestrogen. At the time of the menopause when oestrogens levels drop, this protein needs to be low so that oestrogen can be free to help limit the symptoms of the menopause.

DESTRESSING

Work life balance. Working whilst experiencing menopausal symptoms can be a struggle. Often mood is lower, sleep has been lost and joints may ache. Take time to ensure that you have some down time

Relax. Relaxation techniques are very helpful to raise self-esteem and elevate mood. There are many apps you can download to help. Consider Yoga, pilates, Alexander technique or counselling.

Sleep hygiene. Sleep is often disturbed during the menopause and chronic sleep deprivation could be the cause of low self-esteem, joint pains and headaches. Take time to relax before trying to sleep. Avoid caffeine after 6 pm. Set a standard bed time and switch off all phone, tablets and devices a good hour before bed. A hot milky drink before bed may be more than just an "old wives tale".

Practice News

Staff Training

Please note that Balmoral Surgery is closed from 12.30pm once a month to allow the doctors and staff to have protected learning time. These sessions are arranged by the South Kent Coast Clinical Commissioning Group and offer the opportunity for the Surgery Teams in our locality to get together for training purposes.

The dates of the next planned closures are as follows; 19/5/16, 16/6/16, 22/6/16, 21/7/16, 15/9/16 & 20/10/16

Tell us what you think

If patients wish to have a say about the services provided by Balmoral Surgery and decisions being made by the local commissioning group, they are invited to attend our patient forum group. Patient forum groups have a very important role to play in the future of the NHS, and we welcome new members to the group. The group meets three times a year, if you are interested in joining this group please contact Becky.

Our next meeting will be held at the surgery on **7th June 2016 @ 6pm**

If you would like to look at minutes from our previous meeting, please visit our website (www.balmoralsurgery.com) and follow the link to the patient forum page.

Review our services on
NHS Choices
www.nhs.uk
Contact us via the website
www.balmoralsurgery.com

Vision Online Services

Vision Online Services has moved to a new website

www.patient-services.co.uk. However, if you go the old website you will be redirected to the new website.

Balmoral Surgery will soon be offering patients access to their medical record online. We are unable to do this until our system supplier provides us with this functionality, but we anticipate that this will happen by the end of May. We are not able to automatically turn on this function for all patients as your record must be reviewed by a GP before access is given. If you would like access to your medical record online when the functionality is available, please contact the surgery and speak to a receptionist. Please note, that access to your medical record online cannot be granted unless you have been into the surgery and shown a receptionist one form of photo ID and one form of identification which contains your home address.

As a result of forthcoming changes to the system the practice no longer allows shared email addresses. If you share an email address with someone who is also registered for Vision Online Services, you will have received an email asking for one of the users to change their email. Please ensure that this is done as soon as possible. If this is not done within 6 weeks any accounts which use a shared email address will be disabled. This decision has been made to protect patient confidentiality.

We have also made the decision to disable all accounts for children under 16 years of age, unless the child has registered using their own email account. Our system supplier is currently creating a new type of access for children which is called "proxy access" and this will allow parents to book appointments online and order repeat medication for their child, but it will not allow access to the patient's full medical record. In the meantime, the practice has decided that parents can book appointments for children online in their own name. However, we ask that when you come in for your appointment you go to the reception desk and ask for the appointment to be changed so that it is recorded under your child's name.

Check your Heart's Performance!

The Practice now has a machine in the waiting room which patients can use to check their heart's performance. Patients can use the machine any time that the surgery is open, however patients who already have a diagnosis of Atrial Fibrillation should not use this machine. Patients need to place their hands on the machine for 30 seconds. After you have done this, you may be asked some questions about your current health and finally you will receive a message telling you that either your reading is normal, or that some further testing may be required. If the machine detects that some further testing may be required, an email will be sent to your GP with the reading that was taken on the machine. Once the GP has looked at this reading, they will be in contact if any further investigations are required.

Did you know?

- Test results are only available after 2pm. If you ring after this time, there is an option on the welcome message specifically for test results
- If you would like to self-refer to physiotherapy or podiatry you can do this by filling in a form at the reception desk. The forms are located on the left hand side of the reception desk and you do not need to queue to complete one of these forms.

Deal “Hub”

For the last year, Deal Practices have been working together on a number of projects as Deal Collaborative. The aim of the collaborative is to work together on projects which will benefit all of the patients in the town, rather than the surgery working individually on projects and potentially duplicating work.

Deal Collaborative are working with SECAMB and have access to a Paramedic Practitioner who is helping GPs with home visits. Home visit requests still go to individual practices, where a GP will triage the call and decide if a visit is needed. A GP will then decide who the most appropriate health professional is to do that visit, either a GP or a Paramedic Practitioner. Feedback from this project has been positive. This project is providing desperately needed support to General Practice, and it is also a forum for learning as both GPs and Paramedic Practitioners are learning from one another.

Deal Collaborative have also been working with the local District Nurses to improve this service. District Nurses are now aligned to a particular surgery to try and provide patients with more continuity and improve communication between the nursing team and the Practice. Each District Nursing team now visits their local surgery for their daily handover. This means that GPs and Practice Nurses are able to meet with the District Nurses daily to discuss patients and treatment plans.

Through the Collaborative, training has been given to local care homes. Part of the training focused on staff taking baseline observations for all clients in their care. The aim of this was for staff to be able to provide GPs with a patient's baseline observations, e.g. blood pressure, if they contact the surgery to request a visit because they feel that is a patient is unwell. These baseline assessments will help enable the GP to ascertain if the patient is indeed unwell, or whether the observations are normal for that patient, in which case it may not be clinically necessary for a GP to visit the patient.

Moving forward, Deal Collaborative will become Deal Hub and the Clinical Lead for the Hub will be a GP Partner from The Cedars Surgery called Dr Andy Blease. Further updates about Deal Hub projects will be provided in subsequent newsletters.

Spring Recipe – Chicken and Asparagus Stir-Fry

Serves 4 at 240 calories per portion.

Please note that this recipe contain nuts



2 tablespoons oil, 1 clove garlic crushed, 10cm piece of fresh ginger peeled and thinly sliced, 3 chicken breast fillets sliced, 4 spring onions sliced, 200g fresh asparagus spears cut into short lengths, 2 tablespoons soy sauce, 1/3 cup slivered almonds

1. Heat a wok over high heat, add the oil and swirl to coat the side. Add the garlic, ginger and chicken and stir-fry for 1-2 mins, or until the chicken changes colour. 2. Add the spring onion and asparagus and stir-fry for a further 2 minutes, on until the spring onion is soft. 3. Stir in the soy sauce and $\frac{1}{4}$ (60ml/2 fl oz) water, cover and simmer for 2 minutes or until the chicken is tender and the vegetables and slightly crispy. Sprinkle with the almonds and serve immediately