

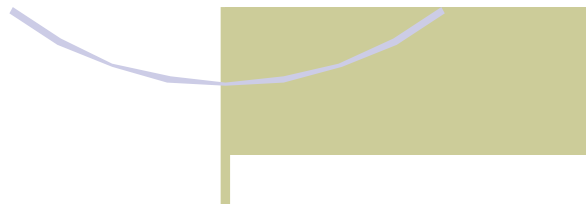


# BARGOOSE

**Dr Simon P Hughes and Partners  
Patient Participation Group**

**No 43 Winter 2015-16**

**Newsletter No 43 Winter 2015-16**



**“OBESITY IS THE NEW SMOKING.....”**

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**“Obesity is the new smoking” said Simon Stevens, Chief Executive of NHS England “...in terms of avoidable illness and rising healthcare costs”**

According to Public Health England, two thirds of adults and a quarter of children between two and 10 years old are overweight or obese. Obese children are likely to become overweight adults and to suffer premature ill health as a result. Obesity increases the risk of a number of health problems, including heart disease, diabetes, cancers, depression and anxiety. Severely obese people are three times more likely to require social care than those of normal weight.

The cost to the NHS, which includes medication, surgery and new equipment to accommodate larger people, vastly exceeds the cost of either smoking or alcohol problems. There are additional social care costs for extra hours of help.

There are many factors which can contribute towards obesity. The obvious ones are lack of exercise and excessive food intake. But there are many others - social, type of work, living environment, psychological and genetic. There are many initiatives by employers and others which encourage people to volunteer for weight reduction programmes. NHS, local authorities and general practice are active in this area. None of us like to admit that we are a bit overweight. But we will come back to it in future Newsletters.

## FALLS - how to cope with a winter menace

### ***Reducing the risk of falls***

A fall can have consequences for an older person ranging from a temporary loss of independence to more serious injuries such as hip fractures and sadly enough even death. Fortunately there are some measures which you can take to minimise the risk of falling.

#### ***Slippery surfaces due to Ice & Snow:***

- Make sure that the path to your door is clear of snow and free of any clutter.
- If the path is icy, melt down the ice by sprinkling salt over the slippery area or cover the ice with something gritty or non-slippery. Remember, the thicker the ice, the longer it takes to melt. Try to sprinkle salt as soon as possible especially in areas you know are prone to being icy.
- Give extra time to get where you need to go in winter weather. Taking your time reduces the risk of falling, especially if you use a walking device.
- Dress for the cold weather! If you do happen to fall, it is important to stay as warm as possible while you wait for help to arrive.

#### ***Checking your home environment***

- Make sure that you have good lighting, particularly on the stairs.
- Keep a nightlight on or a torch by the bed, in case you need to get up in the night.
- Make sure that your stairs and steps are free of clutter.
- Handrails on both sides of your stairs make them safer to climb.
- Put a non-slip mat in the bath and get a handrail fitted
- Put non-slip mats under rugs
- Avoid tasks such as cleaning windows or changing a light bulb if they make you feel dizzy or light-headed.
- Use a stepladder to reach high places – never stand on a chair. If you can, ask someone to help you.
- Pets are wonderful companions, but they can get under your feet. Be aware of where they are when you're moving about.

#### ***Improving your fitness, strength and balance***

Try and keep as fit and active as possible. Keeping active helps you maintain strength, flexibility and energy levels, so you can carry on doing the things you enjoy and stay independent. If you don't usually do any exercise, any amount of activity is better than nothing – even taking regular brisk walks in the garden. Speak to your GP about how you can exercise safely, especially if you have a heart condition, are on medication which can affect your balance or if you don't usually take any exercise.

#### ***Eyesight, hearing and balance***

Vision and hearing play a vital role in balance. Find out when your next eye check is due- get your eyes checked and your glasses prescription reviewed at least every two years, or every year if you're over 70. Remember NHS eye tests are free once you reach the age of 60. If you are a carer for someone remember to arrange for their regular eye tests.

### ***Looking after your feet***

Always report any problems with your feet to your GP or practice nurse. Well-fitting shoes are important- high-sided shoes with low heels and thin soles with a good grip can help if you feel unsteady. If you have arthritis, you may find that trainers or similar, well-cushioned shoes are more comfortable and offer welcome support. Ask your GP for advice. Make sure your slippers have good grip and fasten properly- loose worn out slippers may cause you to trip. Finally, always wear shoes or slippers-don't walk indoors in bare feet, socks or tights.

### ***Managing your medicines***

Certain medicines can affect your balance. Let your GP know if you ever feel unsteady after taking medication – you may need to change the dose or look at alternatives. If you take several medicines, your GP should review them regularly in case you no longer need them or the dose needs to be changed.

### ***Osteoporosis***

Osteoporosis is a condition which causes bones to become fragile and break more easily. Vitamin D is needed, and sunshine is the major source for most people. Extra vitamin D is recommended for certain groups of the population, including people aged 65 and over. If you think you could be at risk of not getting enough vitamin D, particularly if you are housebound or cover your skin for cultural reasons, raise this with your doctor. Always speak to your GP before starting to take a vitamin D supplement or over-the-counter medicine on a daily basis.

### ***Help from the Surgery***

You must tell your GP if you've had a fall or start feeling unsteady, even if you feel fine otherwise. There could be many reasons for this and, equally, many different ways to help you feel confident again.

### ***If you are unfortunate enough to fall, or if someone you are caring for has a fall, when should you call an ambulance?***

Medical emergencies which warrant a 999 call include: chest pain, difficulty in breathing, unconsciousness, severe loss of blood, severe burns or scalds, choking, fitting or concussion, drowning and severe allergic reactions. The East of England Ambulance Service NHS Trust explained the situation more fully:

‘The 999 service is for emergency calls, but clearly if someone has fallen down and they or their partner can't help them up, and there are no friends or family who can help then if you call 999 we will respond.’

‘The call is prioritised on the medical condition of the patient, so someone who is healthy but just isn't able to get up will get a slower response, which could be up to an hour and a half.’

‘If this becomes a frequent occurrence, please contact your GP or community health team so that a plan can be put in place that could help reduce the chance of a fall.’

It will always be best to have a friend, neighbour or family member to call on first in such an emergency. But don't be afraid to call an ambulance if you are alone - even if it does take a little while to arrive.

*The main article is by Miriam Coffie, Project Manager Community Services, with additions by the Ambulance Service Trust and Carers in Bedfordshire.*

## MAKING BETTER USE OF OUR MONEY IN THE NHS

**T**he Practice is required to support an initiative by Bedfordshire Clinical Commissioning Group to get better value for money on prescription medicines. Every year in Bedfordshire alone over half a million pounds is spent on some prescription medicines that are 'poor' value for money, which is money that we are not able to spend in other areas of healthcare. As a Practice we have been asked to no longer prescribe these particular medicines.

Some items included in the list are:-

- Medicines that are nationally recognised as having 'limited clinical value', this may be because the evidence does not show a benefit or because there are safer alternatives
- Medicines that are not recommended by national organisations such as NICE (National Institute for Health and Care Excellence)
- Expensive brands where a less costly generic form is available (i.e. the same drug prescribed under a different name)
- Medicines that are more typically associated with self-care such as cough and cold remedies, antihistamines and nasal sprays for occasional use, anti fungal nail paints, haemorrhoid treatments, gripe water, colic products and topical warming rubs. All of these can be purchased from your local pharmacy, with advice from the pharmacist, for self-care. You do not need a doctor's

appointment or prescription for these medicines.

- Food supplements such as glucosamine, fish oils, multivitamins, probiotics and complementary therapies that are a 'lifestyle choice' and are not clinically needed. As the evidence does not support the use of these, taking them is a personal choice and not given on prescription.

The doctors, nurses and practice staff would appreciate your support and understanding by not being asked to provide a prescription for these products.

By spending less on medicines like these the money saved can be used for treating longer term conditions such as asthma, cancer, diabetes and high blood pressure.

Fiona Garnett, Prescribing Adviser,  
Bedfordshire CCG

*Many over-the-counter medicines cost much less than a prescription charge, so save yourself time and money by picking up over-the-counter medicines from your local pharmacy and help us to make more of your NHS..*

*Further information is available at:*  
[www.nhs.uk/livewell/pharmacy](http://www.nhs.uk/livewell/pharmacy)

## DO YOU KNOW HOW TO DIAGNOSE AND TREAT BURNS?

One of the most common injuries in the home are minor burns, with 93% of British people having burnt themselves at home within the last 12 months while carrying out simple tasks.

If a burn is bigger than a postage stamp or has penetrated beyond the first layer of skin, seek medical advice immediately.

### **Serious burns**

If the skin is very damaged, ranging from red-black in colour, if the skin is cracked or blistered and weeping – that is a serious burn.

There can be nerve damage so the victim may not be able to feel the burnt area.

In this case:

Try to cool the burn immediately under cool or tepid (not cold) running water for 15 minutes.

Dial 999 for an ambulance

*Continued on page 6*

## SOME MORE OF THE QUESTIONS, AND THE REPLIES, AT THE OPEN EVENING

**How many patients does the Practice have? What is the maximum number approximately that the Practice can cope with?**

Dr Westgarth stated that we have 11,300 patients and the general guideline is 1,800 to 2000 patients per GP. Any increase in patient numbers is dealt with on a day-to-day basis. If there

should be a major increase in numbers at Gooseberry Hill the list would have to be closed. This should not cause a major problem because there are other GP surgeries in the neighbourhood. Our surgery has increased the number of sessions by two per week.

A question from the floor: Would it be possible to open a surgery in Silsoe?

Reply: A branch surgery is expensive to run and not a feasible proposition for one practice. It would require the participation of some other local practices.

**What are the doctors' opinions on the greatest challenges facing the Practice? What gives them the greatest job satisfaction and enjoyment?**

Dr Hughes replied: "The smiles on the faces of the staff at the end of a successful day". Treating patients successfully was very rewarding for doctors and all staff. Managing budgets was hardly as rewarding – their very keen interest was in medicines and patients. The greatest challenge today is the recruitment and retention of GP's and other staff. For example, when there was a partner vacancy here recently there were two applicants, the previous vacancy attracted 8 applicants, before that 30 applicants, and 23 years previously, when Dr Hughes joined, there had been 80 applicants. One in ten GP



Dr Westgarth

jobs are vacant across the country. 15,000 GP's, about a third of the total, are working as locums rather than partners. They see patients but do not have to worry about administration, budgets or planning and may earn more than a partner. Many are retiring early or leaving to work in Canada, Australia or New Zealand.

There has been mention of the Government intention to bring in 7 day working by surgeries. Dr Hughes said that this was a non-starter. An extra 3300 GP's would be needed to treat the existing patient population, with this increasing to 8000 by 2020 with the expected larger and older population. Our GP's at present work on average 60 to 70 hours a week and there is clearly no scope for additional hours from them.

**Would the doctors want their children to become GP's ?**

The general consensus from the doctors was 'Yes', believing it to be an immensely rewarding vocation

with many career opportunities which would widen further in the future. Dr Hughes already has a son in medical training. Most of the other doctors' children were very young and it was too early to guess what their interests might be. What was clear was that the children would be encouraged to decide for themselves what career they might pursue.



It was early days for these doctors' young families to be choosing a career

*Continued overleaf*

Christina Rathbone and Peter Jones recorded the discussion at the Open Evening

**When elderly patients are discharged from hospital there is supposed to be a coordinated effort to get them the services that they need at home. Is the Practice satisfied that this is happening?**

Dr Gurram confirmed that a coordinated process is in place. Any difficulties that occur are normally caused by shortage of resources. For instance, it might take 6 weeks to get a physiotherapist to make a home visit.

**What is the current provision for “out of hours” support?**

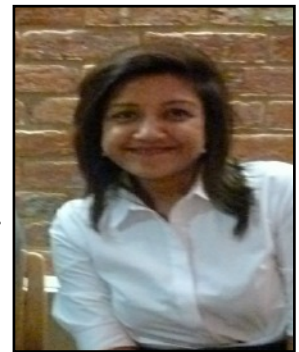
Dr Randall replied: When you ring the surgery out of normal working hours you will be given the out of hours phone number for ‘Care UK’ which will ask questions about the symptoms, advise on clinics open in the immediate area, and if necessary arrange a visit by a doctor. The intention is to avoid patients going to A&E departments unnecessarily.

A question from the floor: Will the Practice doctors get told about what has occurred and the treatment given? The answer is ‘Yes’ if you have consented to your patient record details being shared. If you have not given this consent the Practice doctor will

still be informed, but by slower non-automated means.

**Are many patients using the online appointment facility, or the online repeat prescription facility?**

Dr Sulakshana replied that during the period January-July 3234 patients used the appointment facility and 16,500 repeat prescriptions had been requested. While it is theoretically possible to amalgamate the facilities it is not currently feasible and logins and passwords have to be kept separately. In August there were 88,809 visits to the website. We do not know why there should have been such a large number compared with our patient number of 11,300.



Dr Sulakshana

**Question from the audience: How far ahead can I make a routine appointment?**

**Answer – 7 to 8 weeks.**

### **Burns - continued from page 4**

Make the casualty as comfortable as possible, lie them down

While wearing disposable gloves, if available, remove jewellery, watch or clothing from the affected area – unless it is sticking to the skin

Cover the burn with clean, non-fluffy material to protect from infection. Cloth, a clean plastic bag or cling film are ideal

Make sure you don’t break or touch blisters, or put ice or very cold objects on the burn, as damaged skin is very sensitive and can make the pain worse

### **Treating minor burns**

For a minor burn, you should seek to cool the area as quickly as possible – running it under cool or tepid (not cold) water for about 15 minutes before applying an antiseptic to ward off infection.

Alternatively, make sure your first aid cabinet has a specifically developed product that will ease the inflammation after you’ve cooled the area by running it under cool or tepid water.

*Reproduced with permission from Dr Chris Steele*

## BEREAVEMENT - from Cruse Bedfordshire

**Grief following the death of someone very close and dear can be hard to bear. It is like a journey which can at times be lonely, very painful and long.**

It is hard to accept the loss, so you may find yourself trying to deny the reality of what has occurred; you may think you see or hear the dead person. It takes time for the full realisation to sink in. For a long, long time you may feel very tired, lethargic, unable to make decisions, strained and physically run down. It may be difficult to eat or sleep. Grief is time consuming and exhausting.

You may feel times of despair and of depression. You may lose interest in many things you would normally enjoy doing. If you lose a spouse and you are alone, you may feel a pointlessness about your day-to-day life. All these feelings are natural.

Also, you may experience guilt, panic and anger – even anger at the dead person. Do not try to hide these feelings; try to share them with a sympathetic listener. Well meaning friends may feel that after a few weeks you will be ‘back to normal’. This is impossible. Others may be afraid to speak to you and avoid you. You may have to make the first move. Let them know you need their support and the comfort of their friendship.

It is tempting to think that if you change your environment you will feel better, but it is unwise to make big decisions about your life too soon. At first your grief will be with you wherever you are. Kind friends will want to distract you and ‘cheer you up’. You will also need times of quiet to be alone and stillness to do your grieving. It is very tiring to be constantly pulled away from your true feelings, and unless you do have time and space in which to feel your sadness, your journey of grief will be harder. Sometimes you will feel it is like snakes and ladders – there will be better days and then something unexpected will send you to the bottom again.

Eventually the pain will ease, and memories will become comforting. When you feel ready to remake your life and take up old pursuits do not feel disloyal to the dead person. It is alright to enjoy yourself again.

Your grieving will be individual to YOU. It will take as long as it takes. It is important to allow yourself to grieve and eventually put it aside, even when sorrow remains. You will never put aside the memories and influence of the person you loved.

*The name Cruse comes from the bible story of the widow's cruse or pot for holding oil. The name signifies generosity, from the people who care for the bereaved and from the bereaved themselves. Although the name comes from the bible story Cruse is not affiliated to any religious organisation and offers its help to bereaved people of all faiths or none. This extract from the Cruse literature is reproduced by kind permission of the charity.*

Cruse Bereavement Bedfordshire runs three drop-in centres - at Luton, Bedford and Biggleswade. The service is free, confidential and open to anyone over the age of 16. Support is provided regardless of the time elapsed since bereavement, and whatever the culture, race, religious persuasion or sexual orientation.

Correspondence: Cruse Bereavement Care Bedfordshire, 10 Bedford Street, Ampthill, Beds MK45 2NB

Area coordinator: 01525 841415 [lois.wright@crusebedfordshire.org.uk](mailto:lois.wright@crusebedfordshire.org.uk)

Information and referrals: Luton and South Beds 01582 595300 Bedford and North Beds 01234 340321

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Barton le Clay  
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Telephone 01582 528700

## BARGOOSE



Health Centre,  
Gooseberry Hill,  
Luton, Beds LU3 2LB  
Telephone: 01582 528721

### PRACTICE WEBSITE

[www.bartongroupsurgeries.co.uk](http://www.bartongroupsurgeries.co.uk)

## BARGOOSE

Are you interested in the NHS, community services and the services provided by our own Practice? Bargoose, the Patient Participation Group, is there to provide a link between the patients and the doctors and other professional healthcare staff who provide these services.

If you would like to know more or perhaps sit in on one of the committee meetings as a welcome visitor contact Bill Holes (Chairman) on 01582 573072 or Gill Hiscox (Practice Manager) on 01582 528701 or by leaving a note for her at the reception desk at the Surgery.

## WHAT THE PATIENTS THOUGHT

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NAPP, the national association of patient groups, very recently surveyed a group of 2300 patients for their views on the NHS. The results of the survey were used in evidence given to the All Parliamentary Groups Inquiry into the Government Five Year Forward Plan.

The survey showed that:

- 96% of patients say they are the person most responsible for sustaining and improving their health and self care.
- 95% of patients regard the use of plain English as the most important factor in making information clear
- 88% of patients identify General Practitioners as the key source of trusted advice.

Cartoon by Ivan Jones, Bargoose Committee member

