

Sonning Common Health Centre Newsletter

June 2023



“I want to see the doctor please...”

You do not have to look very far these days to hear a story about the pressures the NHS is under, with levels of resources and funding not keeping pace with increasing demands. The British Medical Association stated last year that “The NHS is running on goodwill” and a recent Health Foundation study has reported on the high levels of stress, fatigue and burn-out amongst GP’s and other clinicians, with increasing numbers of staff opting to work part-time or leave the profession entirely.

As your local practice, we are committed to providing the best service we can to our patients and thought that it might be helpful to put things into context as far as Sonning Common is concerned.

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SCAN ME

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What are the pressures?

As medical science and treatments advance, services that were once the preserve of hospitals have become routine work for general practice, without the additional funding and staffing resources that this entails being made available.

General practices receive £150 a year from the NHS for each patient registered with them, to cover staff and other running costs. This funding level was set based on the fact that, taking the population as a whole, the average patient needed to see a doctor twice a year. The reality today, with increasing patient demand, a much greater range of services, a growing local population and more complex health needs, is that this average has increased from 2 to between 8 and 9 times a year. Practices are required to manage this very substantial increase in demand without any significant increase in resource funding.

How is your practice responding?

Across the country, many practices have concentrated on “firefighting” urgent conditions, at the expense of routine reviews and proactive, preventative medicine.

At Sonning Common we are trying to retain a balance between both, hampered by a national shortage of trained GP’s and nurses and no new funding forecast to employ anymore. We have developed, as far as we can, with more specialist clinics, clinical pharmacists and musculoskeletal specialists seeing appropriate conditions. We have been incredibly lucky to have been able to recruit to our specialist nursing team, meaning that we have doubled both our minor illness clinic appointments and the availability of diabetic clinic appointments as well as restarting our asthma clinics. We have new Saturday morning appointments for blood tests and are completing more Health Checks than ever before. As an indicator of the quality rating of the practice, we have also secured a record number of training places for GP Registrars.

Despite opening a new extension to the practice in 2019, with 4 new clinical rooms, we are again at full capacity. Our application for a further extension (above the staff car park) has fallen foul of SODC planners and we have been told that we do not qualify for any of the funding collected from developers for local infrastructure improvements.

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What are the implications of this for our patients?

We are sharing this as despite trying to improve our internal practices as much as possible, we are also at the mercy of the larger NHS System and political whims.

- We will always see anyone who feels they have an urgent condition that needs to be seen on the same day. (NB whilst many practices divert urgent calls to 111 regularly when they have reached capacity, we have only ever done this 3 times, when staff sickness has meant that we could no longer provide a safe service)
- We are continuing to ask our receptionists to ask why you need an appointment, as it may be that another member of the practice team has more expertise, or better availability to deal with your problem. It also means that our duty team can help identify and prioritise clinical emergencies from other less time-sensitive conditions.
- We will continue to offer usual GP appointments on a list-based system for routine care, as we believe that seeing your usual doctor who you can develop a relationship with, is better for patient health (as well as doctor satisfaction).
- Although we would love to be able to provide routine appointments within 72hours, with your usual doctor, this isn't currently feasible, and you may have to wait 1-2 weeks for an appointment. You may have to wait longer to a particular doctor, or for a particular specialist clinic.



There are three ways to get in touch with us at this surgery



Your GP practice

No matter which you choose, we will get back to you with next steps tailored to your needs



Staff Update



Annabel

We are pleased to announce the addition of a new practice nurse, Annabel, who joined our team in March. If you haven't met her yet, Annabel is providing care and support for our patients with diabetes, including glucose monitoring, diabetes education and management of diabetes-related complications. She is also running specialist minor illness clinics, Treatment Room clinics and providing baby immunisations and conducting some well woman procedures.

Hayley

We are delighted that Hayley has joined the team as our new Senior Administrator. Alongside managing our admin team, Hayley's role includes a range of clinical administrative duties to contribute towards the smooth running of the health centre.

From August:

We will be welcoming Dr Peter Mennear and Dr Tom Rockell to our team in early August. They will both complete their GP training in July and they both bring tremendous skills and experience to their new roles.

We will be wishing Dr Abi Taylor safe travels as she leaves us in July to work with refugees, being the only doctor on an isolated island overseas.

Registrar GPs.

Nationally 25% of all GPs are registrars, which means they are GPs in training. We have 5 GP registrars leaving the practice this summer.

- We wish Dr Sana Shaikh and Dr Chandni Haria good luck in the future. They will complete their training with us in mid-June and late July respectively and will be moving on to take up new positions.
- We also want to thank Dr Bethan Evans and Dr Tawa Olanipekun for their work over the last year with us. They will both leave in late July to go to their next training practices and Dr Maheen Masood also leaves in late July to move to her next training placement.
- From August we will have a new cohort of GP registrars working at the practice. They will be Dr Corrie Bruce, Dr Louise Zwiers, Dr Connor Green and Dr Gazal Vashisht.

Blood Pressure

There is more and more evidence that those with better blood pressure control have less: *heart attacks, heart failure, stroke, kidney disease and peripheral artery disease*. One of the most accurate ways we can monitor blood pressure is through home blood pressure readings.

This allows us to see how your blood pressure behaves in a home/ casual setting; and how further input from the health centre team can help you individually.

The care coordinators, pharmacists, nurses, and doctors will all be working together to identify those who would benefit from either doing home blood pressure readings or changing your medication to get better control.

Musculoskeletal Specialist – a new clinic

Our new musculoskeletal (MSK) specialist is a healthcare professional who specialises in the assessment and management of musculoskeletal health problems, such as back pain, neck pain, and joint pain. They are trained to assess, diagnose, provide appropriate treatment, advise, and agree a management plan for musculoskeletal conditions.

If you contact the surgery about an appropriate condition (new or flair up of existing condition), you may be directed towards this new clinic and a face-to-face appointment made for review. Currently this will be in their clinic rooms in Henley. This service allows patients to be seen and triaged quickly, ensuring that they receive the appropriate care in a timely manner. This can lead to faster recovery times and improved overall health outcomes.

Our MSK specialist works closely with other healthcare professionals, such as the GPs if medication needs to be prescribed. This also includes requesting any x rays/scans if required, and referral to other specialists, such as orthopaedic surgeons as necessary.

We are excited to offer this new service to our patients and believe it will greatly improve our patients' experience and outcomes.

Weight Management



Weight management for children

A new weight management program for children called Gloji Energy has been launched, aimed at helping children and their families achieve a healthy weight. The program is designed to tackle the growing problem of childhood obesity by promoting healthy habits and physical activity.

The program is tailored to meet the needs of children aged between 4 and 11 years old and aims to promote achievable changes in lifestyle that can be sustained to lead to a healthier future. The 12-week programme combines 45 minutes of fun physical activity for children, while parents and caregivers are given the opportunity to discuss various topics surrounding building and maintaining healthy habits and nutrition.

According to recent figures, more than a quarter of children in England are overweight or obese by the time they start primary school, rising to one third by the time they leave. Obesity is a major risk factor for a range of health problems, including diabetes, heart disease, and some cancers.

The Gloji Energy program will be delivered by qualified coaches and nutritionists, who will work with families to develop a personalised plan that is tailored to their individual needs. The program will also provide ongoing support to help families make sustainable changes to their lifestyle and achieve their goals. Families interested in participating in the Gloji Energy program can find out more information by following the weblink below, where you can complete a self-referral form:

<https://www.achieveoxfordshire.org.uk/services/gloji-energy>

NHS Weight Management Programme

Your health matters to us.

Did you know that people aged 18+ living with obesity and hypertension/ diabetes are able to be referred to the NHS Weight Management Programme? It's a 12-week online behavioural and lifestyle programme people can access via a smartphone or computer with internet access, with support tailored to your individual needs.

For more information, email the Care Coordinator team:

bobicb-ox.schc_care_coordinators@nhs.net



Achieve Oxfordshire

Would you like support to lose weight, become more active and to make healthy lifestyle changes? Achieve Oxfordshire offer a range of FREE weight loss programmes for adults and children. Notable services include: **Gloji**, **Man V Food** and **Swim 2 Slim**.



To find out more and to sign up visit www.achieveoxfordshire.org.uk

General information



Cervical Screening

The Cervical screening Programme is a way of preventing cancer. It tests for a virus called human papilloma virus (HPV). High risk HPV can cause cervical cells to become abnormal. Virtually all cases of cervical cancer are linked to high-risk HPV. Cervical screening helps prevent cervical cancer from developing and saves thousands of lives every year in the UK.

Book your appointment with health centre by calling the appointments line on 0118 972 2188 (option 1)

Shingles

From the 1st September, those turning 65 and 70 will also be able to get the vaccine after their birthday, in addition to those already aged 70-80. Patients will be contacted by their GP practice when they become eligible. Eligibility will then be expanded to include those 60 and up by September 2028.

In the community

Social Prescribing – For things affecting your health that medicine can't fix

Abbie Crook and Rachel Downey are your Social Prescribers from Age UK Oxfordshire.

The Social Prescriber Team at SCHC help with a wide range of issues, including financial support, living standards, and health and wellbeing. They can provide support and guidance to help you, or someone you know, access services and resources that can improve your overall quality of life.

We want to promote Abbie and Rachel, so those who require assistance know this service exists. This can be especially beneficial for those who may feel isolated, or those who are unsure of where to turn to get help.

Contact the surgery for more information: 0118 927 2188 or email directly:

Communitylink.schc@nhs.net

More information also available on our website here:

<https://sonningcommonhealthcentre.co.uk/community-link-worker/>

General information



Your privacy

The health centre will send you SMS/ email messages about general information/ practice updates and newsletters (like this one!) from time to time; and while there are people who are happy to receive these messages, we also appreciate that others may not.

If you would only like to receive clinical information surrounding your personal care, let the Care Coordinator team know by emailing: bobicb-ox.schc_care_coordinators@nhs.net

We will update your records to ensure you only receive communication surrounding your care.

Summer getaway

If you're planning to go away and need to get your prescriptions early or request more than usual to cover this, please give us plenty of notice. We have systems we use to back up safe prescribing, so please put a note with the request stating e.g. "For holiday", so we know to override these.

If you need your medication sent to a different pharmacy than normal, (**within England only**, not yet Wales, Scotland, or N. Ireland), put a note with your prescription for us to send to "Any Pharmacy". We can then electronically sign the prescription and send it to the "NHS Spine", or a secure 'cloud'. The pharmacy where you are staying can then download this prescription for you wherever you are. This will keep your designated normal pharmacy set as it is, so next month your prescription isn't sent halfway across the country!

Patient Access vs NHS App

We are spending longer than ever trying to deal with problems with Patient Access to order repeat medication. If you have a smart phone, we suggest trying to order medication using the NHS App instead (the same one as you used to use to get covid vaccination passes) as it doesn't seem to present the same number of issues and you can check to see if your prescription has been approved or not. **Reminder:** we are unable to take medication requests via telephone. This is GMC guidance to help prevent medication errors. Please request either using the NHS App or via the request form on the website if possible.

Please note, the quickest way for us to process your prescription request is via the NHS App, as this integrates within our system, cutting out the need for a member of staff to have to manually process notes/emails etc. So, if you're in a hurry, we suggest using the App...

Ordering your prescriptions

If you have the NHS App, you can use their website to order repeat medication or use your [Patient Access](#) account. If you have not yet registered to order your prescription online, or would prefer not to, you can also make a request in any of the following ways:

- Email our admin team at: **schc.admin@nhs.net** – please include your name, DOB, medication required and which pharmacy you would like your prescription to be sent to. (Dispensing patients can collect from the health centre)
- Put a written request into the box in our foyer.
- Ask your preferred pharmacy to request medication on your behalf.
- Complete the online form on our website: <https://sonningcommonhealthcentre.co.uk/order-your-prescriptions/>

Medication Availability

As many patients will have experienced, it is very common to have temporary supply issues with certain medications. Most notably the availability of HRT hit the headlines during the winter. However, every week we have something that is temporarily not available.

Please avoid requesting medication last minute, as sometimes it may take an extra day or two for either the dispensary or pharmacy to get a supply of your medication or issue an alternative. **This is why we continue to need 3 working days' notice to issue a prescription.**

Preventing disease: how the latest research will affect you.



Over the last 12 months, the medical journals have caught up from the pause imposed by covid and several guidelines have been updated based on this new evidence. They mostly focus on preventative medicine i.e., treating more patients earlier in the disease, rather than waiting until later down the line when some damage will already be done. This is about keeping our patients healthier for the longer term.

Because we have thousands of patients to whom these apply, please do not contact the surgery about them now. None of the updated guidelines are considered urgent to do. We will aim to discuss any suggested changes at your annual review. So, if your annual medication review is out of date; please contact reception to get this routine appointment scheduled.

We will be contacting specific patients in groups as the year goes on, about some suggested changes.

We will also be looking at different ways that we can ensure that all our patients are offered the most appropriate, up to date treatments, as with the best will in the world, we simply do not have enough clinic appointments for every patient to discuss every suggested change. As the medicine changes, we are committed to find ways to ensure you always get the best care we can provide.

Cholesterol and Statins

Again, the science has evolved towards tighter control. Whereas previously the advice was that if you were taking a statin, you were getting good enough protection.

However this has been updated, instead aiming to reduce your “bad” cholesterol to within a specific target range. This means that we may well suggest increasing your dose of your statin, changing you to a different medication, or adding in another medication to get you the best protection.

We will then suggest retesting your cholesterol after a few months to ensure that this has worked sufficiently.

Asthma (Note: this isn't applicable for those with COPD)

Over the last couple of years, we have been using the Asthma Control Test to prioritise those with worse asthma control, and if your control has been good, we have continued with your current therapy. We are still going to use the Asthma control test to try to grade how good your control is, **but which inhalers we may be using is changing**. There are three main drivers behind the new guidance:

- 1) Self-management of asthma has been shown to be better for you, the patient. We need to give you the ability and knowledge to change your medication when required, either increasing or decreasing your medication, to prevent under/ over-treating. We may discuss using peak flow meters, so you know what your usual readings are, and knowing when you need to seek further help from us/hospital.
- 2) More use of preventative inhalers, to prevent scarring of your lungs longer term. If we get this right, you will hardly ever need to use your blue reliever inhaler. We know that high use of blue inhalers means that your control is poor, and we will want to discuss how to improve it.
- 3) Green Agenda: inhalers with propellant account for 3% of the total NHS carbon footprint. Some swaps of inhaler are better for the environment and make no clinical difference. Other swaps involve a different inhaler technique.

You can read more at: <https://www.nhs.uk/conditions/asthma/living-with/>

Did you know...?

Climate friendly inhaler disposal

You can recycle the plastic part of your inhaler in your household plastic recycling. However, the pressurised propellant cannot be recycled. If it is placed in household waste and gets sent to landfill or general waste incineration, the greenhouse gasses inside get released into the atmosphere.

Instead, please return them to your pharmacy when you pick up your next prescription. They are then safely incinerated at a high temperature, burning the harmful chemicals, overall reducing the harm to the ozone layer, and their carbon footprint.

Cholesterol



A big focus for the NHS is preventing diseases from developing. One of the conditions we try to prevent is cardiovascular disease; to reduce the likelihood of heart attacks and strokes. We look at your age, sex, family history, ethnicity, other medical conditions, BMI, blood pressure, cholesterol, and smoking status to try and calculate your risk of developing disease.

If this risk is high, we then look at what we can do to reduce that risk. The best evidence exists for reducing cholesterol. Although lots of medication reduce cholesterol, only the statin family reduce the risk of heart disease and stroke in this way; and there is more and more evidence that using medication earlier together WITH diet and exercise provides the best protection against developing heart disease and stroke.

This suggests that the benefits significantly outweigh any risk from taking the medication if your risk is greater than 5% over 10years. (i.e., If there are 100 patients with the same score as you, 5 of them will have a heart attack or stroke within the next 10 years). And that benefit increases as your risk increases. We are therefore targeting those with a risk of 10% or greater, to try to protect those at moderate risk, rather than just the highest risk.

Therefore, even if in the past we have said your cholesterol was “ok” we may well be now suggesting that you would benefit from it being improved. This will also include those who are active and do good amounts of exercise and eat healthily, as you will get even better protection with the tablets.

<https://www.bhf.org.uk/information-support/treatments/statins>

Your feedback

We turn up every day to try and do a good job for our patients. It's really useful to know when we have managed this, as well as when we may have fallen short and need to improve. Unless we get told, we don't know how you feel we are doing. So please use <https://sonningcommonhealthcentre.co.uk/friends-family-test/> to give us confidential feedback, or email schreception@nhs.net if you want to give feedback that we can reply to.

Thank you from the SCHC Team



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