



# What's up Doc?!

## The quarterly newsletter for Bentham Medical Practice.

### Issue 17

Welcome!	1
Practice News	1 - 2
NHS Pressures	2 - 3
Article on Acne	3 - 5
Missed Appointments	5
Communications	5
Triage System	6
Shingles - who is eligible for a vaccination?	6
Broader Care Community	7
Long Term Condition Clinics	7
Staff Training	7
What you need to know about your hospital appointment	7 - 8
Minor Ailment Scheme	8
Patient Representative Group	9
Weight management service	9
Routine weekend appointments	9
Bentham Extra Care Fund	9
Crossword	10
WiFi, Card Payment and Feedback	10

Welcome to issue 17, the latest edition of What's Up Doc?! the Bentham Medical Practice Newsletter.

We have quite a full edition this time. As always, life in the NHS is extremely hectic. It seems that every television, radio or press news report these days has at least one NHS story. Many of them don't make for comfortable reading detailing tales of underfunding, poor care and stretched services etc. We strive at Bentham to provide the best level of care and service to our patients that we can. One of the key ways we can do this is by trying to ensure that we have great communication links with all members of the community. That could be through our strong Patient Representative Group, through this newsletter or through information in the waiting rooms. But it is important that any communication is two way. Please tell us how we can work better to give you the service you want and need. As is often the case these days it is not always possible to please everyone all of the time and compromises have to be reached but the better we communicate the better we understand what you want and you understand how best we can try to deliver it, and how you all can help to help us help you!



As always, if anyone has something that they would like to submit for inclusion in the newsletter or has any queries then please do not hesitate to contact me at [jonathan.scott@gp-B82061.nhs.uk](mailto:jonathan.scott@gp-B82061.nhs.uk) or by post or telephone. You can also request for an electronic copy of each newsletter

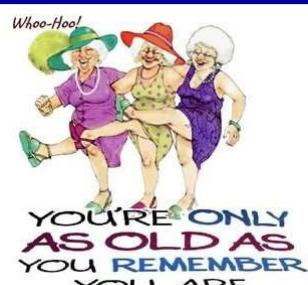
Best regards  
Jonathan Scott  
Practice Manager

## Practice News

We have seen a number of staff changes since our last newsletter.

In December **Janet Bond** retired from her position as a receptionist after about ten years with the practice and in January **Laura Park** retired after 23 years. We thank both Janet and Laura for their many years of faithful and dedicated service, and we wish them both a long and happy retirement.

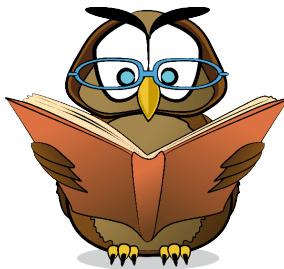
Also **Hannah Lambert**, one of our practice nurses, left in October to return to her previous role with the district nursing team.



When the last newsletter came out we reported that we had been joined by a new receptionist, **Karen Ramwell**. With the loss of Janet and Laura in reception and Hannah on the nursing team we have had to reorganise our staffing somewhat. Karen Ramwell is now our new health care assistant and both **Hattie Clay** and **Tim Austin** are doing a lot more work in reception

# Reception

We always have a steady stream of training doctors passing through the practice. At last time of writing we had just been joined by an ST3 trainee, **Dr Katie Graham**. In October Dr Sess **Sibanda** left us to take up a full time GP position in Lancaster and in December, **Dr Paddy Moran**, our new FY2 doctor joined us for three months.



As many of you will know we have a collection of second-hand books in reception which have been kindly donated by patients. Others then take the books and make a donation. The latest good cause that we have helped this way is the Longstaffe Charity which has been in existence since 1713 and exists to help people who are under 25 to achieve through improved education which they wouldn't normally have had access to. The charity is close to Bentham surgery's heart as it is chaired by Dr Clive Story, an ex partner of the practice, and Jill Noble, our office manager, also sits on the committee. We were very happy to present them with £427.00. Thanks to everyone for their support and generosity.

## NHS Pressures

Everyone is aware from media news that the Health Service is under unprecedented pressure at the moment whether it is in A&E, GP Practice or in other services.

We all want to maintain the NHS as the best free health service in the world but we all have our part to play in ensuring this happens. Below are just a few simple steps that everyone could take to relieve some of the pressure and make sure that the service is there for those who really need it, when they need it.

- ◆ **A&E** is for what it says, Accident and Emergency. It is not a convenience service for routine problems. If used as such the people with real need can suffer. For anything other than accidents and emergency please call the practice or the NHS 111 service for advice.
- ◆ **Triage service** - Bentham surgery offers an excellent triage service where you can speak to a doctor within a couple of hours of raising your concerns and get an appointment on the same day if you need one. Triage is for urgent problems that are not emergencies. Again it is not a convenience service for routine problems.
- ◆ **Self-care** – can your symptoms be managed at home? Could you ask advice of a family member or friend? Access on-line information about managing common illnesses at [www.patient.co.uk](http://www.patient.co.uk) or call **NHS 111** for advice.
- ◆ **Visit the chemist** – pharmacists are trained to diagnose minor ailments and advise on treatment. Under the new 'Minor Ailment' initiative, **pharmacists can provide many over the counter medicines free of charge without a prescription to patients who are eligible for free prescriptions** (see details on minor ailment scheme further on in this newsletter). Unfortunately, Ingleton Chemist is not able to be part of this scheme but they can still give you guidance and medications. Often over the counter medications are cheaper than the NHS prescription fee.
- ◆ **Missed appointments** - Inform us if you can't make an appointment. We regularly have over 100 missed appointments a month. If we know you are not able to make it we can give the appointment to someone else, drastically reducing appointment pressures. Better still, make sure we have your mobile number so we can send you a free text reminder of your appointment.
- ◆ **Hospital appointments** - If you have a query about your hospital appointment call the Community Patient Contact Centre at Kendal on 0845 0559990. That way you will get first hand answers to your questions.
- ◆ **Waste Medications** - We cannot reuse any medications returned to the surgery. We have to dispose of everything. Sometimes we get boxes and boxes back from the same person. If you, or someone you are caring for, is building up a large stock of unused medications then don't keep reordering every month. Please call the surgery to discuss. The prescription can be amended, reducing waste and saving important NHS resources.
- ◆ **Contacting the surgery** - You can contact the surgery online to make and cancel appointments, order medications, see results etc. This can be done at a time to suit you, 24 hours a day. Order medications on our 24 hour repeat prescription line on **015242 63618**. Or contact us through our website [www.benthamsurgery.org.uk](http://www.benthamsurgery.org.uk). Using any or all of these methods means you can contact us at your convenience and reduces pressure on the practice phone system.

- ◆ **Dental problems** – please contact your dentist. GPs have no significant dental training. If you are not registered with a dentist and have an urgent dental problem then either visit our website [www.benthamssurgery.org.uk](http://www.benthamssurgery.org.uk), click on the Medical Services Tab then select find services from the drop down box. Alternatively you can call NHS 111 service.
- ◆ **Foot problems** – consider seeing a chiropodist. These are highly trained professionals who can deal with many foot problems and will advise if you need to see a doctor.  
<http://www.nhs.uk/Service-Search/Podiatrists%20and%20chiropodists/LocationSearch/343>
- ◆ **Back problems, sports injuries, repetitive strain type injuries** – a chartered physiotherapist is able to diagnose and treat many problems with muscles and joints. They are highly trained professionals who can identify when medical advice or treatment is needed.

You may be charged for some of these services

Thank you for cooperation and please help us to help you

## ACNE VULGARIS

I work one day a fortnight as a GP With A Special Interest [GpSI] in dermatology, in Kendal. As part of this role I provide consultant level care for patients with acne. So I thought it would be good to write a newsletter article on acne, to encourage patients with acne to come and see us at the surgery.

There is a bit of a flaw in this plan, however. I suspect that teenagers are the last patient group likely to read our fun-packed newsletter. So I am relying on grandparents to have a quiet grandparently word with their teenage relatives with acne.

### What causes acne?

Acne is common. 80% of teenagers get it to some degree.

We know that hormones play a part. Acne usually starts with puberty, and usually [but not always] improves as puberty ends. Girls often notice acne gets worse premenstrually.

Genetic factors affect acne, but are only part of the story. If you had bad acne, your children are more likely to get acne also [but are not doomed].

Stress can make acne worse [for example around exams], but is not the cause of acne.

Occasionally acne can be caused by other medical problems, typically those that interfere with sex hormones. The most common such condition is Polycystic Ovarian Syndrome.

And thereafter we don't really know what causes acne.

Acne is not a simple skin infection – bacteria are involved, but only via an overgrowth of bacteria we have on our skin anyway.

And as much as parents like to tell their children about other causes, acne is not associated with poor hygiene, diet, drinking too little, lack of sleep, being grumpy, etc.

### What are the features of acne?

The mildest features of acne are blackheads and whiteheads [technically called comedones]. They are caused by simple blocking of sweat glands with sebum [the grease that makes up our natural skin oils].

As acne gets more troublesome, the comedones can become infected by a skin bacteria called Propionibacterium Acnes, producing inflammation. This can produce pustules [pus-filled spots], nodules [bigger spots] and cysts.

Spots will eventually heal, but if there has been enough inflammation this can lead to scarring, or sometimes areas of pigmentation.

I want to be seeing patients with acne before we reach the pustule/nodule stage, and definitely before we reach the scarring stage.

Acne can also have psychological impacts. Acne occurs at a tough time of life emotionally. It is recognised that skin conditions such as acne can have more effect on psychological well-being than conditions seen as being far more serious. At worst acne can contribute to low self-esteem, social withdrawal, and depression.

When we see patients with acne we will ask about these psychological aspects, and may treat the condition

more actively if this area is an issue.

### **How can acne be treated?**

There are a range of treatment options for acne and we will come to a shared decision with the patient as to which the best option is.

We can pretty well always improve acne, often significantly. However, it is important to understand that we are not curing the acne, rather suppressing it until it naturally goes as the patient gets older.

It is also critical to know that acne treatment is not quick, so patience is required. Generally at least 6 weeks is needed, with any of the treatments, to notice an improvement.

Thereafter a degree of experimentation is needed to determine how long treatment is needed.

### **Topical treatments?**

As with most skin problems, topical treatments [ie creams] are the mainstay of acne treatment. We use in pretty well all patients with acne, adding in extra treatments if the acne is more severe.

There are 2 main treatments we use:-

#### **[1] Benzoyl Peroxide**

This is the only acne treatment you can buy over-the-counter [bar herbal options which there is no good trial evidence for] – it is found in products like Clearasil.

It remains one of the most effective treatments for blackheads and whiteheads, and we use in most cases.

#### **[2] Topical Retinoids**

These work by reducing sebum production, and are one of the most effective acne treatments we have, so again we use in most patients [usually a preparation called Adapalene].

One important issue with their use is that because they reduce sebum production, they make the skin feel dry. This is usually a temporary phase, and it is really important that users stick with it.

Helpfully we can prescribe a cream [Epiduo] which contains both Benzoyl Peroxide and Adapalene.

Traditionally we have used topical antibiotics a lot for acne. They have fallen out of favour, due to very high levels of antibiotic resistance.

### **Tablet treatments?**

GP's can prescribe 2 types of tablet treatment for acne:-

#### **[1] Oral Antibiotics**

We still use oral antibiotics for more troublesome acne [when there are inflammatory spots]. Antibiotics work by reducing inflammation, not by killing bacteria, so again take around 6 weeks to start helping.

We try to keep antibiotic use to as short a period as possible [though still months], again due to issues with antibiotic resistance.

Most commonly we use an antibiotic called lymecycline – a good choice as we don't use for much else.

#### **[2] Combined Oral Contraceptive Pill**

Acne will often get better on the combined pill, so this can be a good option in women with acne who also need contraception.

It is worth mentioning that acne will usually [but not always] get worse on progesterone only contraception [depot injections, implants, and the mini-pill].

We used to use a specific contraceptive pill called Dianette for acne, but have stopped using on expert guidance [uncertainty re the risks of taking].

### **Hospital treatments?**

The main hospital-level acne treatment is a drug called Isotretinoin [Roaccutane]. It is a tablet version of the topical retinoids mentioned above and also works by hugely reducing sebum production.

It is a consultant only drug as its use is complex.

On one side it is remarkably effective. It usually leads to complete clearing of acne, at least in the short-term.

However its use entails 2 important serious risks.

Firstly is a highly teratogenic drug [causes foetal abnormalities], so you must not get pregnant while taking.

Secondly there have been concerns that it makes users depressed and suicidal. This is really complicated, as it is hard to know what is caused by taking the drug vs having bad acne vs other external stresses. The expert view is now that the drug is safe but we do keep a close eye on emotional state in patients taking.

Despite these risks, we are using isotretinoin more, as it works extremely well. We would consider it for all patients with more severe acne, particularly where the acne is having a significant psychological impact.

I can prescribe isotretinoin in my specialist role, but not as a GP. In practice this means I end up referring some patients to myself!

The only other treatments to mention are whether anything can be done if scarring has already happened. There are options, usually involving lasers, but are not available on the NHS. They are only worth pursuing if the acne is under control.

I hope that is a hopeful review.

So if you know someone with untreated acne, tactfully prod them in our direction.

**Nick Howlett**

February 2017

## Missed Appointments

You may have seen that the Patient Representative Group (PRG) has started recording the number of appointments where patients fail to turn up. This is because the availability of appointments was high up on patients' priorities on the patient survey. In the period 1st January to 31st December 2016 we had 1026 cases where appointments were missed without notice. **That is 20 per week or the equivalent of 5.00 hours of surgery time a week, every week.** If we were able to re allocate these appointments, or even half of them, to someone else, the problem of waiting for appointments would be greatly reduced. If you cannot make an appointment please call us to let us know so we can give it to someone else. **Better still, join our free text reminder service (see below)**

## Communications Make Better Use Of Your Practice Services

At Bentham Medical Practice we have a number of services that are designed to help you get the most out of the practice and to communicate with us more easily.

### 1) Online Access

You can now get online access to your medical record. This allows you to;

- Send in queries and communicate online
- Order Repeat Prescriptions online
- View details of your medical record such as consultations, reports, results etc.



All this can be done in your own time and at your own convenience without the need to call the surgery. Please ask at reception for details.

### 2) Receive Text Reminders Of Your Appointments.

Remembering appointments can be difficult. If you miss an appointment not only will you need to make another one but valuable appointment time at the surgery is lost. If you have a mobile phone we can send you a text reminder of the date and time. If you cannot make the appointment just text **CANCEL** back, **FREE OF CHARGE**. To register for the Text Reminder service please contact reception and make sure that they have a record of your mobile number. It may be that your mobile number is different to the one we have on file. Please check with reception.



### 3) Twenty Eight Day Repeat Prescription Service

If you are on repeat prescriptions and get your medications from the surgery you can join our 28 day repeat prescription service. This means that you do not need to place an order every month. We will sort it for you and it will be ready for you to collect on the same day every month. Please ask at reception for details.



## Triage System

If you have an urgent medical problem then our triage system is designed to ensure that you get to speak to a GP within a few hours of your phone call and that you will get a face to face appointment on the same day if necessary. The receptionist answering your call will ask the following questions;

- ◆ Who you are calling about, yourself or someone else?
- ◆ A number that the doctor can call you back on. Preferably this should be a landline number as mobile reception can be poor. The number that you give needs to be one that you will be available on. The receptionist can try to give you some indication about how busy triage is but they cannot guarantee when the doctor will call back. We regularly get well over 50 triage calls in a morning alone and they can take a long time to deal with. Also some calls can be dealt with in minutes whilst others take much longer. The receptionist has no way of knowing this. If you can't be available to take a call at the time then you may be advised to call back when you can.
- ◆ The receptionist may then ask you if you would like to explain briefly what the reason for your call is. This is just the same as receptionists in A&E departments will do. You can decline to give a reason but if you do give a reason then the doctor is better able to prioritise his/her list into the most urgent cases first.
- ◆ The doctor will then call you back to discuss your problems and take the appropriate course of action. If the doctor can't get through they will try again but cannot do this indefinitely. The main thing to understand about the triage system is that **IF YOU NEED TO SEE A DOCTOR THAT DAY THEN YOU WILL.**

**SHINGLES CAN BE EXTREMELY DIBILITATING AND PAINFUL. IF YOU ARE ELIGIBLE FOR A VACCINATION PLEASE CALL THE SURGERY NOW.**

Who's eligible for the 2016/17  
**SHINGLES**  
**VACCINE?**



**AGE:** The age you will be on 1 September 2016



\* inclusive

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## The Broader Care Community

In the last newsletter we explained how Bentham is now part of Cumbria CCG (clinical commissioning group). In April Cumbria CCG will split into two parts. The one in the north will continue to be Cumbria CCG but the South Lakes practices including Bentham plus the Barrow and North Lancs practices will join together to form a new Morecambe Bay CCG. It is hoped that this new CCG will be better placed to work with the hospitals in the area to improve secondary care and to make it more efficient.

Bentham practice is also a part of an Integrated Care Community with five other practices who meet regularly with providers of community care (district nurses etc), social care, public health providers, volunteer organisations and others. The purpose is to develop a much more holistic approach to all aspects of patient care, ensuring that all providers are working together to provide people with the care that they want.

There have already been some public engagement events to explain what is happening and what the aims are. There are more planned so please keep an eye out for information in the waiting rooms. Better still, get involved with the Bentham Patient Representative Group where you will find out more. You don't have to attend the group meetings if you can't but can become a 'virtual' member getting information sent online.

## Long Term Condition (LTC) Review Clinics

A number of our patients attend one or more LTC clinics per year, e.g. Heartbeat, Diabetic, Asthma etc. These work very well for patient care as regular reviews help to keep people stable and well. However, we have found that some patients with more than one LTC were being called in more than once a year which was wasteful of both patient and GP time. Also, the date of recall was not easy to remember as it was often arbitrarily based on the date of the first clinic. We have been looking at a better solution and hope that we have now come up with the answer. We have invested in some computer software that will help us to search our patient database and allow us to invite patients in to a "One Stop Shop" review clinics where all conditions can be dealt with at the same time. Also, the review date will be changed to coincide with the patient's month of birth which will be far easier to remember. Changing people over to the new system will take some time as we do not want too much time to elapse between appointments. For some patients it may take a couple of years to get them onto a month of birth system. If anyone has any queries about the new system then please do not hesitate to contact the surgery.

## Staff Training

Once a month the practice closes for an afternoon for staff training. Some people have complained about this but it is absolutely vital to keep staff up to date with current legislation and practices. This happens in every practice in the CCG. We do publish the dates of training afternoon on the website and in the waiting rooms. Please ensure that you are aware of these so you can plan ahead. Any urgent call on these afternoons are dealt with by the Out of Hours service just as they are at evenings and weekends.



Dates for this year; **Still to be announced please keep a look out in the waiting rooms or on the website.**

## What you need to know about your referral and Outpatient Appointment

If your doctor refers you to the hospital it is far better if you call the hospital to find out what is happening. You can call the hospital booking centre on **0845 055 9990**. The hospital may send you appointment reminders by phone.

You can book transport to the hospital if you call Patient Transport Services at least 48 hours before your appointment on **0800 032 3240**.

### On the day of your appointment please take with you:

- Your appointment letter
- A list of any changes to your regular medications/tablets
- A list of questions or issues you may want to discuss with the doctor or nurse

- You may want to take someone with you to your appointment (for people under 16 it is preferable if you bring someone with parental responsibility).
- There is limited parking at the hospitals so please allow plenty of time to get a space. Parking is pay and display
- On arrival please use one of the self check-ins or report to reception. Tell reception if any of your details have changed.
- You should discuss the following with the doctor or nurse:
  - ◊ What might be wrong with you
  - ◊ Whether you need any tests
  - ◊ What treatment is best for you
  - ◊ What happens next
  - ◊ Any other information you need
- Please ask the doctor or nurse if you would like a copy of the letter that they will be sending to your GP following your appointment.

### **After your consultation**

If you:

- Are discharged to your GP for follow up care your treatment plan will be sent there
- Need a follow up appointment the hospital will arrange this
- Need tests these will be booked by the department where they will be done
- Need to come into hospital for tests or an operation you will be contacted by the inpatient team to arrange this

### **Treatment times**

As part of the NHS constitution you have the right:

- To start non-emergency, consultant-led treatment within 18 weeks of referral
- Where cancer is suspected to be seen by a consultant within 2 weeks of referral

## **Minor Ailment Medications and Gluten Free Products**

You may have seen in recent press and television adverts that the health service is changing the way medications for minor ailments and gluten free products are provided.

If you have a minor ailment that requires a standard over the counter medication your doctor may now advise you to visit the local chemist instead of issuing you with a prescription. You can also choose to go straight to the chemist yourself. The chemist will then ask you about your symptoms and if they feel that a standard over the counter medication would be ok they will recommend that. If you currently are exempt from prescription charges you will get the medication for free. If you usually pay for prescriptions you will be asked to pay the over the counter price (which is usually cheaper than the £8.40 prescription charge). If the chemist feels that your symptoms are more serious they will refer you to your GP or to A+E. If you go to the chemist for repeats of the same medication they will refer you to your GP. This scheme only applies to Bentham Chemist, not Ingleton.



If you currently get gluten free products these again will be taken off monthly prescription and a monthly order form will be made up for you. We will be writing to all patients on gluten free products shortly. Again, this only applies to Bentham chemist and Bentham surgery pharmacy, not Ingleton. Patients on gluten free products who collect from Ingleton pharmacy will continue to do so on prescription.

## Patient Representative Group

Your PRG has been very active this year meeting on a regular basis and organising a number of things including the latest practice questionnaire which took place in October 2016. The results of the questionnaire will shortly be available through the website or in the waiting rooms of both surgeries. The group will use the feedback from the questionnaire to formulate its action plan for the coming year.



The group has also been active in other areas, meeting with the Cumbria Commissioning Group to champion the level of service provision for patients of the practice and has also organised improved access to both surgeries. **The following is Lorraine Crossley, your PRG Chair's latest report;**

Hello everyone,

Since the last Newsletter the Annual Patient Questionnaire has been completed, may I take this opportunity to thank everyone who participated. The statistics will be analysed and the comments looked at and discussed by the surgeries staff and The Patient Representative Group when this is completed the results will be put on the 'Ear' notice board in both surgeries.

Some of the group have been attending meetings held by the Cumbrian Commissioning Group about how we can improve the health and wellbeing in our communities, these are still ongoing and other medical practices and communities are all doing similar things.

Our next meeting on Thursday 13th April '17 will be our Annual General Meeting at Bentham Medical Practice 7pm, everyone is welcome and while I personally I think we do a reasonable job we are always open to suggestions, so why not come along and see if you would like to join us.

If you would like to find out more about the Patient Representative Group or would like to pass on constructive views and comments then please contact me on 015242 51293 or email [lorraine.crossley1952@btconnect.com](mailto:lorraine.crossley1952@btconnect.com)

Thank you

Lorraine Crossley

Chair of the Bentham Surgery Patient Representative Group

## Weight management service in Craven

There is now a weight management service in Craven. Ask your GP for more details or alternatively self refer by going to <http://www.cravendc.gov.uk/HealthyLifestyles> and using the online forms

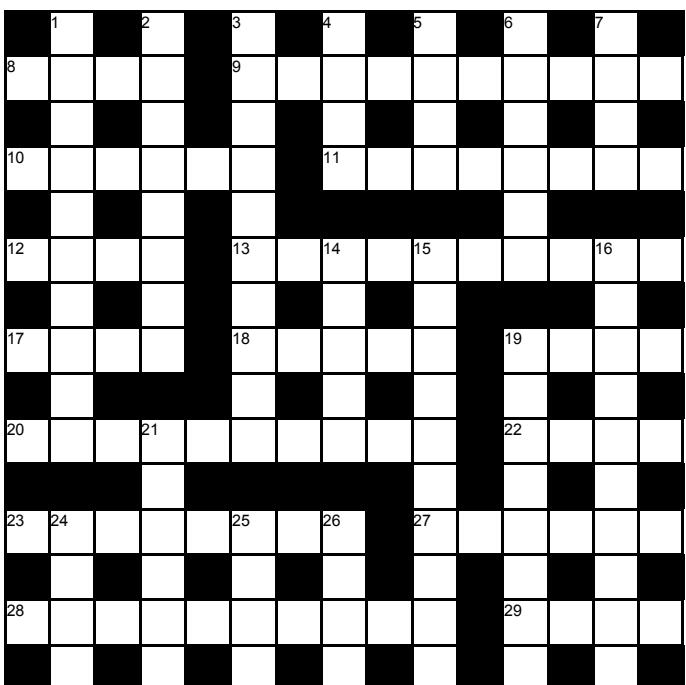
## Routine weekend appointment scheme

We are currently trialing a weekend routine appointment scheme with either a GP or Health Care Assistant. Initially these will run on Saturday mornings in Kendal. Your GP will suggest these to you if they feel they are appropriate but please ask if you want to find out more

## Bentham Medical Centre Extra Care Fund

Many of you will know that for many years we have run a registered charity at the practice called the Extra Care Fund

People have donated into this as a thanks for care and treatment or as a bequest following the death of a loved one. We have used that money to provide equipment and services that are not routinely funded by the NHS but make a big difference to peoples lives such as the car transport scheme which we help to fund, purchase of mobility aids to loan out plus many other things. We would be very grateful for your continued support in this so the scheme can continue for a long time to come.

**CROSSWORD****Across**

- 8 Feeble joke is over your head (4)  
 9 Settled at home, doctor and her majesty had dinner. (10)  
 10 Where you will find gates All over the place (6)  
 11 Alarm notice about eastern remake. (8)  
 12 Setters cry of pain was like sound from a tortoiseshell (4)  
 13 Climbers last attempt on mountain ridge around west of Nepal was fatal. (10)  
 17 Two headless insects looked disgusting. (4)  
 18 When inside find ringed lemur. (5)  
 19 Rant or smoke. (4)  
 20 Remark on work taken on holiday perhaps (10)  
 22 Headless European smells. (4)

- 23 Donkey or man mixed up (8)  
 27 Mr Blair lost one before end of May and felt isolated (6)  
 28 Female alien notes the score (5,5)  
 29 Nearly all were damp barring one (4)  
**Down**  
 1 Flat out went all the way (4-6)  
 2 Series method was on track (8)  
 3 Showing contempt is above girl in seedy bar (10)  
 4 Finished off headless dog perhaps (4)  
 5 Fixing farm. (4)  
 6 Formal denial coming up with nothing but prayer (6)  
 7 Party animal. (4)  
 14 Competition where lots of bucks are seen (5)  
 15 Flight trainee (Yank), was a hit with the girls (10)  
 16 Senseless, reels drunkenly south many times. (10)  
 19 Primary term for enema perhaps. (8)  
 21 Strangely covet a leggy bird (6)  
 24 Shoo out from west end (4)  
 25 Man on first bus looked grave (4)  
 26 Record it slip perhaps (4)

**Answers to Issue 15's Crossword**

- 8a. Less. 9a. Open secret. 10a. Digest.  
 11a. Preamble. 12a. Hi Fi 13a. Oratorical.  
 17a. Gall. 18a. Eclat. 19a. Diva. 20.a Terminator.  
 22a. Gene. 23a. Esoteric. 27a. Wash Up.  
 28a. Phenomenon. 29a. Ides  
 1d. Legitimate. 2d. Especial. 3d. Post Modern.  
 4d. Hemp. 5d. Isle 6d. Scampi. 7d. Deal.  
 14d. Allot. 15d. Outgrowing. 16d. Adventurer.  
 19d. Digestif. 21d. Mutiny. 24d. Soho  
 25d. Rime. 26d. Cone

**WiFi and Card Payments**

At long last we have emerged from the dark ages and have installed WiFi at the surgery at Bentham and Ingleton. No password required. Just connect to WiFiSpark.

We have also installed a debit card reader for any payment transactions (Bentham only). This can be used in person or patients can telephone in.



If you have any feedback regarding this edition of "What's Up Doc" or you have any questions or thoughts about the practice then please contact Jonathan Scott by letter or at [jonathan.scott@gp-B82061.nhs.uk](mailto:jonathan.scott@gp-B82061.nhs.uk)

