



What's up Doc?!

The quarterly newsletter for Bentham Medical Practice Spring 2015

Welcome!	1
Practice News	1
Article on Statins—Dr Howlett	2—4
Missed Appointments	4
Communications	4
Triage System	5
Friends and Family	5
Patient Representative Group	6
Productive General Practice	6
Reader Article - Breathing Exercises	7
Minor Ailment medication and Gluten Free Products	8
Crossword	8

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

As I write this it is almost Easter and you can feel Spring in the air. Where does time go to?!

As you will see life at the practice is, as always, very busy and constantly changing. I have tried to cover as much of this years news as we can in this copy of the newsletter. In fact, this edition has increased on the previous one by two pages

If there are any articles in the newsletter that you would like to find out more about or if you have any news that you would like including in the newsletter or if you have any feedback then please do not hesitate to contact me by my email address jonathan.scott@gp-B82061.nhs.uk or by writing to me at the practice.

On behalf of everyone at the practice I would like to wish you all a very Happy Easter and hope that Spring continues to be kind.

Best regards

Jonathan Scott
Practice Manager



Practice News

Practice Staff

Dr Rigg

Unfortunately, Dr Carolyn Rigg, who joined us as a partner in June 2014 has decided to leave the practice. Carolyn will be leaving at the end of May. We thank her for the work she has done here and wish her all the best for the future. We will now be trying to replace Carolyn as soon as possible.

Foundation Year 2 Doctor

Since time of last writing our previous FY2 doctor, Daniel Jackson, was replaced by Chris Garside. In turn Chris will be leaving us at the end of March. We wish him all the best for the future. In April we will have our next FY2 join us, Dr Chris Jacobs.

Dr Morgan - Cycling for Headcase

Over the past few years you have all been very generous in your support of my various sporting challenges. In May, I am going to team up with a group of ladies, who are cycling to raise money for the brain tumour charity, Headcase. This year we are tackling the beautiful East coast, cycling from Newcastle to Edinburgh. If anyone wishes to make a donation to the charity, follow the link below to our Just Giving Page.

Many thanks,

Dr Louise Morgan

<https://www.justgiving.com/Wagtail-Wheelers-Headcase-cycle-2015>



STATINS – THE FACTS

An article by Dr Howlett

Introduction

There can be few subjects more controversial in medicine currently than the role of statins.

On one side of the argument statins are said to be wonder drugs that prevent vascular disease [mainly heart disease and strokes]. Current expert guidance is that large swathes of the older population should be taking them.

On the other side of the argument statins are said to be of limited benefit, and to cause lots of side-effects.

As usual the true situation is somewhere between the two.

This leaflet attempts to set out the facts – at least as well as we know at present.

Background

Statins lower cholesterol, and they do this very reliably.

High cholesterol is known to be a risk factor for atheroma [narrowing of arteries due to fatty deposits].

Atheroma causes vascular disease.

There are lots of other risk factors for atheroma development. The important ones are:-

- Age
- Smoking
- High blood pressure [hypertension]
- Diabetes
- Obesity
- Lack of exercise

Family history of heart disease or strokes

When we are addressing cholesterol, we address the whole risk factor picture.

Cholesterol + Diet

It seems clear from research that the lower the cholesterol level the better.

Your cholesterol level is determined by a combination of genetics and diet.

You can't do anything about your genetics.

But you can alter your diet to improve your cholesterol. Everyone with a high cholesterol, or who have established vascular disease, should have an appointment with the practice nurses to discuss what they can do to lower cholesterol.

It is worth adding at this point that the starting level of cholesterol is actually not that important. The benefits of statins are the same whether you have a high or normal cholesterol.

Thus if you already have vascular disease, the specialists will want to put you on statins, even if your cholesterol reading is normal.

Vascular Disease Risk

We are now able to give patients a pretty accurate figure for the chance of them developing vascular disease. We use a computer programme called QRisk2, which is embedded in our computer system. This is based on huge amounts of population statistical data.

We feed in a lot of information about you – blood pressure, cholesterol level, weight, smoking status etc.

The programme then gives us a percentage figure which is your chance of developing vascular disease over the next 10 years. A figure of 10% thus means you have a 1 in 10 chance of developing vascular disease over 10 years.

This level of risk then becomes important in making decisions about starting statins or not. It can also have a bearing on when we start treatment for high blood pressure

Familial High Cholesterol

If your cholesterol is particularly high [total cholesterol more than 7.5], you may have inherited problems, and will need to see a GP to discuss what action is needed.

We follow a specific set of guidelines for what to do in this situation.

STATINS (cont)

Primary vs Secondary Prevention

This is an important distinction when discussing how we manage cholesterol.

Secondary prevention is when you already have vascular disease. This means you have:-

- Had a heart attack
- Developed angina
- Had a stroke
- Had a mini-stroke [Transient Ischaemic Attack or TIA]

Developed artery blockage to the legs

Primary prevention means that you have no known vascular disease ie we are trying to stop heart attacks and strokes before they happen.

Statins In Secondary Prevention

The specialist advice is that anyone with existing vascular disease should be started on a statin – usually this is done by the hospital doctors. Currently high doses of atorvastatin are used.

We would agree with the specialists, though would want any problems with the statin to be brought to our attention.

Statins In Primary Prevention

This is where things get more complicated!

It is definitely proven that statins will reduce the chance of developing vascular disease by a small amount, even if your cholesterol is normal.

The benefits vary depending on what your risk of developing vascular disease is. Thus I am not going to explain them here, but we can provide personalised information depending on your level of risk.

The higher your level of risk, the greater the benefits of statins become.

The current advice from our advisory bodies [primarily NICE – the National Institute of Clinical Excellence] is that statins should be considered for all patients with a vascular risk over 10%.

This equates to huge numbers of patients – 80% of men over age 50, and 55% of women over age 60.

We feel that using statins in this situation is not essential. We will endeavour to give you appropriate personalised information, and then it is down to you to make a decision re starting them or not.

We are now being advised to use atorvastatin as our main statin option, as it strikes a good balance between effectiveness and value.

Statins And Muscle Pain

This remains a highly controversial subject.

Our experience is that a significant number of patients will complain of muscle pain after starting statins.

However this is not borne out by the research. The most reliable data says that for every 100,000 patients taking statins for a year:-

- 190 will get mild muscle pain [so only 0.2%]
- 5 will get myopathy [serious muscle inflammation]
- 1.6 will get rhabdomyolysis [very serious muscle inflammation]

There is some concern that drug companies may not have released all data about side effects.

However it is also thought that this is an illustration of the "nocebo" effect [the opposite of the placebo effect] - patients get side effects because they expect to get problems on the statin.

So indeed controversial!

In practical terms our advice would be to not let worries re muscle pain side effects put you off trying a statin. The statin can be changed or stopped if you run into problems.

Statins And Diabetes

And to make things yet more complicated it is now proven that statins can cause diabetes.

If 100 patients are given statins for 10 years, 1 of them will become diabetic [who wouldn't have become diabetic if they hadn't been on statins].

STATINS (cont)

And it is thought this risk increases if very high doses of atorvastatin are used. Nevertheless the experts are clear that the benefits of statins outweigh the risks.

Other Risk Of Statins

Statins can cause liver problems, though this is very rare, and we keep an eye on this via blood tests after starting statins.

There are no other serious risks of statins.

Statins can cause the usual range of minor drug side effects [rashes, diarrhoea, nausea, dizziness], but my experience is that these don't happen that often.

The only specific side effect I see occasionally is insomnia. I can't find any data as to the risk of this happening.

Conclusions

So this is not a simple area, either for us as GP's to explain about statins, or for you as patients to decide whether to take them or not.

We think the take home message is that:-

If you have heart disease or have had a stroke, you should at least give statins a go.

If you haven't, it is for us to give you the facts, and it is down to you to make a decision as to whether to take statins or not.

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 first 11 weeks of this year we had 292 cases where appointments were missed without notice. **That is 27 per week or the equivalent of 7 hours of surgery time a week.** 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 you medical record. This allows you to;

- Send in queries and communicate on line
- Order Repeat Prescriptions on line
- 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 complete the tear off section below and hand in to 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

I know that this article was printed in the last newsletter but, for the benefit of new patients and those who have not visited the practice recently, please find below an explanation on how our triage system works. With the triage system, if you feel that you need to speak to or see a doctor urgently, then you can. Just follow the following steps;

Call into the surgery on 015242 61202. Your call will be answered by a voicemail system and you will be asked to press the number that most suits your needs;

- ◆ 1 for an urgent call
- ◆ 2 to arrange to speak to triage doctor. Please note that this will not connect you to a doctor
- ◆ 3 to speak to a receptionist about a more routine appointment or matter
- ◆ 4 to order a repeat prescription. Please do use this if you can as it then frees up the phone for people with urgent problems.

Once you are put through to a receptionist and inform them that you want to speak to or see a doctor urgently you will be put onto the triage list. During the course of the conversation you will be asked a few 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 other 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.**

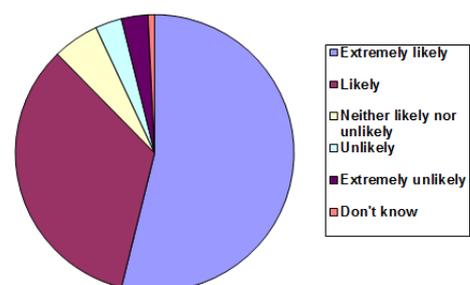
I hope that makes things clear but if you do have any queries then please call or email me at the surgery.

As a footnote, if you are calling about a non urgent matter then please try not to do so at peak times of day such as first thing in the morning when people with urgent problems may be trying to get through. Please try late morning or mid-afternoon when the phones may be quieter. Better still enquire about our online access service (see article later in the newsletter) where you will be able to post queries, order prescriptions, book appointments and even view your medical record on line.

Friends and Family Test

Many people will know that, as from 1st December 2014, all GP practices throughout England have to ask patients to complete a 'Family and Friends' test. This is a contractual requirement imposed by government. The test is very simple in that it just asks how likely you are to recommend the practice to family or friends with the set answers being; very likely, likely, neither likely or unlikely, unlikely and very unlikely. There is also facility to add a personal comment to the form. The test has been conducted in the surgeries plus you are able to complete on line. The responses we have had have been overwhelmingly positive with some very encouraging and supportive comments. A summary of responses is below. We will actively work to improve the results in future.

Dec 2014 - Feb 2015 incl - Monthly Friends & Family questions completed by patients - How likely would you be to recommend Bentham Medical Practice to your friends & family?



Total of 385 responses gathered over 3 months. Of which 61% were extremely likely, 28% likely, 4% neither likely or unlikely, 3% unlikely, 3% extremely unlikely and 1% don't know.

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. The group has studied the results of the questionnaire and the comments received and has now formed a working group to discuss with the practice what can be done to improve the levels of service that the practice provides. Already a number of changes have been made. Areas that the group are currently looking at are;



- Going into the surgeries and helping complete the annual patient survey with patients.
- Helping to obtain signatures on the BMA and RCGP petitions concerning reduction of funding planned in surgeries.
- Review of the Website
- Discussion around the number of missed appointments the surgery has and development of a notice board to publicise this. Suggesting how to collect patient details to enable more mobile phone reminders of appointments.
- Review of forward booking of routine appointments and suggestions on improvements.
- Review of how GPs arrange future appointments and suggestions on how this could be improved.
- Looking at ways privacy could be improved at reception desk.
- Better use of notice boards for communications and updates.
- Synopsis of relevant minutes to local papers and village newsletters, communicating what PRG and surgery are doing.
- Contributions for "What's up Doc" surgery newsletter.
- Ensuring outreach delivery services for prescriptions are to continue following GPO re-site in Bentham.
- Communication with MP re continuation of Rural Practice and Ambulance Services.
- Negotiations with Craven District Council to improve access to both surgeries. This includes dropped kerbs at both sites for better wheel chair access, review of ramped access at Bentham and improved prominence of disabled parking bays.
- Discussion and review of facilities in waiting rooms including information available, correct location of hand sanitisers, etc.

Please note, the AGM will be held at Bentham Health Centre on 30th April at 7.00. All are welcome to attend.

If you would like to know more about your Patient Representative Group please contact Lorraine Crossley (Chair) on 015242 61700.

Productive General Practice

We have recently embarked upon a program of continuous improvement within the practice. Results of our recent practice survey and recent Friends and Family Test show that although many of our patients are happy with the service we provide there are areas that we could improve. We have been working closely with your PRG on this. As reception is effectively the 'Front of House' area of the practice we decided to look at this first. We are currently in the process of collating as much evidence as we can to see where we are at the moment. We will then review the evidence and start to consider how we could improve and how that improvement can be achieved. As always we are very happy to receive any constructive feedback you may have by phone, in writing, email or through our website.

Areas under current consideration include; better use of the phone system, reduction in the number of people who don't show up for appointments, increasing access for patients online and by text, improving privacy at reception window, increasing number of patients on automatic repeat dispensing, overhaul of appointment and recall system to free up more appointments, review of work done in reception, streamlining of processes etc.

We will keep you informed of progress.

Abdominal Breathing Exercise to help lower blood pressure and reduce anxiety

Please note. This article was submitted for inclusion into the newsletter by a reader. It has been seen by the doctors and they are happy for its inclusion for patient information and interest but it should be pointed out that this does not mean that the contents in the article are the views of the doctors.

Although it can be difficult to scientifically prove the health benefits of specific breathing techniques; the proof tends to be in the results of the individuals that do it. This specific breathing technique is an ancient Hatha Yoga technique and when used therapeutically can lower blood pressure, and also reduce anxiety attacks should they occur.

The breath is an important tool we can use for many things, and it doesn't cost us anything to use it, we also carry it around with us and so we can use it at anytime.

This abdominal breathing exercise was once proven live on Cumbria radio in 2009, when a lady had her blood pressure taken before and after doing this breath. On testing her blood pressure after doing just three rounds of this technique, her blood pressure significantly reduced.

This is best practised twice a day for roughly for 5-7mins each time, for the best results. This breathing exercise is also called diaphragmatic breathing. After practicing abdominal exercises you will feel relaxed and the internal rhythm of the body will be better. The blood pressure will return to the normal level after some time. Regular practice will show the benefits of this abdominal breathing exercise.

- i) Place one of your hands on the chest and the other on the lower abdomen. Inhale slowly upwards from the abdomen to the chest, with control through the nose. Aim for the abdomen to extend more than the chest each time – without straining.
- ii) This ensures that the diaphragm expands enough to put enough air into the lungs.
- iii) Exhale as slowly as you can, and then inhale again as before.
- iv) At the end of the inhale hold your breath for a few seconds (keep your shoulders relaxed throughout). You can count up to 6 or 7 in order to gain better control. Do not force yourself to hold the breath. Take it easy and hold it just for few seconds.
- v) Now, at the count of 8-10, exhale slowly. When all the air is released, gently contract the diaphragm muscles and relax
- vi) Make sure you exhale deeply without applying too much pressure. Just try to exhale completely.

Repeat the cycle 4-5 times, with 5-6 deep breaths and 5-6 breathes per minute. Please do reduce the counts of the breath if you feel any strain or stress with the higher counts.

As a general rule, the exhalation time is twice the inhalation time. As you practice and become better, you can stop keeping the hands on the chest and abdomen. They are just meant to give you a feel of the expanding diaphragm.

For more information on topics relating to this, please visit:

<https://c.ymcdn.com/sites/iayt.site-ym.com/resource/resmgr/bibliographies-public/heart.pdf>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1781326/>

<http://www.sciencedaily.com/releases/2013/04/130422175710.htm>

<http://highbloodpressurebegone.com/breatheas-slow-breathing/>

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.

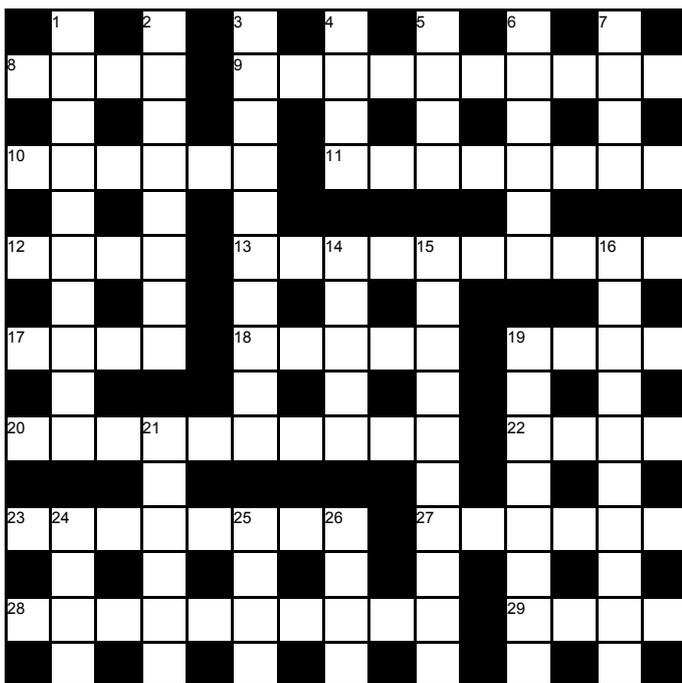
If you have a minor ailment that requires a standard over the counter medication your doctor may now advise you to visit the local chemist instead of issuing you with a prescription. You can also choose to go straight to the chemist yourself. The chemist will then ask you about your symptoms and if they 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 £8.05 prescription charge). If the chemist feels that you 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



CROSSWORD



Across

- 8 Initially load of ancient muck was good for growing. (4)
- 9 Bubble with enthusiasm (10)
- 10 Somehow averts having to do without (6)
- 11 Gives in, being soft (8)
- 12 In a fury loses energy and left in tatters (4)
- 13 Book forger got in a mess. Well it's all or nothing (2,3,5)
- 17 Lamp for instance was red hot(4)
- 18 What every bit player wants on its own (5)
- 19 Far east lacks a certain feature (4)
- 20 Ring of bells about carnival police coming back and appearing occasionally (10)

- 22 Initially Alison came home yesterday feeling stiff (4)
- 23 Weapons reportedly about America with time will create waste (8)
- 27 Offended by heartless toady holding a pained expression (6)
- 28 Rodent discovered by Liverpoolian outside hospital step (10)
- 29 Stare at king sat on the toilet! (4)

Down

- 1 Timid friend consumed what was in his mouth (10)
- 2 New Zealand academics dizzy with good drink. (8)
- 3 Understood we here country was in a state (10)
- 4 Doubtful if filly was heartless (4)
- 5 Heart of thoroughfare is inspected by family (4)
- 6 An offer of money (6)
- 7 Glance at in fine detail (4)
- 14 In general loses nothing but old money (5)
- 15 Shake bait in old banger. (10)
- 16 At the end of the day we hear Robin perhaps gets an award (10)
- 19 Mix bleach with us to use in service (8)
- 21 Type of element that is about God (6)
- 24 Each upset by pain (4)
- 25 Capital area for theatre (4)
- 26 Order last condiment (4)

Answers to Autumn Crossword

- 8a. Daft. 9a. Livelihood. 10a. Street. 11a. Menswear. 12a. Oboe. 13a. East German. 17a. Wall. 18a. Atoll. 19a. Bore. 20.a Idealistic. 22a. Rare. 23a. Drop-Leaf. 27a. Uplift. 28a. Cadaverous. 29a. Moil 1d. Pasteboard. 2d. Ethereal. 3d. Glitterati. 4d. Ovum. 5d. Plan 6d. Shower. 7d. Nova. 14d. Snort. 15d. Golf Course. 16d. Air Traffic. 19d. Bird Lime. 19d. Shaped. 21d. Appear. 24d. Ream. 25d. Even. 26d. Flog