



# What's up Doc?!

## The quarterly newsletter for Bentham Medical Practice

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VOLUME 1, ISSUE 1

AUTUMN 2010

### Welcome!

Welcome to the first edition of “What’s Up Doc!”, the Bentham Medical Practice Newsletter.

We plan to publish this four times a year to keep all our patients informed about what is happening in the practice. We hope you find the newsletter informative and interesting and we welcome any contributions that may be suitable.

On the back page there is a feedback section where you can write in or email with comments and queries. We will reply to anyone who writes in and also give feedback in future editions of the newsletter where appropriate.



### Practice News

#### Staff Changes

There have been a number of staff changes in recent months. In June Sue Lumb, one of our senior nurses, retired after 21 years service. Unfortunately Sue immediately had to have an operation to replace a knee joint but we are glad to say that she made a speedy recovery and is now enjoying her retirement. A replacement for Sue was due to start in the summer but unfortunately gave back word. We are now pleased to welcome Karen Leven onto our team who will be starting with us at the beginning of December. Sister Meg Disberry, who again has been with the practice for over 20 years, has now been promoted to senior practice nurse.

In February we appointed Dr Louise Morgan as a salaried GP and Louise then became a partner in the practice from 1st July. This is to cover for Dr Ralph Sullivan who reduced from a full time partner to part time this summer as he now has another job as the National Clinical Lead for Primary Care at the NHS Information Centre for Health and Social Care. See page three for more information about Louise.

We have also just appointed Dr Jenny Armer as a part time, salaried GP. Jenny has been working for us for a few months as a locum and we are very happy to now have her as a full member of staff.

Also at the practice we have two training doctors, Dr Barbara Wilkinson, a registrar, who will be with us until February next year, and Dr Tony Gu, an FY2 student who will be

with us until December when he will be replaced by Dr. Yusuf Mirza. A registrar is a fully qualified doctor who, in order to become a GP, has to spend a year in general practice. A foundation year 2 doctor is newly qualified and has to spend 4 months in general practice as part of their ongoing training.

#### Flu Vaccinations

At the time of writing this year’s flu vaccination program is well under way. All patients aged 65 and over and all those considered ‘at risk’ are entitled to a free vaccination. At risk patients include those who are immunocompromised, those with chronic disease, diabetes, severe asthma, pregnant women, carers, health workers, poultry workers etc. Please call the surgery if you feel you may be eligible.

#### Smoking Cessation Clinics

Thinking of giving up smoking? Don’t wait until the New Year. Make an appointment now to see nurse Rachel. She will give you advice, weekly support and save you money by giving nicotine patches etc on prescription.

#### Building Development

In the spring of this year we completed the building of three new consulting rooms at Bentham. We are a training practice and regularly take on students, FY2 doctors and registrars. The new rooms were built with a grant from our local deanery to enable us to increase the numbers we are able to accommodate. Contrary to some current rumours this in no way affects our surgery at Ingleton. In fact, plans are currently afoot to make improvements there as well.

## Current Issues

### Appointment System

We are aware that there has been some concern expressed recently regarding the time it can take to get a routine appointment with a doctor. Some months ago we introduced a new triage system at the surgery. This means that, instead of having the old 'on call' system where anyone who called in with a non routine problem could get an appointment with the on call doctor, the receptionists now take callers names so the triage doctor can call them back. The triage doctor can then prioritise the order of care making sure that those with the most urgent problems are seen first. It also enables the triage doctor to deal with a lot of problems over the phone meaning that patients do not always have to come in to the surgery. The effect of the new system is that many more patients are able to discuss their urgent problems with a doctor than before. However, the amount of face to face appointments has dropped slightly and this has had an impact upon routine appointments. We are doing all we can to improve this through more doctors hours (see staff changes above) and by freeing up more of the doctors time for routine appointments. The problem of doctor's appointments is a national one with demand always outstripping supply so please try to bear with us whilst we fine tune the system to make sure it works as well as possible.

### Telephone System

At the beginning of the year we installed a new telephone system at the practice. Our old system was over twenty years old and was on its last legs. The new system was a major capital investment for the surgery. There have been some teething troubles in installing it plus some people have found it difficult to get used to but we are working hard to rectify these problems. There are times when the telephone system can get clogged with calls, usually in the morning and particularly on a Monday or after a bank holiday. To save yourself time, and to allow callers with urgent problems to get through as quickly as possible, we would be grateful if you could save non urgent calls until the afternoon.

### Repeat Prescriptions

We will shortly be moving the voice mail system for ordering repeat prescriptions from Ingleton to the main line at Bentham. This will hopefully mean that your orders are picked up quicker. Please remember that repeat prescriptions will not be ready for collection until at least 48 working hours from time of order. Feedback

Although we are always working to try and ensure that the service we provide to patients is as good as it can be we realise that this may not always be the case and that, in a rapidly changing health service, we have to continually be adapting and improving. We welcome feedback and suggestions from patients and will respond to anyone who contacts us. Please use the feedback section in this newsletter or write to The Practice Manager at Bentham Surgery.

## ASPIRIN: LATEST RESEARCH

There has been a lot in the newspapers about the pros and cons of aspirin over the last year or two, so I thought it would be useful to write a brief article on current views about its use.

Aspirin has two main properties. Firstly it is an anti-platelet drug: this means that it helps to prevent clots forming, hence its use in people who have had heart attacks and strokes. Secondly, at higher doses, it is an effective painkiller.

Aspirin is not without risks however. It is known to irritate the stomach, and its use is associated with stomach side-effects, and potentially stomach ulcers.

Aspirin remains a proven effective drug to use in people who have had a heart attack or a stroke. In the case of strokes, it is used in people who have clot-type strokes, but not in bleed-type strokes. This is what doctors call secondary prevention – trying to stop a further episode of something serious. Almost always when used this way, the aspirin is used at low dose [generally 75mg daily], and is usually taken life-long. None of the recent research scares looks at this group of patients – so if you are known to have heart problems, or have had a stroke [big or small], please continue with aspirin.

The other group of patients we have traditionally used aspirin in is those we feel are at risk of heart attacks or strokes. This has included patients with diabetes or high blood pressure, for example. Doctors call this primary prevention – trying to stop a disease before it happens. This is the area where we are changing what we have done in the past.

More old-fashioned research suggested aspirin was very effective when used for primary prevention, particularly for preventing strokes. We used to tell patients that aspirin would reduce the risk of strokes by 30%, so it seemed a sensible thing to do. However, research over the last few years shows that it is not as effective as was previously thought. Though taking aspirin does reduce the risk of strokes, it does so by only a very small amount. It is now felt that the benefits of taking aspirin in this situation are no greater than the risks of it causing stomach problems, and hence there is little point in taking it. Interestingly the research showed that aspirin was particularly ineffective in patients with diabetes [it was not clear why this was the case].

So we have decided to stop aspirin in patients taking it for primary prevention. There is no urgency to do this, and we have been gradually taking people off when we see them in the heartbeat or diabetic clinics. It is worth reiterating here that this is not the case if you already have heart or stroke disease – you need to stay on the aspirin.

It is worth mentioning that there are other possible benefits of aspirin. There are regular articles in the newspapers about aspirin preventing assorted other diseases. Most recently there was some research about aspirin preventing bowel cancer. At present, it is not felt that any of these benefits are proven, and current expert advice does not suggest taking aspirin for such reasons.

A final question is whether people should use aspirin as a painkiller [you can still buy it over-the-counter]. Though it can be an effective painkiller, it does have potential serious side-effects at the dose needed for it to be a painkiller [stomach ulcers being the main worry]. Our advice would be that paracetamol should always be the first option as a general painkiller, as it is very safe. In most cases ibuprofen would be the best plan B, though ibuprofen also has some risks that you need to be careful about.

Article written by Dr. N. Howlett

## Dr. Louise Morgan

I am very pleased to be working at Bentham as "half" of Dr Sullivan and am looking forward to the years to come as a permanent member of the team.

Starting life in St. Helens, (which was still in Lancashire in those days) as the daughter of a rugby league player, I grew up knowing about knock-ons and drop goals, and was a season ticket holder for the Saints.

I went to Cardiff medical school, which is where I met my husband (hence the Welsh surname), qualifying in 1992, and I have spent the years since then travelling around the country working as a hospital doctor, then a GP. My last job was in Morecambe, so I am familiar with the hospital services in Lancaster and Kendal. I am interested in all aspects of general practice, but in particular, women's health, minor surgery and medical genetics.

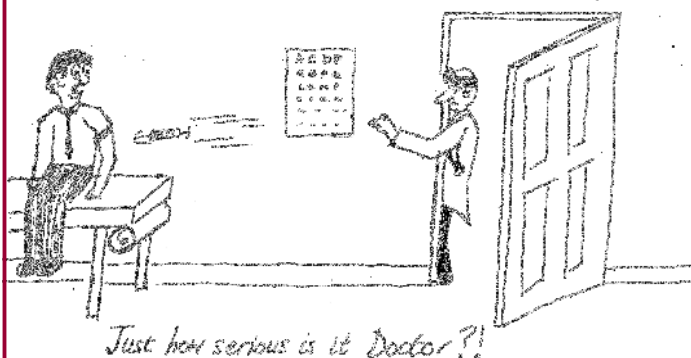
I have three children, so most of the time, when I am not in work, is spent on referee duty, but I also enjoy hill walking, cycling and swimming.

## Dr. Abby Astle

On the 19th September Dr. Astle competed in the Great North Run and came a very respectable 247th female overall. Abby also raised a total of sponsorship for the Bendrigg Trust which enables disabled and disadvantaged people to get involved with outdoor pursuits. The picture below shows the Trust team and includes Jim, who was pushed around the whole 13.1 miles by his brother Dave whilst others ran around shaking buckets. Anyone who would like to donate to the trust can do so by visiting Abby's Just Giving website at <http://www.justgiving.com/Abby-Astle> or to find out more about the Trust go to <http://www.bendrigg.org.uk/>



## Doctor Joke



## Just What the Doctor Ordered!

With Christmas just around the corner here are some mouth watering recipes to tempt your palates.

### Luxury white Chocolate Cheesecake

#### Ingredients:

4oz digestives  
2oz melted butter  
2x 200g bars white chocolate  
284ml double cream  
250g of full fat soft cheese  
250g mascarpone

Crush biscuits and mix with melted butter

Line base of a 20cm tin, tip in mixture, spread evenly and firmly and leave in fridge 24hrs

Melt chocolate and allow to cool slightly

Beat cream, cheese and mascarpone together in well, stir in the chocolate then spoon onto base and level top

Leave to set for 3 hrs in fridge

Add topping of your choice. It works very well with fresh raspberries

To remove from tin, loosen sides with a sharp knife, then stand base on a tin-can and slide sides of cake tin down.



### Stage 1 Prune and Armagnac Christmas Cake

12 oz ready to eat chopped prunes  
2 oz glace cherries - roughly chopped  
2oz whole almonds - roughly chopped  
10 floz armagnac  
1.5 tsp Angostura bitters  
4 oz candied peel -roughly chopped  
8 oz raisins and 8oz currants  
1 tsp each of cinnamon, nutmeg and ground cloves  
1.5 tsp vanilla extract  
1 tbsp molasses sugar  
grated zest of an orange and a lemon  
0.5 tsp salt

- Add all above ingredients to a large saucepan, along with 3 tbsp water.
- Stir and bring to simmering point
- Simmer 15 mins without a lid
- Cool and store for a week in the fridge

#### Stage 2

Pre-soaked fruit  
9 oz SR flour  
9 oz softened unsalted butter  
9oz Demerara sugar  
5 large eggs - room temp  
Grease tin and line base and sides with double thickness baking parchment to sit 4" deep  
Preheat oven to Gas 1/ 140C  
Cream flour and sugar  
Add eggs and whisk  
Fold in flour

- Gradually fold in fruit mixture, then spoon into tin, leveling top
- Bake 2.5 hrs centre of oven, then cover with double thickness of greaseproof and bake for a further 15 mins
- Cool for 45mins in tin, then turn out onto wire rack
- Wrap in double layer greaseproof paper and foil

## While you are waiting

Sometimes the doctor or nurse may be running behind. This can be due to a number of reasons such as;

- A person is very sick and needs to go to hospital
- The doctors has bad news to break to a patient
- A person is in a great deal of distress
- A problem is very complex
- An elderly or disabled patient needs a physical examination

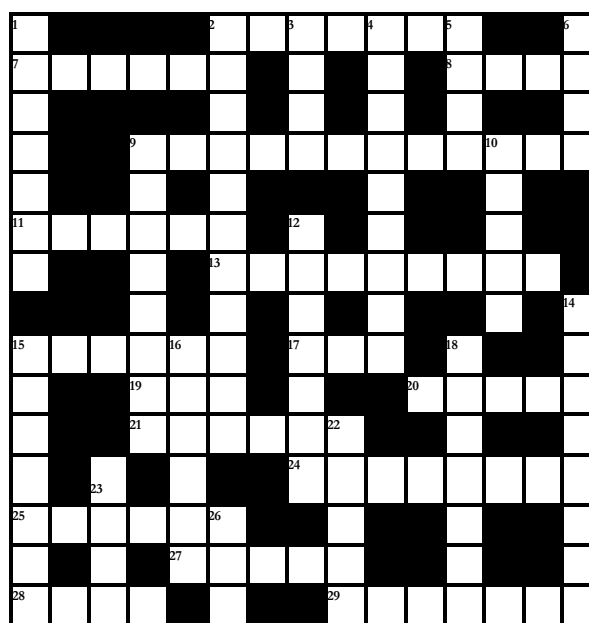
It is very difficult to predict when a surgery will run late so please be prepared

- If you have a complicated problem, a mental health problem, you need a detailed examination, have more than one problem or have communication difficulties then ask to book a double appointment
- Bring a book or magazine or use those provided in the surgery
- Be realistic about how long you may be and try and plan your day accordingly
- Ask at reception if the doctors is running on late or on time
- Try not to be late for your appointment or the doctor will get further behind
- Use the time to plan what you are going to say at your appointments and what questions you want answering. Make a note of
  - Your problems(s)
  - Your ideas about your problem(s)
  - Your worries
  - How this affects your life and how you feel
  - What would you like the doctor to do?
  - Any questions you may have
- Once you are with the doctor tell the doctor all that you want to discuss during the appointment. Decide which is most important and be prepared to save some for another day.
- Try to tell the doctor all the things you really want to say early on rather than saving the important things until last.

## Feedback

This is your medical practice and we welcome feedback. If you have any suggestions, notes of thanks, concerns or complaints please send them to us and we will reply. Also, if you have any article or item that you would like including in the newsletter then please submit them. Any correspondence should be posted to "Bentham Medical Centre Newsletter, Grasmere Drive, High Bentham, LA2 7JP. Alternatively email to jonathan.scott@gp-B82061.nhs.uk

## Medical Crossword



### Clues Across

- 2 Too many of these and it is called acne
- 7 When some inner part ruptures, through another what is it called?
- 8 Although this word means 'theatres', it doesn't mean operating theatres!
- 9 What item of equipment would be called for in a cardiac emergency? (2 words)
- 11 Which single word describes these four: muscle, nerve, epidermal and connective?
- 13 Vera Brittain wrote about her experiences as a VAD in WW1 in her book '.....of Youth'
- 15 Which word, meaning cacophony, was once used to describe a mental institution?
- 17 The fleas on which rodent were the cause of the Black Death?
- 19 Temporary restraining Order
- 20 Respiratory problems, often experienced by young children.
- 21 What colour does the skin turn when a person is jaundiced?
- 24 An frontal lobe operation once used extensively for mental disorders
- 25 How would you describe something that was full of nutrients?
- 27 Whose rod, with a single snake around it, is used as a symbol of medicine?
- 28 Complete the saying—'For pity's ....'
- 29 What do you call the first part of the small intestine, just at the stomach end/ (give plural please)

### Clues Down

- 1 The feeling one has when one calls for a drink of water
- 2 Popular over-the-counter painkiller
- 3 What television programmes shows army life in Korea?
- 4 A substance which will moisten and thus assist a medical person to examine a patient
- 5 This part of the human is not cared for by doctors but religious leaders
- 6 What is the expected outcome when someone goes into labour?
- 9 Which UK hospital drama started in 1986 and was still running strong into the 21st century?
- 10 Which part of the human body is usually covered by pants?
- 12 This hormone, also called theclol, is found in pregnancy
- 14 This condition is the cause of death in drowning and strangulation—basically a lack of oxygen.
- 15 Patients who cannot get out of bed have to use these regularly
- 16 A ring of colour, such as the iris in the eye
- 18 Someone with Munchausen's Syndrome tends to do this.
- 22 When a person has been hurt, they could have this
- 23 When you are well, it could be said that you are 'in' this colour
- 26 Which part of the human body is looked at using an otoscope?