



What's up Doc?!

The quarterly newsletter for Bentham Medical Practice

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Welcome!

Welcome to the second edition of "What's Up Doc!", the Bentham Medical Practice Newsletter.

The first edition appeared to be a success with well over 1000 copies being taken away from the Bentham and Ingleton surgeries. This time we have tried to include more information about what is happening in the practice plus some useful health articles and other bits and pieces.

Please remember that contributions are welcome from patients. We are also very keen to have your thoughts and comments on the newsletter, the points it covers and anything else to do with the practice. Just post these into the surgery or email to

jonathan.scott@gp-B82061.nhs.uk



Practice News

Staff Changes

Since the last newsletter there have been quite a few changes in the staff at Bentham. Firstly, **Shirley Macdonald** has stepped down as Practice Manager after 18 years in the post, and 32 years full time at the surgery. Do not worry, Shirley is not leaving but has decided to go part time. Please see the article she has written later on in this newsletter.

Jonathan Scott, who has been with the practice for two years as business manager, working alongside Shirley, has now combined the Practice Manager's role with his.

Dr Jenny Armer, who had just started at the practice at the time of the last newsletter as salaried GP, has already become an invaluable member of the team and a firm favourite with patients.

Last time we reported that **Karen Levens** would be joining us in December as practice nurse. Karen has been here for a few months now and has also contributed greatly to the clinical team. Find out more about Jenny and Karen further on in the newsletter.

Meg Disberry, our senior practice nurse, recently became a qualified minor illness nurse and will be helping out with triage sessions in the future.

As part of the re structuring **Jill Noble**, who has been with the practice for 13 years, has been promoted to Office Manager and **Lyndsa Lister** (6 years) is now senior receptionist.

Dr Barbara Wilkinson, our registrar, unfortunately leaves us in April as does our Foundation Year Two doctor, **Dr Yusef Mirza**. Both have done a fantastic job during their time with us and will be missed. We wish them the very best for the future.

We will have another FY2 doctor joining us in April, **Dr Nawal Ibraheem** and another registrar in August, **Dr Hamish Grant**.

Health Service Reforms & GP Commissioning

You will have all heard about the coalition government's plans to reform the NHS. These reforms are wide ranging and complex but essentially they deal predominantly with the way healthcare services are commissioned. At the moment every GP practice is part of a Primary Care Trust (PCT). Bentham is part of the North Yorks and York PCT. One of the major roles of the PCT is to commission (buy) secondary care for the patient on behalf of the practice such as acute care (hospital services). In recent years much has been done to increase the amount of choice patients have in that secondary care. The core aim of the current reforms is to hand the commissioning decisions to GPs who will work with patients to find the most suitable and affordable care. PCTs will be abolished and approximately 80% of the health budget will be given to GPs to manage. Individual practices will not be able to take on this responsibility alone so GP Commissioning Consortia will be formed to manage on the behalf of a group of practices. The hope is that by cutting out a very large layer of NHS management major savings will be made enabling monies to reach the

front line more easily whilst, at the same time, improving patient choice and care. That is the principal. What the actual outcome will be nobody yet knows. One thing is for sure, the next few years will be very testing and very interesting.

As far as Bentham is concerned the new reforms will mean that commissioning of services should hopefully become more relevant to our area. At the moment we are right at the boundary of our PCT which stretches across to the East Coast and from South Yorkshire to the Northumbrian border. Most practices in the PCT have services commissioned from within the PCT area whereas most of our services are commissioned to the West, outside the PCT. We hope to join a commissioning group that will be more representative of our area and of our patient's needs and preferences.

Patient Participation Group

The practice is determined to improve communications between itself and its patients in the future. As already mentioned feed back is welcomed. As part of this drive to be more open and accessible the practice is keen to start a patient participation group.

A PPG is a group of patients, community members and practice staff who meet on a regular basis to;

- Offer patients an insight into how the practice runs and the challenges it faces.
- Provide practical support for the practice
- Improve communication between practice and patients
- Encourage patients to take more responsibility for their health
- Contribute to the continuous improvement in services.

An inaugural meeting was held at the surgery on 20th January at which agreement was reached on forming a group. A second meeting is planned for 7.00pm on Thursday 24th March at which it is hoped that a group will be formed and its function discussed. Everyone is invited to attend and it is imperative that the group has a broad spectrum of people from within the community. People who would like to attend this meeting, who weren't at the last, should contact the surgery to give their names in order that we have an idea on numbers. Anyone who would like to find out more about PPGs in the meantime is welcome to contact J. Scott at the surgery or on his email address.

Current Issues

In the last edition of "What's Up Doc" we mentioned some of the current issues that we know have been concerning some patients. In the past few months we have been working very hard to address these issues and the increase in staffing levels and staff changes that we have made should help to show major improvements.

Since taking over as Practice Manager Jonathan Scott has been looking very closely at the core service levels we offer to patients such as;

- Time taken to get a routine appointment with a named doctor
- Time taken to get a routine appointment with any doctor
- Time taken between ordering a prescription and collection

- Time taken to answer the phone
- Time taken waiting at reception window

In each case he has worked with Jill, Lyndsaie and the rest of the team to ascertain what our current performance levels are and where we can improve. This will be an ongoing process of evaluation and change but everyone in the practice is committed to make sure that improvements are implemented as soon as possible. Again, if anyone has any comments, suggestions or concerns then please post or email them to the practice for the attention of Jonathan. They will be investigated and replied to.

Trying to keep service levels high at a time of massive change, increasing patient's expectations and advanced technological developments is extremely difficult given finite and squeezed resources. As well as the surgery making changes in how they operate there are many simple things that individuals can do to make things easier for themselves and for everyone else. Some suggestions to consider are listed below;

i) Appointments

Although there have been some concerns over the triage system its purpose is to enable the doctors to decide who needs the most urgent care. It also enables patients to discuss problems with the doctor without the need to come to the surgery. One thing is very important to understand. If the doctor, following a telephone conversation with you, decides that an urgent appointment is required then **you will be seen on the same day.**

Regarding routine appointments we realise that continuity of care is important, particularly in some cases. However, as some doctors only work part time, there may some time before a free appointment is available for a named doctor, particularly when you may be restricted to what days and hours you can come. Always try to be a flexible as you can in who you will see and on what day and what time.

ii) Ordering Repeat Prescriptions

Prescriptions take time to prepare particularly if stock has to be ordered in. Two things that would help the surgery to help you are;

ii.i) Try to order your medications in advance before you run out.

ii.ii) We operate a 48 hour rule for collection of prescriptions. This means that a prescription will be ready for collection after 11.00am two working days from the time of order. So, an order placed at 5.00pm on a Monday will be ready by 11.00am on the Thursday. Similarly, an order placed at 3.00pm on a Friday will be available after 11.00am on a Wednesday. Too often patients interpret the 48 hour rule as just 2 days so will call in to collect a prescription they ordered at 5.00pm on Monday at 8.00am Wednesday. If the script is not signed then this creates enormous problems of disrupting doctor's surgeries and tying up receptionist's time stopping them from answering the phone etc

iii) Calling the surgery

With almost 8000 patients on it books the practice can be inundated with calls at times. This tends to be early in the

morning and particularly on a Monday or after a Bank Holiday. The practice has spent a great deal of time and money installing a new telephone system to better cope with this demand and is in the process of amending the system so it is as effective as possible. However, patients can help in simple ways to spread the call rate and also help themselves as they will be answered more quickly.

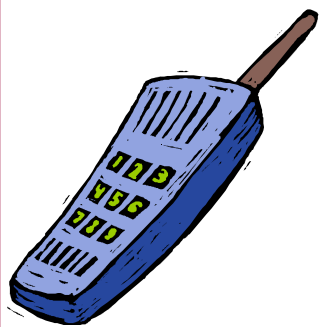
iii.i) If your call is of a non urgent nature then please try to restrict the time you call in to between 10.00am and 3.00pm. If you call in at peak times then you may have to wait longer to get answered and you could be blocking a very urgent call.

iii.ii) If you require a repeat prescription then please try to order it on the 24 hour dedicated order line on 42497, online through the practice website, by dropping your order form off at the chemist or by dropping it off at Bentham or Ingleton surgeries. If you have to order by phone then try to do so between the hours of 11.00am and 3.00pm.

iv) Attending the surgery

Please read the "While you are waiting" section further on in the newsletter to see how you can make a visit to the surgery easier and less time consuming for yourself and others.

Appointment reminder system



With the busy lives that we all lead these days it can be very difficult to remember exactly when your next surgery appointment is. As a consequence there are many occasions when patients just do not show up for an appointment. These free appointment slots could be used by the surgery for patients who need an appointment if the surgery had sufficient warning.

As a result the surgery has invested in an **appointment reminder system**. This automatically sends a text message out to you 48 hours before the appointment is due. If you are unable to attend all you have to do is reply to the text with the word CANCEL. **There is no cost to you for sending this text.** The appointment will then be freed up for use by someone else. In order for this to work it is obviously important that the surgery has your correct mobile phone number. Even if you have given this to the surgery in the past it may be that your number has changed or that that number is used by another member of your family.

When you next contact the surgery please ask the receptionist if we have the right mobile number for you

Shirley writes

After almost 32 years at the practice working full time, 18 of them as practice manager I have reduced my hours to 24 a week worked over 3 days. With taking this step I am no longer the practice manager. I have seen lots of changes in the practice over the years, working with partnership changes and staff recruitment, although staff turnover has always been low. We now have some long serving members of staff which shows that this is a good place to work. There have been various contract changes over the years that have been brought in by the government and another change is on the way. We have coped with them all, especially the introduction of the new contract in 2004, which changed the way I worked in the practice, but I have always enjoyed the variety of work my role has given me. My husband Jimmy, used to say I was one of the few people he knew that looked forward to Monday morning!

I am now working as the Finance Manager and doing some management work with my colleague Jonathan (Scott), who is now the Practice & Business Manager. Jonathan is now the man to ask for. Jill (Noble) has been promoted to Office Manager and Lyndsae (Lister) is now our Senior Receptionist. I wish them well with their changes and will be here to help them.

Finally, I will miss my contact with the patients, because this has always been an important part of my role, but you will still see me in and around the reception office.

Best Wishes

Shirley Macdonald

Karen Levens

Our new practice nurse, Karen, attended the University of Central Lancashire where she completed her nursing training in 2003. She has previously worked in a surgical unit at Westmoorland General Hospital and more recently in the community at both Lancaster and Carnforth before joining Bentham practice in November 2010.

Karen lives locally with her husband and two lovely little boys.

Karen is looking forward to becoming an integral part of the friendly and dynamic team at Bentham Medical Centre.

Dr Jenny Armer

I graduated from Glasgow University in 1994 and after my Registrar year in Warrington I headed up to the Highlands to the home of Glenmorangie as a job sharing GP Partner with my husband in Tain, about an hour north of Inverness. In 2005 we headed back south to be nearer to family and I have been working in Carnforth and Morecambe prior to joining the team in Bentham. I also work in sexual health and contraception in Barrow and Carnforth and at Lancaster



University teaching Medical Students. I have 3 young children who keep me on my toes and a new addition to our family: a daft whipper called Flash. I like to try and keep fit by running (but I'm not as fast as Flash!!)

ANTI-INFLAMMATORY DRUGS

I wrote an article in the last newsletter about aspirin, so thought it would be helpful to follow this up with an article about anti-inflammatory drugs.

The full proper name for anti-inflammatory drugs is non-steroidal anti-inflammatory drugs or NSAID's. I'll use the abbreviation for the rest of the article as I can't face trying to spell anti-inflammatory 20 times! The best know NSAID is ibuprofen, but there are several others we may prescribe. They are potentially very useful drugs. But they also have some serious risks that it is important to be aware of.

Let's cover the good bits first. NSAID's have 3 main properties:-

- [1] They are useful painkillers.
- [2] They reduce inflammation [as you would guess from their name] – so they are particularly useful when pain is caused by inflammation, for example when you sprain an ankle, have an attack of gout, or have period pain.
- [3] They lower temperature – thus we use ibuprofen in children with high temperatures.

Now let's cover the bad bits. NSAID's potentially have 4 important serious side-effects:-

- [1] They can irritate the stomach and potentially cause stomach ulcers. There are 2 groups of patients who need to be very careful about taking NSAID's. Firstly those who already have stomach problems. Secondly anyone over the age of 65. A scary statistic is that nationally around 50 people die per year because a bleeding stomach ulcer is caused by an NSAID. I would say that anyone in these 2 groups shouldn't take an NSAID without getting our advice first. We potentially put patients on tablets that prevent stomach acid to reduce the risk where we feel an NSAID is needed.
- [2] They can cause an asthma attack in asthmatic patients. Generally patients with mild asthma can safely take NSAID's, but anyone with moderate to severe asthma needs to be very careful.
- [3] They can worsen kidney function in patients with kidney problems. Again if we have told you that you have impaired kidney function, or other kidney problems, you should only take NSAID's with our guidance.
- [4] Some NSAID's can increase the risk of heart disease. This has only come to light in the last few years. It has become apparent that some commonly-used NSAID's double the risk of developing heart disease, which is quite scary [see below for more info on this].

Next let's look at the 3 main NSAID's that we use. There are others but their use is more unusual.

[a] Ibuprofen. This is by far the most commonly used NSAID, as it has been available without prescription for years. It can be purchased from chemists, but also from other shops and garages. Common brands are nurofen and cuprofen. It is a mild strength NSAID. It is a very useful drug, but does entail the first 3 risks above [no effect on the heart].

[b] Naproxen. This is the main other NSAID we use. It is of moderate strength and is only available on prescription. Again there is no evidence it worsens heart problems.

[c] Diclofenac. Also known as voltarol. This is also of moderate strength, and for the last 2 years or so has been available from pharmacists without a prescription. Diclofenac entails all 4 of the risks above, and in particular is proven to double the risk of heart disease. Diclofenac is safe for younger, healthy patients to use, particularly for short periods. My advice is that patients with known heart disease should not take diclofenac unless on specific doctor advice. Patients who are at increased risk of heart disease [eg because of diabetes, high blood pressure, high cholesterol, or being elderly] should also get medical advice before taking diclofenac.

So to sum up what is my overall advice:-

NSAID's are very useful drugs.

If treating pain, paracetamol should be tried first as it is safer.

Ibuprofen is very safe in children, and is particular useful if a child has a high temperature.

NSAID's do entail some serious risks, so their use shouldn't be treated too lightly.

Patients in the following groups should not take NSAID's without doctor advice:-

- Anyone over 65 years old
- Asthmatics
- Stomach problems
- Kidney problems
- Heart problems [or those at increased risk of heart problems]
- Patients on warfarin [definitely must not take]

As always if you are unsure please do check with us at the surgery.

Nick Howlett



ARE YOU GOING ABROAD THIS YEAR?

QUESTIONS YOU MAY NEED TO CONSIDER

- DO YOU NEED ANY TRAVEL VACCINATIONS?
- DO YOU NEED MALARA TABLETS?
- WHAT PRECAUTIONS CAN YOU TAKE TO AVOID THE NON VACCINABLE DISEASES?
- HAVE YOU GOT TRAVEL INSURANCE APPROPRIATE FOR THE TYPE OF HOLIDAY YOU ARE GOING ON?
- IS YOUR PASSPORT AND E111 VALID?
- DO YOU NEED A VISA?



Many of us go abroad every year. Statistically more people are travelling to the less developed countries and taking part in the higher risk activities e.g. bungee jumping and white water rafting! Many go without having discussed general travel health with a health professional and have no idea whether they need any travel vaccinations or malaria tablets.

You can access travel health advice at Bentham Surgery by making an appointment with one of the practice Nurses'. You will need a 20 minute appointment at least 4-6 weeks prior to your departure date. However if you book a last minute holiday it is still important that you access some health advice as there are a very small number of countries where some vaccines are mandatory. You could arrive at your destination only to find out that you are refused entry to the country because you haven't had the correct vaccinations.



The common travel vaccines are free however there a few where there is a cost involved. It is worth considering this when booking your holiday as a cheap last minute holiday may suddenly cost you more than you anticipated.

Malaria is a potentially life threatening disease that is spread by the mosquito in many countries throughout the world. You will need to check with the Practice Nurse as to which type of anti-malarial tablet is safe for you to take and is recommended for the area you are travelling to. This is another cost that you should be aware of.



Useful website for advice and country specific information

www.fitfortravel.scot.nhs.uk

www.nathnac.org

This article was written by Sister Meg Disberry

Dr Astle's Top Tips to Walk More

Walking can improve your health and sense of well-being in lots of ways:

- Help you lose weight
- Improve sleep
- Reduce stress and depression
- A way to make friends or spend quality time with your family
- Give you 'space' in a hectic life-style
- Reduce your blood pressure and reduce the risks of heart disease and strokes
- Reduce the risk of diabetes and osteoporosis and some types of cancer



And almost anyone can do it!

Here are Dr Astle's top tips for walking more.

1. **“There's no such thing as bad weather, just inadequate clothing”.** Yes, it's often wet in the UK so make sure you have a waterproof jacket, waterproof trousers and some warm and waterproof walking shoes. And winters are very cold! So add to that plenty of warm fleeces or jumpers, hat and gloves, and tights or thermals that can be worn under trousers.

2. **Involve the family.** Children need fresh air and exercise too and walking can become part of the family routine. Babies and toddlers can be carried in back-carriers, or pushed in buggies. Why not go for a 'buggy-shove' with other parents after a toddler group? Children from around the age of 3 can go on reasonable walks with the family if you provide plenty of interest en route such as looking for flowers, playing hide-and-seek or making foot-prints in the snow: and a bribe at the end is always helpful (such as a play-park or a favourite DVD). A good way to stimulate interest in older children might be to discover 'geocaching' - secret stashes of toys hidden all over the country-side.

www.geocaching.com/

3. **Incorporate walking in your weekly routine.** Can you walk to work or school or the shops? If not, could you park slightly further away, or get off the bus a stop or two early? Is there a slot in the day when you can go for a walk? This could be first thing in the morning, over lunch, early evening, or for busy parents, after dark once the children are in bed!

4. **Be smart in every-day activities.** In car-parks, have you ever noticed how many people park as close as possible to the shops? Be different, pick a spot that makes you walk the furthest. Choose stairs rather than lifts or escalators. Be more active around the home - throw away the remote controls and go up stairs when you need to rather than saving up jobs for a single trip. Meet friends for a walk instead of a beer or coffee.

5. **Join a local walking group.** The Looking Well in High Bentham run regular walks for men, women and mixed groups. Led by volunteer walk leaders who suit the walk to the group and weather conditions. Includes exploring local routes and nature watching. More information on 015242 62672 or office@pioneerprojects.org.uk

For more tips on walking more, visit <http://www.nhs.uk/Livewell/women4060/Pages/Walktohealth.aspx>

But don't be put off by the high targets set by the government. Not everyone can meet these, but any increase from your current level is worth it!

Improve your Fitness with 'Shapely Does It'

'Shapely Does It' is a new fitness and toning studio in Millers Court off Bentham Main street.

Initially for ladies only the studio offers a range of state of the art fitness and toning facilities for all ages and all levels in a very relaxed and informal atmosphere.

'Shapely Does It' is a member owned co-operative and it is hoped that new people will join to benefit from improved fitness and to ensure that the studio has a sound future.

Bentham Surgery wishes 'Shapely Does It' every success and will be working closely with them to promote fitness, wellbeing and healthy lifestyle management.

Pick up a leaflet from the surgery, call 62112, visit www.shapelydoesit.co.uk or drop in to find out more.

Just What the Doctor Ordered!

Sue Atkinson, has been a medical secretary at Bentham for 30 years. Over the years she has passed on this cheesecake recipe to many of the doctors and staff

Base:

250mg butter or margarine

1 large long packet of digestive biscuits (or 2 small packets)

(adjust accordingly if you prefer a thicker base)

Filling:

300gm pack of Philadelphia cheese

300ml carton double cream (whipped thickish but not too stiff)

Nestles condensed milk (400gm tin)

*Juice + rind of 3 lemons

1 sachet of gelatine (or if you already have loose gelatine, then use 2 teaspoon-fuls)

Melt butter, crush biscuits, and combine them until biscuit crumbs are moist. Place into greased tray. (Good amount for 12" pizza tray/large oblong dish/or 2 smaller dishes using normal sized cake tins). Refrigerate until cool (just a short while).

- Mix the Philadelphia cream and condensed milk together until creamy and smooth.

- Add lemon juice + rind and fold in to the mixture, then fold in the cream.

- Add gelatine that has been dissolved in 125mls hot water for loose gelatine (or follow instructions if you use the small sachets). Fold in to above mixture.

Pour contents into base.

*This is very nice and lemony if you wish to serve it plain. Alternatively, you could use only 2 lemons, then cover the top when set with 2 tins blackcurrant pie filling, any make, or use fresh strawberries, frozen/fresh raspberries, mandarin oranges, etc. etc. If you intend to freeze the cheesecake (very successful), then add any topping when defrosted.

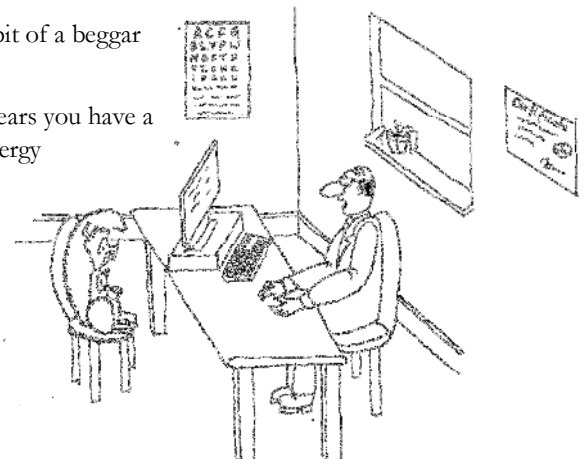
Line dish with tin foil leaving a large overhang, then put into the freezer in the dish. When fully frozen, lift the cheesecake out of the dish and return it back to the freezer just wrapped up in the foil. Remove the foil as soon as you take it from the freezer, as it makes it much easier to handle. Put it on a serving plate to defrost, keeping it in the fridge until you need it, either the night before, or that morning. (For best results slice when partially frozen). If it is not eaten all at once, it will keep fresh in the fridge for 2-3 days.

Enjoy!

Doctor Joke

It's a bit of a beggar really

It appears you have a nut allergy



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

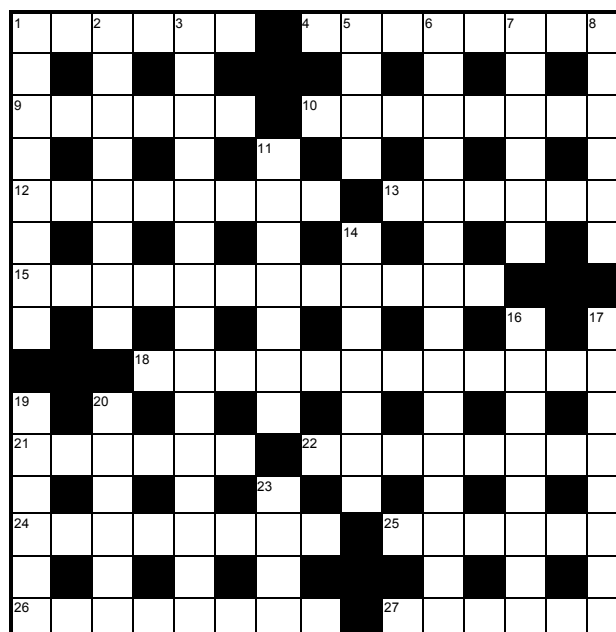
- If you have a complicated problem, a mental health problem, you need a detailed examination, have more than one problem or have communication difficulties then ask to book a double appointment
- Bring a book or magazine or use those provided in the surgery
- Be realistic about how long you may be and 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 problem(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.

IF YOU HAVE TO WAIT FOR MORE THAN 30 MINUTES THEN PLEASE REPORT THIS TO RECEPTION

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

Cryptic Crossword



Across

- To chop around the edges of reality could create an effect on stage. (3,3)
- Church of England takes a second to reel. It's a filthy business. (8)
- Ordering chaps to remain it's heard to see this part of the plant perhaps. (6)
- Midnight can be such a terrible hour. (8)
- Criticise a headless servant coming back with this roll of leaves. (8)
- These three prepositions give the answer entirely! (2,4)
- Refusing to say what one feels about not being locked up. (12)
- Means of identification for Joker on tiny diet. Confused? (8,4)
- Having seen sight aids loosing rubbish containers. (6)
- Attention seeker lost way and became bloomer. (8)
- Attracting sleight of hand holding a trap inside. (8)
- Fats, for example can be covered in spots. (6)
- Angry that pub had piece of gym equipment. (8)

21 Michael, perhaps with no energy took on horizontal aspect. (6)

Down

- Snap up on dirt with these. (8)
- Longing for time with direction. Drink up! (8)
- Artist's trunks? No, pieces of furniture. (6,2,7)
- Former spouse with computer jargon is way out. (4)
- Another shoal of fish in this educational establishment. (9,6)
- Within door is only prayer. (6)
- Force member into this element. (6)
- Confused fracas on the borders of night was a gas for example. (7)
- It's right that ache lit assortment. (7)
- Period of time to move this working pattern. (3,5)
- Council Diva's upset Roy. (8)
- Funny man with pole is out of this world! (6)
- Giving firearm to confused pig is over zealous. (4,2)
- This Mexican plant grows in capital. (4)

Answers to Autumn's Crossword

- 2a. Pimples, 7a. Hernia, 8a. Odea, 9a. Crash Trolley, 11a. Tissue, 13a. Testament, 15a. Bedlam, 17a. Rat, 19a. Tro, 20a. Croup, 21a. Yellow, 24a. Lobotomy, 25a. Alible, 27a. Aaron, 28a. Sake, 29a. Duodena
1d. Thirsty, 2d. Paracetamol, 3d. Mash, 4d. Lubricant, 5d. Soul, 6d. Baby, 9d. Casualty, 10d. Loins, 12d. Estriol, 14d. Asphyxia, 15d. Bedpans, 16d. Areola, 18d. Pretend, 22d. Wound, 23d. Pink, 26d. Ear