



What's up Doc?!

The quarterly newsletter for Bentham Medical Practice

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Welcome!

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

The newsletter seems to be growing in popularity and at times I have difficulty printing out enough to keep up with demand. I am trying to keep the newsletter as informative as possible but am also keen to include

bits about individuals, either from the practice or the community. I hope that the doctor jokes raise a smile, probably because of the poor quality of my cartoons, the recipes are appreciated and the crossword is neither too easy or difficult. You will note that there is a prize for the crossword this month.

It is difficult, however, to fill the newsletter each addition so please feel free to submit pieces or simply to pass on your comments on what you like, dislike or any particular item that you would like to see.

This is the last newsletter before Christmas so, on behalf of everyone at Bentham Medical Practice, I wish you all a very happy Christmas and all the best for the New Year.

Best regards

Jonathan Scott

You can mail me on jonathan.scott@gp-B82061.nhs.uk or write to me at the surgery.



Practice News

Staff Changes

As we are a teaching practice we have trainees coming and going all the time.

In August Dr Ibraheem left after spending a few months with us and was replaced by our next Foundation Year 2 trainee, Dr Annabel Cox. Dr Hamish Grant also joined us as our registrar and will be here for several months.

Sarah Giles, one of our dispensers and receptionists will be leaving the practice. Sarah is planning to move up to Scotland to live. We wish Sarah well and thank her for her hard work.

We are looking to replace Sarah as soon as we can but, in the meantime, we have employed a temporary receptionist, Timothy Austin, who is settling in very well to the hectic life at the surgery.

Ingleton Surgery

As reported in the last news letter we are planning to refurbish Ingleton surgery and to do a lot of work to make access easier, particularly for those with mobility problems. You will see some work going on in the next few weeks. Unfortunately it will mean shutting the surgery for a brief time but we think that this will be no longer than a week. We will keep you posted.

Bentham Waiting Room

Following a number of comments and complaints we have introduced a new system for queuing at the reception counter at Bentham. This was because people tended to huddle around the counter which meant that it was very difficult to have anything like a private conversation with staff and could cause embarrassment. The new system asks people to wait in line to be seen. It seems to be working reasonably well but it is difficult to fully gauge as the automatic arrival system is still out of order. This will be replaced soon and we will then be better able to make a view. Again, your comments and suggestions are most welcome.

Telephone System

Over the coming weeks we hope to make some improvements to our telephone system. These will include;

- Renewing the 24 hour repeat prescription ordering line system. The current system is getting very old and is not repairable. Also, as it is based at Ingleton, we only pick up messages in the morning when the surgery is open. We plan to replace it with a system that can be accessed from both Ingleton and Bentham so messages can be picked up all day long which will hopefully speed up the ordering process. However, it will mean changing the number and there will be more information on this very soon.
- Increase the options available when dialling in. At the moment we only have option 1, urgent and option 2 for all other calls. Many people just choose the urgent option irrespective of what the call is about. We plan to increase the options so that you can order a repeat prescription, leave a message or find out important details more easily and without tying up the phone lines and preventing people with urgent calls from getting through straight away.



More on this will follow but please remember that it really helps if you try not to call in about routine matters between 8.00am and 11.30am. This is when the phone lines are at their busiest, often with people who have an urgent need.

Dispensing

Bentham Medical Practice is a dispensing practice, that is to say that we can actually dispense medications to our patients in the same way that a chemist can. By law we can only dispense to patients who live at least 1 mile away from either the Bentham or Ingleton surgeries.

The practice dispensary offers a range of services to make things as easy as possible for our patients. These include;

- **Twenty Eight Day Repeat Dispensing.** Many patients are unaware that we offer a 28 day repeat dispensing service (for those who get their medications from the surgery and not the chemist). This is the ultimate in trouble free, easy management of medication requirements for those on regular medications. Simply register with the scheme and your monthly requirements will be made up for you to collect, the same day of the month at a collection point of your choice. To register for this service simply enquire at reception.
- **Standard Repeat Dispensing.** Every time you receive your bag of regular medications you will also get a printed, white, slip of paper listing all the items you normally receive. When you need more supplies just tick the items you want and either drop the slip of at Bentham or Ingleton surgeries, phone our 24 hour repeat prescription line on **42497** (this number is soon to change), or order online through our website (to do this you will first have to register for the online service through the surgery reception).



Your medications will then be ready for you to collect from the pick up place of your choice. **Please note, your prescription will be ready to collect after 11.00am, two full working days after you placed your order.**

So, you will see, there are many good reasons why you should choose to become a dispensing patient. To register simply ask at reception for a consent form or leave a message on the 24 hour repeat prescribing line 42497

Appointment System - A Reminder

In the last copy of the newsletter we had an article explaining how our appointment system works. This month we have just repeated the frequently asked questions part to help people fully understand and appreciate the system.



No	Question	Answer
1	What is a triage system?	Triage is the prioritising of patients based on clinical need.
2	What will the triage doctor do?	The triage doctor will call you back, hopefully within one hour of your initial call, and discuss your symptoms and problems with you. The triage doctor will then decide with you what the best course of action is.
3	What are the different courses of action?	Following your discussion it may be that the telephone advice given is sufficient or the doctor may arrange for you to have an appointment that day or at sometime in the future or for you to have a home visit.
4	Can I get to see a doctor within two days of contacting the surgery?	YES. If the doctor considers it appropriate then you will get an appointment on that day or the next working day.
5	What is appropriate?	Where your symptoms or problems would benefit from prompt medical care or there are other mitigating circumstances that make a prompt appointment the best course of action. The doctor may not offer you a urgent appointment in certain cases, for example where you have had a minor problem for some time and have just reported it and may arrange a routine appointment instead.
6	Can I see my usual doctor?	For routine appointments, booked in advance, you should be able to see your usual doctor unless you are restricted to days and times when it may be a problem. For more urgent appointments the triage doctor may decide that it is more important that you see any doctor sooner. However the doctor may decide that it is important that you see your usual doctor to maintain continuity of care and, if this is the case, the doctor will arrange that for you.
7	What happens if I have spoken to the doctor, arranged a plan of action but am now feeling worse.	If this happens then call into the surgery again and the triage doctor will re assess your condition.

Text Reminder Service

In the last edition of "Whats Up Doc?!" we ran a feature on the text reminder service. This is a free service, provided by the practice, whereby you are sent a text message within 24 to 48 hours of your next appointment to remind you to attend. If you can't attend, for whatever reason, simply send a message back saying CANCEL. That way we can offer your appointment slot to someone else.

Despite this service missed appointments with no reason given have consistently run at 15 to 16 a week. That is almost 500 appointments completely lost this year.

All we need is your current mobile telephone number. Please contact reception to confirm this and to help yourself and the other patients of Bentham and Ingleton.

NB. The system is such that it will remind you of planned telephone appointments. Please check this and do not come into the surgery thinking you have an appointment there.



Patient Representative Group

The PRG continues to move ahead, meeting every month to 6 weeks. You will notice that the group has decided to change its name from The Patient Participation Group to the Patient Representative Group as they felt that this name more accurately reflected their role.



There are many things currently on the agenda including;

- GP Commissioning. The group fully support the practice in its wish to move commissioning groups. The Chair, Lorraine Crossley, has already been in touch with our local Mp Julian Smith and the group intends to write to both Primary Care Trusts and County Councils involved to express their views.

It was also decided at the last meeting to arrange a petition from the whole community supporting the move. For more details on what GP Commissioning is and an explanation of the practice's plans please see the next article.

- Practice Notice Board. The Group, with the help of The Looking well is planning to design and install dedicated notice boards at both Bentham and Ingleton highlighting what they are doing asking for feedback and suggestions.
- Questionnaire. The Health Service is known for its extensive and frequent questionnaires. The Group have discussed sending out a questionnaire to a random sample of BMP patients designed to find out what particular concerns people have, what they like and what they don't like in order that they can work with the practice to make things better. If you receive one of these please return asap.

GP Commissioning

Many of you will have heard something about the Government's plan to promote GP Commissioning and to abolish Primary Care Trusts.

GP Commissioning is essentially giving the responsibility for commissioning services, e.g. arranging for a patient to go into a particular hospital, to groups of GPs rather than it being the responsibility of Primary Care Trusts who arguably do not understand the requirements of patients as much as GPs do.

It is still unclear exactly what form the new Health Service will take but practices are busy trying to sort out these commissioning groups for the future.

Up until now Bentham has been part of Craven. That means we fall under the North Yorks and York Primary care Trust. For years there has been a thought at Bentham that this is not an ideal situation for our patients. The people who are controlling what sort of secondary and other care you get are based miles

away and Bentham is very much at the edge of their consciousness. All the other practices in Craven refer mainly to Airedale hospital and further east.

With the advent of GP Commissioning the other Craven practices have decided to try and form a consortium with Airedale and Wharfedale practices. This would further increase focus on West Yorkshire services which would not be in the best interests of the majority of Bentham patients.

Consequently we decided to pursue our desire to join the existing South Lakes Consortium for the following reasons;

- The vast majority of Bentham patients choose to be referred west for secondary care to Kendal, Lancaster etc. Very few choose to go east to Airedale and beyond.
- The rest of the practices in Craven are actively working towards applying for authorisation to form a commissioning group between Craven, Airedale and Wharfedale which would further isolate Bentham as all commissioning issues would have little or no relevance to them
- Bentham wish to be a part of a strong and representative commissioning group which is relevant to its patients.
- GP Commissioning has, at its very heart, the principal that primary care referrers should be responsible for their own budgets and should make the very best use of the funds available to them. Bentham could only do this effectively within the South Lakes Consortium
- The North Yorks PCT, NHS Cumbria, the South Lakes Commissioning Group and the Craven PBC Group all support Bentham in their aims.
- The Bentham Patient Representative Group is in full support of the plan to join South Lakes and is currently writing to both Primary Care Trusts, local MPs and County Councillors to express their view. They are also organising a petition of the wider community.
- The South Lakes Commissioning Group are already well established with many initiatives in place or planned. This would be of great benefit to the practice, the people of Bentham and the wider NHS Community.

The general demographic of practices in the South Lakes Group is very similar to that of Bentham unlike the demographic of a new Craven / Airedale / Wharfedale Group which will include areas such as central Keighley etc.

We would ask for your support in this process, either by signing the petition or writing in to Jonathan Scott, Practice Manager, at the surgery. Jonathan would be happy to discuss this issue further with anybody who is interested.

Practice Website

You may have noticed that the website has been completely overhauled recently to include a lot more information about the practice and its services. Amongst details that you will find on the website are: information about the practice team, surgery times, services, Patient Representation Group, Contact details, My Practice Online where you can book or cancel appointments, order repeat prescriptions or view your medical record, details on commissioning, downloads for the newsletter and the practice booklet etc. Your views and comments on the new website are greatly appreciated.



To make things a bit more interesting we are inviting our patients to submit photographs that sum up the local landscape and community that we can put on the website. Any person who submits a photo that we use will receive a book token. Please email to J. Scott at the surgery at jonathan.scott@gp-B82061.nhs.uk

OSTEOPOROSIS

Dr. Nick Howlett

I thought I would write an article on osteoporosis for a few reasons. Firstly it is an important condition that we have increasing numbers with, and on treatment for. Secondly it is known to be an under-recognised condition, in that we know we will have patients with undetected osteoporosis, and we are keen to screen for the condition whenever it is appropriate.

What is osteoporosis?

Having osteoporosis means that your bones are weaker than is normal for your age, due to a loss of bone density. Everyone's bones become weaker as you get older, but in patients with osteoporosis this process is accelerated.

It is worth mentioning that osteoporosis and osteoarthritis [joints wearing out] are completely different conditions, as they have similar names and can be confused.

What does osteoporosis cause?

Osteoporosis is an important condition as it significantly increases the risk of breaking bones [fractures]. This can happen in two situations.

Firstly patients with osteoporosis can break bones with fairly minor trauma. The classic injury is a hip fracture after a minor fall. Wrist fractures are also common.

Secondly patients with osteoporosis can break bones spontaneously [ie without any trauma]. The classic way this presents is with vertebral [spine] bones becoming squashed down, which can be very painful.

It is important to understand that osteoporosis only causes problems if a fracture occurs. Osteoporosis itself causes no symptoms, and in particular does not cause pain in the absence of a fracture. Thus people can have osteoporosis and be completely unaware of it.

How is osteoporosis diagnosed?

Osteoporosis is diagnosed with a test called a DEXA bone density scan. This is a hospital test which takes place at Lancaster, and we can organise directly without seeing a specialist. It is a painless test which compares bone density to the normal readings for your age.

Who should be screened for osteoporosis?

At present there is no national screening programme to detect osteoporosis. We aim to send anyone with risk factors for osteoporosis for screening. Sister Meg and I have done quite a bit of work over the last few years to screen as many people with risk factors as we can find based on our computer records. We have found a lot of new cases, but suspect there are patients out there with risk factors that we are unaware of.

Traditionally we have made a diagnosis of osteoporosis only after a fracture has occurred. But this is too late, and our goal is to get osteoporosis detected and treated before fractures occur.

Who is at risk of osteoporosis?

There is quite a long list of risk factors for osteoporosis:-

Early menopause [before age 45]

Surgical menopause [removal of both ovaries before age 45]

Fracture [broken bone] after minor trauma

Family history osteoporosis [parent or sibling]

On long-term oral steroids

Significantly underweight [body mass index <19]

Alcoholism

Poor diet / little sunlight exposure [eg housebound patients]

Certain medical conditions [eg overactive thyroid; rheumatoid arthritis]

If you have a risk factor and have never been screened for osteoporosis, speak to your doctor.

How can osteoporosis be prevented?

The following measures can help to prevent osteoporosis, and are also important if osteoporosis is diagnosed:-

Weight-bearing exercise [walking is fine; swimming is ineffective]

Stop smoking

Reduce alcohol intake

A sensible amount of sun-exposure

A diet rich in calcium and vitamin D [milk, hard cheese, yoghurt, sardines, green veg; though need to beware cholesterol levels with dairy foods]

How is osteoporosis treated?

Almost always we advise treatment if osteoporosis is found. The reason for this is that it is proven that if treatment is started, the risk of fractures due to the osteoporosis is significantly reduced. Hip fractures are the big issue here. Hip fractures potentially have a huge impact on the ability of elderly people to live in their own home [both because of the injury and because of complications]. Treating osteoporosis is proven to half the chance of sustaining a hip fracture.

Treating osteoporosis entails taking 2 treatments:-

[1] Calcium and vitamin D supplements – these are the building blocks of bone and levels above what can be achieved through diet are proven to be beneficial. We usually use a preparation called Calcichew D3 Forte.

[2] Bisphosphonates – these are drugs which prevent bone loss, and help to restore some lost bone. We usually use a drug called Alendronic Acid which is given as a once a week tablet.

Sometimes we take other measures which are trying to reduce the risk of patients with osteoporosis falling.

Usually once treatment is started, patients are left on it for life. Sometimes we repeat the DEXA bone density scan after 3 to 5 years of treatment.

Pioneering Partnership

Pioneer Projects are delighted to be working more closely with the GPs and staff at Bentham/Ingleton surgery. Together we are offering additional support towards getting more involved in new activities, through our Facilitator Jackie Parkinson. Jackie is running clinics at the surgery every month to talk through what kinds of things you might like to get involved in, whether locally in Bentham at Looking Well, or further afield. Its a chance to discuss what kind of support and encouragement you might need to try something new - whether its just to get out of the house more, find a new hobby, meet new people or discover new skills. So if you, or someone you know, feels like they need a bit of a gentle boost to get out and about a bit more, please ask the nurse or doctor about getting an appointment with the Facilitator. Alternatively, you can contact Jackie at Pioneer Projects on 01524 262672.

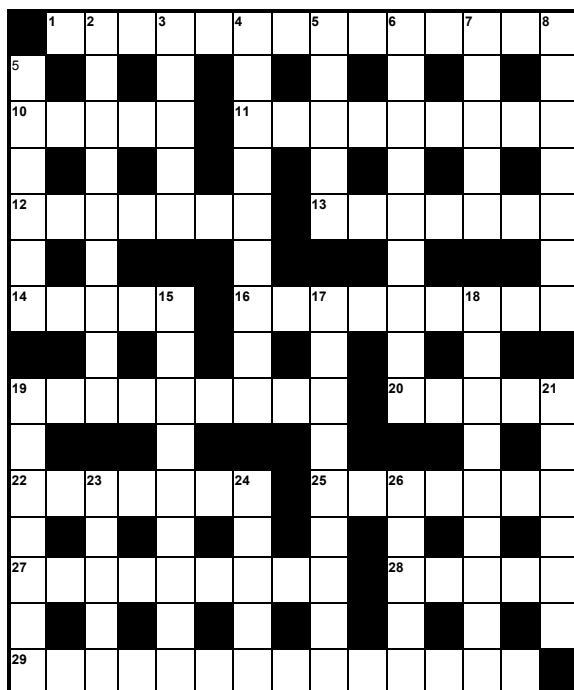
We are also enjoying new ways of working with members of the Patient Representative Group (PRG). We are in the early stages of creating stimulating new notice boards for the surgeries, made by members of the PRG and the Community Art Shed at Looking Well. We are always keen to welcome new faces to the project so if you feel like getting your hands a bit messy and having fun whilst you do it, please call into the Community Art Shed on Tuesdays (10.30-12.30; 2-4).

Pioneer Projects is increasing its work within North Craven, and with new groups of people. Following pilot work in Settle, we are particularly looking at new work with those facing memory loss and their carers. If you would like to find out more, please get in touch with Julie on 01524 262672.

Pioneer Projects (Celebratory Arts) Ltd believes that health and creativity are connected. We use the arts and celebration to nurture the whole health of individuals and their communities.



Cryptic Crossword



Across

- 1) Note in part that emma took risqué dive. Very confused! (14)
- 10) Force out sources of enmity, jealousy, evil, corruption and terror! (5)
- 11) Chap at the end of an island could be Mr Smith. (9)
- 12) Exclusive club sounds like pub chain. (7)
- 13) Question the weather I hear. These wont keep you warm! (1-6)
- 14) Worried features of Head could be part of fall in education. (5)

- 16) The art pad is potentially very dangerous. (5-4)
- 19) Sounds like animal food and sauce with the last bit of pepper is magic! (3,6)
- 20) Could be old fashioned policeman lost last job being mixed up with a delinquent. (5)
- 22) I'm up with crack regiment greeting cold fish! (7)
- 25) Someone who puts across shock, mixed up at the end and lacking charm. (7)
- 27) Gavin, though confused on island, reversed and could get through. (9)
- 28) So, Ida came up to say goodbye (5)
- 29) Broadcast about State. So cool!(3,11)

Down

- 2) To come out with girl without article was a critical situation. (9)
- 3) Beginning to mix up explosive. (5)
- 4) Sue and I had pride in this old writer. (9)
- 5) Four or last, but one letter could be key. (5)
- 6) To uncover and then start to lust and yearn. Very unusual! (9)
- 7) Five gins in a cocktail made the winner give this (1-4)
- 8) Contacts in the middle of preparing supper (5,2)
- 9) Forming part of breakfast I hear. (6)
- 15) To be mistaken in strange surroundings showed great courage. (7,2)
- 17) Making up principle to moan about. (9)
- 18) Tribe look like zombies! (9)
- 19) Noah with two points a term of adoration. (7)
- 21) Surge or shun. (6)
- 23) Cut strange verse (5)
- 24) Fix identity around order (5)
- 26) Take an age to muse (5)

Answers to June's Crossword

1a. Sycamore, 5a. Owns up, 9a. Rehearse, 10a. Drowsy, 11a. Burglary, 12a. Hairdo, 14a. Nightlight, 18a. Indulgence, 22a. Egoism, 23a. Revenuer, 24a. Ratify, 25a. Colossal, 26a. Mayfly, 27a. Ptomaine. 1d. Scribe, 2d. Cohort, 3d. Measly, 45d. Restrained, 6d. Workable, 7d. Sewerage, 8d. Plymouth, 13d. Chicken Out, 15d. Side drum, 16d. Adroitly, 17d. Blissful, 19d. Deform, 20d. Muesli, 21d. Drille.

Prize Draw!

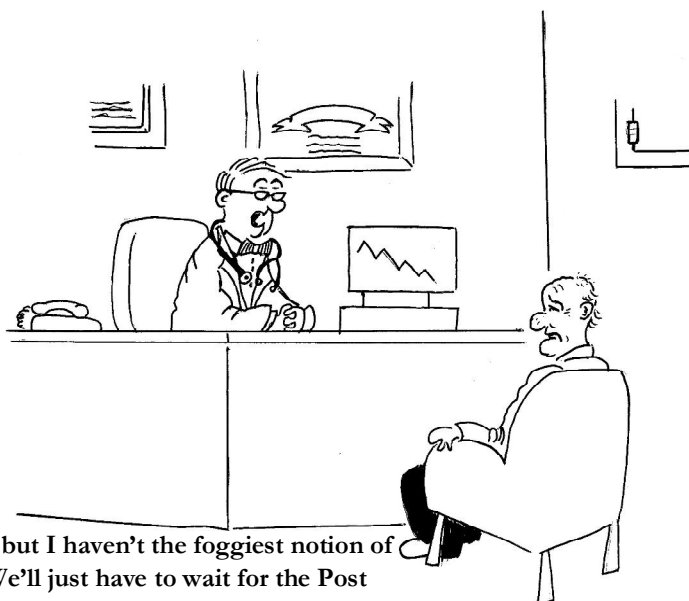
Send in your completed crosswords by Friday 23rd December. The first winning entry to be pulled out of the bag will win £10!

Feedback

Please send in any feedback or submit any articles to J. Scott at the surgery or to

jonathan.scott@gp-B82061.nhs.uk

Doctor Joke



I'm sorry Mr Jones but I haven't the foggiest notion of what it could be. We'll just have to wait for the Post Mortem!