
THE CASTLE MEDICAL GROUP

Newsletter

Issue 7 - December 2003

Medical Staff Changes

Dr Gill Hodgson sadly left the practice at the end of November after more than 12 years service. She has gone to pursue her special interest in family planning and sexual health. We are pleased to say that Dr Helen McKeating has increased her working hours in the practice, and will be available on Mondays, Tuesdays, Wednesday mornings and Thursdays.

Dr Lissy Kallarackel joined us in August as a GP Registrar. She is working part-time and will be with us until the end of November 2004.

Dr Anne Huson will be reducing her hours in the practice from April 2004. From April, Anne will work Monday to Thursday morning. Her hours will be taken up by Dr Susie Owen, who joined us as a partner in February this year. We will be inviting a number of patients to transfer from Dr Huson to Dr Owen's list in the New Year, and we would ask any of Dr Huson's patients who may wish to register with Dr Owen to let the receptionists know.

Nursing Staff Changes

We are delighted to announce the appointment of Louise Taylor as a new Practice Nurse. Louise joins the existing team of Sisters Allen, Howe and Martin based at the annexe, and will start in the New Year.

Administrative Staff Changes

Beth Laraway retired as Assistant Practice Manager at the end of November. Beth had worked for the practice for over 20 years as Receptionist, Office Manager and Assistant Practice Manager. Beth was the person who made sure things happened - she will be greatly missed.

We all wish Beth a very long and happy retirement.

Beth has been replaced by Chris Anderson, who was formerly a Medical Secretary in the practice.

We have two new Medical Secretaries - Sue Monks has replaced Chris Anderson in the back office. Sue was previously one of the reception team. Julie Oliver has joined us from the Skipton Building Society as a new Medical Secretary.

Carol Maiti is a new Receptionist. She joins us as an experienced Medical Receptionist from the Blackburn area.

The New GP Contract

You may have heard in the news that GP's have agreed a new contract with the NHS, which comes into force from 1 April 2004.

This means that GP's will be paid in a slightly different way. Since 1990, GP's have been paid fees and allowances based upon the number of patients on their lists, together with other fees paid according to the services provided, i.e. the number of minor operations performed, the number of vaccinations given, the amount of people receiving maternity care or contraceptive advice etc. The emphasis was on the "numbers".

The emphasis of the new contract is not on the number of things "done", but on the quality of care provided. Using national guidelines and agreed standards of care, we will be looking at patients with particular diseases and conditions, monitoring their care very closely. We will be focusing on the following conditions: coronary heart disease, stroke, hypertension, diabetes, asthma/respiratory disease, epilepsy, hypothyroidism, cancer and mental health.

The new contract will also reward practices for having good quality records and information, for communicating well with patients, for education and training, for good medicines management, for good clinical and practice management, and for good access.

We will continue to provide a wide range of general medical services to patients, including childhood immunisation and vaccination, cervical screening, child health surveillance, maternity services and contraceptive services.

We will also be in discussion with our local Primary Care Trust to extend the range of local services provided at the health centre.

One of the main changes brought about by the new GP Contract will be in out of hours care. Doctors across the country will be able to "opt out" of providing out of hours care - that is after 6.30 pm during the week and at weekends. Most GP's will opt out, which means that the responsibility for providing out of hours care will no longer be with the patient's own GP. The responsibility for providing a service out of hours will be with the Primary Care Trust. The Hyndburn & Ribble Valley PCT are currently working with other local PCT's to establish new out of hours services in the area, and it is expected that these will be up and running later on in 2004.

Flu Campaign 2003

During October and November we launched our flu campaign, holding a number of very busy sessions at the Parish Hall, and at the Health Centre.

Our target set by the government was to immunise over 70% of patients aged 65 years and over - we exceeded that target. We have also advised patients between 6 months and 65 years who fall into the "at risk" groups to be immunised.

We organised a special clinic for children aged 6 months to 16 years, following national guidelines, which indicated that the flu virus this year (Fujian) was affecting some children as well as older people. We must apologise to parents and grandparents who turned up at the Health Centre, having received a letter from the practice. The clinic was chaotic, and we had not expected the response that we had. We must thank the Health Visitors, Treatment Room nurses and administrative staff who coped very well under pressure. Those children between 6 months and 12 years will unfortunately have to come back for a second flu jab in the New Year - letters will be sent out from the practice.

Fighting the Common Cold

Every year, as each winter season approaches, it gets harder and harder for people to avoid getting a cold. It never fails, just as soon as the weather changes a little and starts to turn cold, people begin to sniffle, sneeze and cough.

Your chances of being exposed to a cold germ will increase or decrease depending on the amount of contact you have with other people and how you take care of yourself.

The cold germ is spread from person to person when someone who is infected, sneezes or coughs into the air or on you. You can also catch a cold by touching something that a person who has been affected has also touched and then touching your mouth, nose or eyes.

Young children are particularly good at passing it on - they are not able to practice good personal hygiene such as hand washing and covering coughs and sneezes.

So what can you do that may help prevent you from getting a cold?

- Wash your hands a lot
- Get plenty of sleep or rest - if you are tired, your body is more susceptible to colds

How can you fight a cold?

- Eat spicy foods - it will make your nose run
- Drink plenty of liquids that will keep your body hydrated (especially if you have a fever)
- Take paracetamol for temperature and aches and pains
- Lemon and honey drinks can be soothing for sore throats
- Whisky "all in" can lift the spirits for some people (in moderation, of course).

Myths of the Common Cold

- Central Heating makes a person more susceptible to catching a cold - not true
- Becoming cold leads to catching a cold - not true
- Feed a cold and starve a fever - no evidence to suggest that excess eating will cure a cold (although eating tasty food might make you feel better)

Acute Back Pain

Many of us suffer from back pain - most acute back pain gets better with little or no medical treatment and is rarely due to any serious disease.

Bed rest for more than a day or two is usually not helpful for your back - prolonged inactivity produces a number of effects including decreases in muscle

strength, flexibility, cardiovascular fitness, bone strength and disc nutrition.

Staying active will speed up recovery and prevent more back trouble in the future. If activity is increasing low back pain, it does not necessarily mean that activity is harmful, but that particular activity may need to be performed at an easier pace, gradually increasing. It is important to remember that hurt within reason does not always mean harm. What should you do?

- Try to do all of your daily activities.
- Take regular exercise - a brisk walk for about 20 minutes three times a week would be good.
- Try to stop smoking - it makes the development of chronic back pain more likely and makes exercise more difficult.
- X-Rays are not usually required for routine investigation.
- Take painkillers to control pain.
- If your back pain is not settling after several weeks, you should seek further advice from physiotherapists - you may require further help with pain relief and mobilisation.

REMEMBER

**MOST BACK PAIN GETS BETTER ON ITS OWN
STAYING ACTIVE CAN SPEED UP RECOVERY
HURT DOES NOT NECESSARILY MEAN HARM**

This information was kindly supplied by the Acute Low Back Pain Group.

Medicines

Do you struggle to understand when and how to take your medicines? One of our local pharmacists is operating a service whereby she visits elderly patients in their own homes to explain their medicines and find ways of helping them remember to take their medicines. If you feel you need any help, speak to your doctor for a referral.

We also have a pharmacist working in the practice, only for half a day a week, looking at the medicines being prescribed, and making recommendations to the doctors where appropriate. In some cases, the pharmacist may contact patients to advise them on their medication.

If you are unfortunate enough to get a cough or cold, or even "flu, you are unlikely to be prescribed an antibiotic. You can usually treat yourself by keeping warm, getting

plenty of rest, and drinking lots of fluids. You can treat your aches, pains and high temperatures with paracetamol or ibuprofen - please check with your local pharmacist if you are not sure how to treat your symptoms. Do remember to read the label carefully, as many cough and cold preparations may contain the same ingredients as ones you might be getting from the doctor.

Also, be aware that some medicines may contain ingredients that don't mix well with other prescriptions, or which shouldn't be used with certain medical conditions - if in doubt, ask your pharmacist. Some cough and cold preparation may make you drowsy - so don't drive. Some do not mix with alcohol - do check.

Health Visiting

Here is an overview of some of the things that the health visitors in the Ribble Valley do:

- Breast Feeding Matters Group - an informal weekly support group for parents who are currently breast feeding or considering it during the antenatal period. The group meets every Thursday between 12.00 and 1.30 pm in the Health Education Room at the Health Centre. The positive short & long term health benefits of breastfeeding for both mother and infant are very well researched and documented. There are a good variety of up to date resources for parents & professionals to utilise.
- Weaning/infant feeding information sessions are held monthly at Clitheroe Health Centre (last Wednesday of every month.) Recent government advice has changed when to start solid foods. If a baby is fully breast fed- weaning onto solid food can be delayed until the baby is 6mths old. Formula fed infants can commence solid food between 4-6 months old.
- Parentcraft sessions are held in the afternoons and evenings at the health centre. We work closely with the Ribble Valley team of midwives & have a monthly meeting with them to discuss any concerns.
- A twins & multiple birth group is held at Clitheroe & Whalley Village Hall's bi-monthly. This group continues to grow & will shortly be affiliated to 'tamba'. Any antenatal parents

expecting twins are encouraged to visit the group for support.

- We regularly run 'Positive Parenting' sessions in the local community. These successful groups enable & empower parents to have a more positive & effective relationship with their children. Improved parenting education & support is one of the public health priorities, as poor parenting can have such a damaging effect on the individual, family & community as a whole. Topics discussed at the sessions include; respectful communication, boundaries, discipline, development, sensible expectations, active listening, emotional needs, play & encouragement. These courses can be adjusted to different age ranges.
- We support parents who are finding it difficult to cope & are depressed. We routinely screen all postnatal women for signs of postnatal depression. Research has shown that a series of up to 6 listening/ support visits can improve the outcome for women with postnatal depression than with medication alone. Local research is being undertaken to look at the needs of women in the Ribble Valley re: PND. Jackie Hunt (HV) & Karen Sword (CPN) are leading this.
- All new mothers are invited to a postnatal support group held at the health centre on a Tuesday afternoon. Some parents have no family living close by and utilise this group to gain support, meet new friends and acquire information relevant to infant & women's' health promotion. Topics discussed include; baby massage, child development, book start, postnatal exercise, skincare, support services, sleep routines & many more!!

On average we have a caseload of between 1300-1400 clients per year & there are 7 members within the health visiting team-6 of which are part-time.

We are currently training 2 new health visitors-Chris Duckworth & Lee Hart.

What's new on the horizon?

Enquiries are being made into establishing a way of providing preconception advice- Sandra is discussing this further with the midwives. If anyone else is interested in this topic please contact us.

We are starting to trial a 'dry skin/eczema' clinic at the health centre- we see quite a number of children requiring advice and initial treatment within our normal clinics. We need to develop a protocol and appropriate

method of conveying information to the GP-hopefully this will be organized shortly!

Appointments

The appointment system is generally running well, but not for everyone, we accept! The following points might help:

- We try and use the early morning and late afternoon appointments for people who work - if you don't, please try and use the appointments after 9.00 am and before 4.00 pm.
- Try and avoid ringing for a routine appointment on a Monday - it can be very busy after the week-end
- The telephones are chaotic between 8.15 and 9.00 am. If you ring after 9.00 am you will still get an appointment.
- Please ring for home visits before 10.30 am, and only if you can't get down to the surgery.
- Please ring for test results after 2.00 pm. If the doctor wants to discuss your test result, you will get a letter asking you to ring and make an appointment. If it is urgent, the receptionist will telephone and ask you to make an appointment.
- Verbal Abuse - sadly the receptionists get quite a lot of verbal abuse from patients, and whilst we understand that people can be frustrated by things, the staff are genuinely trying to help.
- Ambulances - patient transport for people going to hospital is very limited, and the ambulance service is stretched. We can only arrange transport for people when their medical condition requires it!