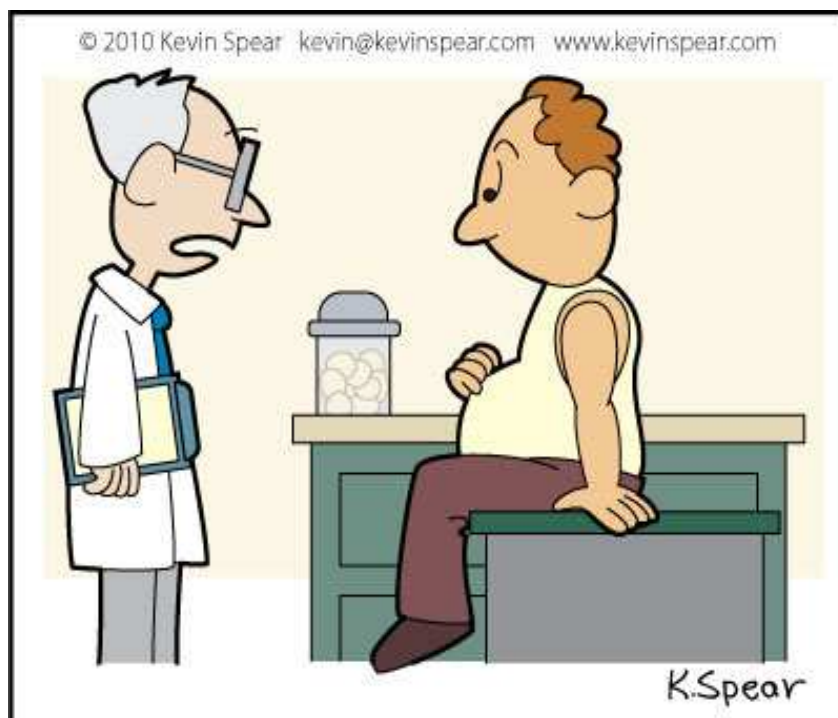




# *On the Ridge. . . . (No 23)*

***Summer/Autumn 2017***

Newsletter from the Ridgeway Surgery Patient Group



"We identified your weight gain problem. You have TSD:  
Temptation Surplus Disorder."



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## **RSPG Events & Dates for your diary**

### **Election of Committee Members for the year from April 2017**

Latha Kathir stood down after 4 years as Chair of RSPG and was thanked for all her hard work over this period. She was presented with a vase and a bouquet and told us how much she had enjoyed her time in this position.

Beryl Otvos was elected as Chair, Lynda Ives-Lacey as Vice Chair and Alvina Kaye continues as our Treasurer and takes on the additional role of Secretary. There is a poster showing the faces and names of all current members of the committee on the RSPG Notice Board in the surgery.

Our evening talks are becoming increasingly popular and we are grateful for the help of Rayners Lane Baptist Church for allowing us to use their hall when numbers have exceeded the capacity of The Ridgeway. **Patients coming to this church hall for the talks have said that they are very happy with this change so in future all talks will be held in Rayners Lane Baptist Church Hall.**

Our choice of topics continues to be guided by your suggestions on our feedback forms and by the recommendations of the staff at The Ridgeway.

### **Macmillan Coffee Morning, Friday, September 29th**

As always we hope to raise a considerable amount for this worthwhile charity. At the same time RSPG has also been considering ways in which to make this a healthier event too. We hope that some patients and their friends will continue to donate cakes but we shall also welcome other items such as quiches, savoury muffins and samosas to go with a drink or to take home. Fresh fruit is another possibility.



### **Update on HeartStart**

We are pleased to report that around 220 Ridgeway Surgery patients have been trained on our HeartStart course. These courses began across London in 2008 and are run by the London Ambulance Service First Responders. Since 2008 more than 12,000 emergencies have been dealt with across London. Now RSPG is exploring ideas of how to reach more patients for training in the future. However, we stress that you do not have to wait for an invitation!

If you would like to register your interest in attending a free One Evening Course, please email us on: -

**[rspatientgroup@hotmail.com](mailto:rspatientgroup@hotmail.com)**

We shall get back to you with proposed future dates.

**WE'RE ALL EQUIPPED WITH  
LIFE SAVING DEVICES**



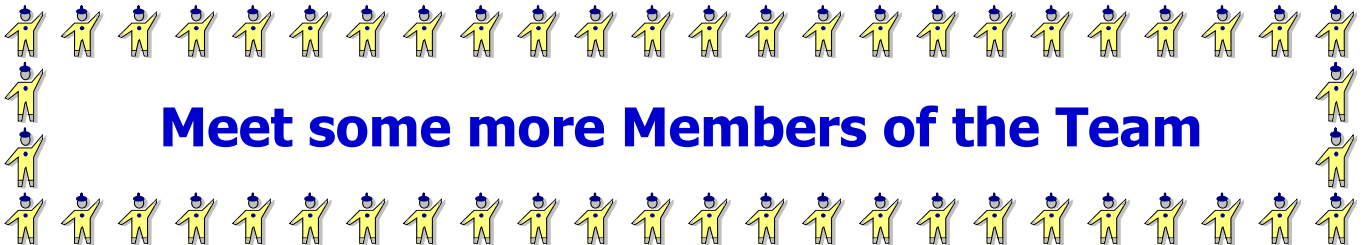
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## **RSPG evening talks for Autumn 2017 & Spring 2018**

Beginning in October we plan to arrange talks on **Osteoporosis, Diabetes and Physiotherapy.**

As already indicated, all talks will take place in the Rayners Lane Baptist Church Hall, 139 Imperial Drive. Once the date is arranged patients registered as members of RSPG will be notified by email. Otherwise look out for publicity in the surgery and on the surgery website.



### **Meet some more Members of the Team**



**Dr Trupti Patel** lived in Leicester initially, qualified at University College Hospital and has lived and worked locally for several years before joining The Ridgeway in December 2016. She is a full time member of staff. Her special interests are Diabetes (she has a post graduate diploma in this) and another special interest is Women's Health.

Outside of work she is a musician playing the Tablas which are North Indian drums. Dr Patel plays on stage mainly at voluntary or charity events and at religious festivals, bringing her into contact with a range of others who share her interest. She also comes from a family for whom music is an important part of family life. Everyone either plays a musical instrument or sings and this is an enjoyable way to get together as a family every week. Reading, and in particular Indian philosophy, spiritual literature and meditation are passions too.

**Jacqui Beckenham** has been the Admin Manager at the practice for the last 10 years but she began initially in Reception 28 years ago! As Admin Manager she oversees the work of her team dealing with letters, electronic patient data and the Information Technology used by The Ridgeway.

She lives locally with her husband and has 3 sons all of whom are currently living at home. Also in the household are 2 golden retrievers. As she works full time her dog-walking tends to happen at the weekend.

Jacqui describes herself as a very sociable person often meeting up with others who have worked at The Ridgeway in the past.



## **Surgery Matters**

### **Improved on line repeat prescription request system**

You may have been previously registered with our online system. This will be turned off on 23rd August 2017, but don't worry, our new system is even better! To re-register and apply for online access, please follow these steps: -

1. **Visit** <https://patient.emisaccess.co.uk>
2. Click on **Register**
3. You will be asked have you received your registration letter from your practice? Select **No**
4. Enter your postcode and select **Next**
5. Select **The Ridgeway Surgery** and then **Next**
6. Click **The Ridgeway Surgery** and then **Continue**
7. Fill in your details and choose a password, Check **I agree** and **Next**
8. Enter your email address and chosen security questions
9. Sign in

Once you have registered, the surgery will activate your account and send you your unique '**linkage key**' log in code.

### **The Ridgeway "on call doctor"**

If you are a Ridgeway Surgery patient you can always speak to a doctor on the same day for urgent matters. This is known as the "on call doctor service". If the problem is not acute, routine appointments are available with our doctors. Speak to our reception team and they will be able to book you in as needed. For urgent matters outside our opening hours (Monday to Friday from 8.00 am to 6.30 pm) you can go to the walk-in centres at Alexandra Avenue, the Pinn Medical Centre and Belmont Health Centre.

However, during our opening hours please contact our on call doctor rather than attending the walk-in centres.

### **Choosing wisely—changing the way we prescribe**

The NHS in London asked the public for their views on "Choosing Wisely" a new scheme to help reduce waste. Doctors in the area have come up with proposals to both reduce waste and give patients more control over repeat prescriptions.

1. GPs will not routinely prescribe medicines and products which can be bought over the counter.

We shall be asking patients, where possible and appropriate to buy medicines and products over the counter rather than getting them on prescription. Such medicines and products are widely available and usually at an affordable price.

2. Patients will order their own repeat prescription where possible rather than what they had in their last batch. This will be safer as when too many items are ordered, they sit unused which can be dangerous.



## New equipment for The Ridgeway



A second drop down examination couch was purchased by RSPG to help patients for whom it is usually a struggle to climb onto the standard height of couch.

We have also funded a wax suction pump to remove ear wax and the big TV in the waiting room. RSPG has also contributed to part of the information which is displayed on the TV screen.

## Physician Associates or Assistants – a new breed of healthcare professional



The appointment of physician associates or assistants is one way in which the NHS is trying to meet ever increasing patient demand by making the best use of the different skills of professionals who work within the service.

Physician Associates (PAs) support doctors in the diagnosis and management of patients both within hospitals and in GP practices.

**They always work under medical supervision.** Before undertaking specialist training PAs usually need a first degree in a relevant science or they may already be a qualified healthcare professional such as a nurse. Further training usually lasts 2 years and it includes both theoretical training and clinical experience in Mental Health, Surgery, Obstetrics and Gynaecology and in Paediatrics. During this period they are employees of the NHS and receive a salary while they are in training. So this means that before qualifying these new healthcare professionals will have had considerable relevant training and experience.

### ***Some examples of what a PA can do***

- Take a medical history
- Carry out a physical examination
- Order tests and check results
- Diagnose illnesses
- Explain treatment options
- Assist at surgery



**Taken from:** [www.healthcareers.nhs.uk/physicianassociateassistant](http://www.healthcareers.nhs.uk/physicianassociateassistant)



## Dr Lloyd's talk at our AGM on "Future plans for GP Services"

As always there was a good "turn-out" to listen to Dr Lloyd with a high level of questioning and general participation by the patient group. His starting point was that even if the UK's entire Gross National Product was transferred to the NHS it would be insufficient to meet patient need. However, he finds that quite a few of his appointments are made for relatively minor concerns leaving him with far too little time to give to those with more complex and complicated health problems. This requires us to make the best use of scarce NHS resources. As patients we need to be partners in this way forward because things do have to change. Looked at from Dr Lloyd's personal view the strategy required was for all of us to move towards a much greater investment in promoting our own health and in self education. A further tool which might help with this in the coming months is on line access to our full personal health records including medication.

### ***What might this strategy mean in practice?***

When symptoms do arise, a useful starting point could be a willingness to first use the many resources available to most of us nowadays such as the internet or a relevant support group such as "Diabetes UK" to take just one example which might be appropriate for some of us. Then, to try to explore what might be causing our symptoms. By first educating and equipping ourselves with such possible information we would be in a better position to decide whether an appointment was necessary. If so, this would then lead to a more useful and informed discussion with our GP. In the audience there was both support for this view and at the same time a question about whether that might work for all. For some, it could lead to too much anxiety. The expression that comes to mind is "horses for courses"!

In thinking about managing scarce resources, Dr Lloyd was asked what had become of the plan for a doctor to see all appointment requests at the beginning of each day to prioritise them. In reality this did not work as it was far too stressful to be a way forward. Some present then asked whether, as things are now, Annual Reviews should be a priority. However, articles later in this Newsletter show why these reviews remain important. Dr Lloyd also said that he was still available to see all patients with appointments.



In general there was a willingness to continue to try to think together about how to make best use of the expertise of The Ridgeway doctors and nurses. Also the practice has now appointed its first Physician Associate or PA.



## **Dementia - Latest Research**

In February almost 100 patients wanted to hear Dr Praveen Singh, Consultant Psychiatrist based in Harrow's Memory Clinic speak about this important topic. We were fortunate in being able to relocate to Rayners Lane Baptist Church Hall. Dr Singh's colleague, nurse Breda Siddiqi spoke too.

Dr Singh began by telling us what is and what is not Dementia. As we age we all find it harder to learn new things, take more time to take in information and often lose our train of thought. But Dementia is different because it has a significant impact on our daily life. A few examples are: losing the ability to remember, inability to find the words we want to use, getting lost on familiar routes, becoming unable to recognize familiar faces and maybe forgetting to wash or to dress. In the most familiar form of Dementia, Alzheimer's, memory areas of the brain shrink.

***However, sudden confusion is not Dementia.*** A urine sample should be taken to your GP to find out what has caused this change and to treat it.

As with many medical problems there is currently no cure for Dementia but prompt diagnosis can slow down the progress of this disease. At present there are 2 medications which help in this way. A swift diagnosis is important so that treatment can begin as soon as possible but the current waiting times for the Harrow Memory Clinic appointments is 6 months. So the advice is that if you do notice a problem however small you should tell your GP. It may be family members who notice worrying behavioural changes and if these become urgent then a referral will be made to the Community Mental Health team.

New medications continue to be developed and there is also some evidence that Cognitive Stimulation Therapy (CST) may help. Specific daily living aides also help families in managing some behaviour problems. Door alarms, video monitors and GPS monitors for those who wander away from home can all be used to reduce the risk of this phase of Dementia. Dr Singh stressed that although the wandering away from home usually caused the greatest anxiety to the family and is often the trigger in making them feel that it is no longer possible for their relative to continue to live at home, this is a specific phase of the disease which does not last.

In the final part of the evening time was given for questions and our feedback forms showed how much this was appreciated as so many families are struggling to care for their elderly relatives with Dementia. Details were also given of the various research projects currently taking place at Imperial College.

For details of these and information on who can take part :

**Email: MEMORY@IMPERIAL>AC>UK or phone: 020 8383 3704/1969**

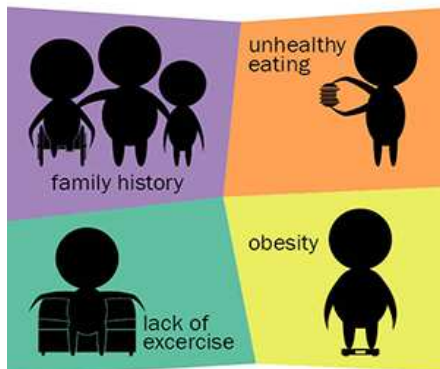
**Or feel free to contact Dr Singh: praveen.singh@nhs.net**

**Or call: Harrow Memory Clinic: 0208 424 7765**



## How do we know if we are at risk of developing Type 2 Diabetes and what can we do to make this less likely?

### UNDERSTAND TYPE 2 DIABETES KNOW THE RISK FACTORS



People are diagnosed with diabetes every 3 minutes.  
If you think you're at risk, speak to your doctor.



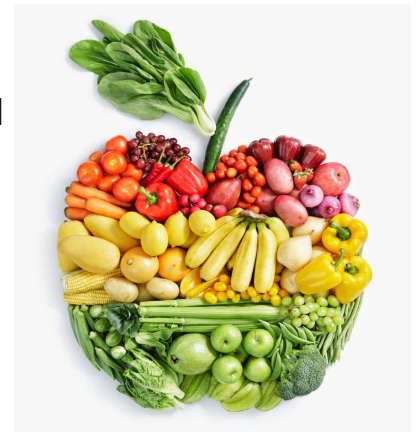
In the UK over 4 million people live with Type 2 Diabetes and the number is rising. In August 2015 a Public Health England study found that Harrow had the highest percentage of residents with Type 2 Diabetes. The following year we were the second worst — just behind Newham. For Ridgeway patients it is not possible to say that we did not know because the blood test which forms part of all our Annual Reviews always includes information about the presence of this disease or the likelihood of developing it in the near future.

It is true that there are some high risk factors which we cannot change like ageing, ethnic background and family history and these make Type 2 more likely. However, mitigating strategies are possible.

The charity **Diabetes UK** has a very useful website and much helpful advice and information to offer. In collaboration with Leicester University and University Hospital Leicester they have developed a tool for those without a current diabetes diagnosis but which highlights the risk of developing Type 2 in the next 10 years. Once we have this information it is possible for all of us to make some small changes to help to reduce our risk.

#### **Type 2 avoidance strategies: -**

- Move more: this means getting active and staying more active. Something which is often easier in a group so a local Harrow walking group could be just the thing and it provides a chance to meet others as well. Recent studies show improved brain function too!
- Eat Better: eating well whilst maintaining a healthy weight reduces risk. An "Eat Better" section of the website gives healthier versions of many recipes and there are also "How to cook" videos.
- Let's do this: this part of the website has a realistic goal setter which helps you to set small and personalised goals and gives tips on how to achieve them.
- NHS Diabetes Prevention Programme: this national programme is in the process of development and will be rolled out across England for those at high risk of Type 2 and be available in Harrow by 2020.



**Taken from:** [www.diabetes.org.uk](http://www.diabetes.org.uk)

**See also:** Evidence for action on Type 2  
Health Research



**DIABETES UK**  
CARE. CONNECT. CAMPAIGN.



## Know your Kidneys

Once again many patients wanted to come to this talk given by Helen Watts, Advanced Nurse Practitioner from Northwick Park Renal Clinics and Imperial College NHS Trust. Healthy kidneys play a very important part in keeping us well but up to 7% of UK adults are at risk of developing kidney problems and this risk is greater if you are of African-Caribbean or South Asian background. Harrow has a high level of kidney disease. With her colleague, Dr Hannah Beckwith, Helen described what kidneys do, the causes of kidney problems and how to prevent them. Our kidneys are responsible for filtering and removing waste and water from the blood (like urine via the bladder), cleaning the blood, keeping bones healthy and looking after blood pressure too. As we age our kidneys can start to become less efficient. Depending on the problem, early diagnosis can help to slow down any damage. However, because kidneys are so efficient it may be a long time before there are clear signs that something is wrong.



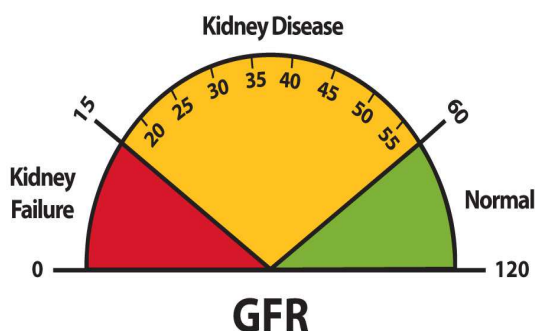
### ***So what causes kidney problems?***

- High blood pressure and diabetes especially if not well controlled
- Less common are problems caused by inflammation or infection
- Regular and prolonged use of some pain killing drugs such as Ibuprofen

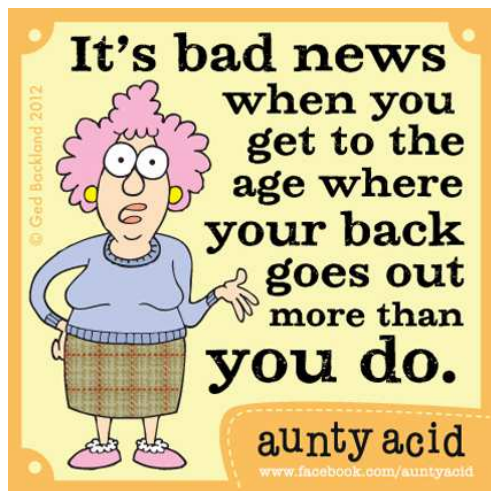
### ***How can we prevent kidney problems developing?***

Not surprisingly the answer is not "rocket science" and much of it is the same as the Diabetes Type 2 avoidance strategies set out in the previous article. It means looking after your heart and circulation, not smoking, maintaining a healthy weight and keeping active. For Ridgeway patients regular monitoring of your blood pressure and cholesterol is a standard part of our Annual Review in the surgery. If you have diabetes, make sure that your blood pressure, cholesterol, sugar control, and urine are regularly checked so that you know that they are within recommended ranges. If you are being treated for high blood pressure, you will have regular check ups. In addition, keeping in control yourself at home by monitoring this is easy nowadays as the cuff variety of blood pressure monitor has reduced in price making it much more affordable. If you find that there are side effects from the prescribed medication for your blood pressure get advice from your healthcare professional.

In the final part of this talk, there was clear information about the GFR blood test. This shows how well your kidneys are working and whether more active treatment is required. A GFR of below 60 for 3 months or more or a GFR of above 60 with kidney damage indicates chronic kidney disease. After investigation of the causes, your doctor will continue checking your kidney function and together with you, plan your treatment.



**See also: [www.kidneyresearchuk.org](http://www.kidneyresearchuk.org)**



## Low Back Pain

About 8 out of 10 of us will have one or more bouts of low back pain. In most cases it is not due to serious disease and the exact cause is not clear. Usually the advice is to keep active and to return to work continuing with normal activity as much as possible. Pain killers can help as set out below, and in most cases the pain goes within 6 weeks but it may recur from time to time. Those with persistent or chronic pain however, may need further treatment.

**Nerve root pain or sciatica:** this means that a nerve coming out of the spinal cord (the root of the nerve) is irritated or pressed on— often referred to as trapped nerve. You feel pain along the course of the nerve typically down the leg and sometimes as far as the calf or foot. This pain is often worse than in the back and the nerve irritation or pressure may also cause pins and needles, numbness or weakness in part of a buttock, leg or foot.

Often the reason for root back pain is a prolapsed disc usually known as a "slipped disc" although the disc does not actually slip. This means that part of the inner softer part of the disc bulges out through a weakness in the outer hard part of the disc and it presses on a nerve nearby.

**Cauda Equina Syndrome:** a rare but serious type of root nerve problem where nerves at the very bottom of the spinal cord are pressed on causing low back pain with bowel and bladder problems too. You may be unable to pass urine, be numb around the back passage (anus) and experience weakness in both legs. If this happens you need to go to A & E as urgent treatment (within 4 hours) is vital to stop permanent damage to the nerves going to the bladder and the bowel.

**Less common causes of low back pain:** various forms of Arthritis such as Osteoarthritis, Ankylosing Spondylitis and Rheumatoid Arthritis sometimes cause back pain because of inflammation of the joints of the spine.

### **Coping with a bout of non specific low back pain is still difficult so what helps apart from trying to stay active?**

- Anti-inflammatory painkillers but seek medical advice if you have asthma, high blood pressure, kidney or heart failure
- A muscle relaxant if back muscles become tense making the pain worse
- A hot bath
- Anti depressant medicines may be prescribed where the pain is chronic
- Train yourself to be "back aware". Do not lift objects when you are in an awkward, twisting position and, if you spend long hours in front of your computer, check your sitting posture and consider a back support

**Taken from: patient.co.uk**

**[cartoon reprinted by kind permission of www.auntyacid.com]**

## **What motivates men with “Temptation Surplus Disorder” to lose weight?**

Although in the UK men are more likely to be overweight or obese than women, ( 66% of men compared with 58% of women) they are estimated to be less likely to join weight-loss programmes and have a lower chance of attaining a healthy body weight than obese women. Tackling obesity is a key government priority. Losing weight can improve people’s health in a range of ways and it also has an economic impact. It is estimated that the direct costs of obesity to the NHS are in the region of £6.3 billion for 2015, whilst local authorities have to spend an extra £352 million providing social care for people who are severely obese.

It is not mandatory for local authorities to provide obesity interventions such as weight-loss programmes, but it is clear that helping people to lose weight can support a range of public health targets. Also, men are less likely to lose that weight unsupported. In their recent research, NIHR (National Institute for Health Research) suggests that the chance of an obese person returning to a healthy body weight is 1 in 210 for men and 1 in 124 for women. Yet men tend to be less likely to recognise that they are overweight or obese. A review of two large NHS programmes found that only around 10% of referrals were men. But when men do engage with a weight-loss programme, they do well, with lower drop-out rates than women, and there is also some evidence they may lose more weight than women.

### **What attracts men to join a weight loss programme?**

Men may be motivated to join a weight-loss programme if they understand that their weight is a health issue – for example if they receive a diagnosis of a weight-related health condition from a GP or other health professional because for the over weight cancer, heart disease, stroke and Type 2 diabetes are major risks. Research suggests that men may find use of the term ‘dieting’ off-putting and to see weight-loss groups as primarily for women.

### **So what does work?**

In the right group settings the evidence suggests that men can do well. Some prefer men-only groups and some value individually tailored advice too. There is evidence too that men favour factual information, and possibly the use of technology or props to illustrate weight loss and exercise patterns. One popular and small piece of equipment is a pedometer which is a device for measuring the number of steps the person takes.

So if you want to encourage the over weight man in your family towards a healthier weight suggesting that he join a gym or sign up and train for a charity bike ride could be a successful way forward.

**Taken from: Managing Obesity in Men:  
NHS National Institute for Health Research**



## **Speak up now campaign-making healthcare equally accessible to all through the GP Representative Scheme**

We take it for granted that healthcare should be accessible to everyone and that everybody should be treated equally. However, this is not always the case for those with a learning disability.

"Speak up now" is a campaign to inspire people with learning disabilities to use their voice and experiences to educate and inform the health system and to bring about change where necessary. The aim is to make services for this group truly equal and accessible. As part of this process Harrow Mencap ran a "peer expert" training scheme at The Ridgeway. Over 2 sessions a patient, Pryanka, gave training to staff at the surgery demonstrating best practice with the aim of improving the experience of patients with learning disabilities.

The Ridgeway's practice manager, Andrew Slater commented "Staff were aware that the training was run by a patient with a learning disability and they were encouraged to see such a high standard of training. Staff found it better than training by big companies. Real people – peer trainers are so much more accessible and engaging". Harrow Mencap hosts an Afternoon tea once a month at their office in Harrow and all patients are invited.

To find out about dates and to attend,  
please call 0208 423 7382.



### **1.) The Ridgeway Surgery (main surgery)**

**71 Imperial Drive  
North Harrow HA2 7DU  
Tel: 020 8427 2470  
Mon– Fri 8.00am-6.30pm**

### **2.) Ridgeway@Alex (branch surgery)**

**For Ridgeway patients there are booked Monday to Friday appointments at this branch of the main surgery. Note that the main surgery always has a doctor on call who can talk to you about any urgent problems you may have and arrange to see you if needed.**

**NHS DIRECT: 111**  
**The "Out of Hours"**  
**GP Service is accessed by**  
**dialling this 111 number**

**On holiday? Use the**  
**European Emergency**  
**Number: 112**

**Alexandra Ave Centre**  
**This Walk-in service is for**  
**Urgent problems only**  
**Address: South Harrow,**  
**HA2 9DX**  
**Tel: 020 8966 6300**  
**Hours: Mon-Sun: 8 am-8 pm**  
**Last patient 7.20 pm**