

Newsletter

Spring/Summer 2017

Inside This Issue

❖ News

- Update on planned merger of Station and Waterloo practices
- Staff update and news
 - Clinical Pharmacists

❖ Meet the team

- Dr Ruth Parr

❖ Promoting Health

- Dystonia Awareness Week

❖ It happened to me

- Stroke - *Personal patient Perspective*

❖ Did you Know?

- Returning NHS equipment

❖ Recipe

Practice News

NEW YEAR - NEW LOOK – BRIGHTER FUTURE

We are delighted to announce that on the 1st April 2017, Station and Waterloo Medical Groups merged to form the **Railway Medical Group**.



To complement the new name of the merged practices, a new logo has been designed based on the Blyth beach huts. The new logo will be used on new signage in the name of **Railway Medical Group** being installed on all three premises run by the Practice (Gatacre Street, Blyth Health Centre and Newsham) and introduced to practice stationary over the coming months, as well as for future Newsletters and practice communications. Additionally, all staff across the new practice now have the same bright new uniform (chosen by representatives of the staff themselves), to mark this positive, new chapter

Despite everyone's best efforts, the merger has not been without some challenges. Unfortunately due to factors outside our control, the two separate clinical IT systems of Station MG and Waterloo MG have not been able to be merged together and therefore at present patients of the old Station Medical Group can still only see Doctors at Gatacre Street. It is anticipated that within the next 3 months the integration of the IT system, the 2 practice telephone systems and planned building work at Gatacre Street should have been completed. In due course, this will allow patients to choose to be seen at more than one location to suit their preference.

The Partners of Railway Medical Group believe that a merger of the 2 practices will significantly reduce the amount of duplication undertaken in the practices and will free up resources (both in time and money) that can be invested in front-line patient focused services which will allow the practice to better meet the current and future needs of the practice patients

Practice Opening Hours:

- ❖ **Main doors are open from 0830-1830. Appointments available 0830-1115; 1355-1745. The reception is open but there is no clinical cover between 12.30-1.30**
- ❖ **Main telephone number: 01670 542630. Telephone lines are open from 0830-1830 Monday to Friday – (includes prescription line option - available from 0930-1200 and 1330-1600)**
- ❖ **Out of hours phone: for Medical Emergency 999; for routine medical assistance 111.**

❖ **Website: stationmedicalaroup-blvth.nhs.uk**

Practice News

(contd)

A partnership between our GPs and

Clinical Pharmacists

Clinical Pharmacists working even more closely with GPs.

Samatha Wood, Pharmacist, introduces this collaboration.

"A partnership between local GPs and Northumbria Healthcare NHS Foundation Trust has allowed for a team of pharmacists and pharmacy technicians to work within Blyth to improve care for patients. This is part of a regional NHS project aiming to widen patient access to a range of healthcare professionals appropriate to their needs.

The team are employed by Northumbria Healthcare NHS Foundation Trust and consists of 3 pharmacists: **Erin Page, Stuart Spence and Sam Wood**. The pharmacists are all registered with the General Pharmaceutical Council and have gained a postgraduate diploma and independent prescribing qualification. This means they are able to recommend changes to your medication in conjunction with your GP. Two technicians, **Sarah Black and Karen Glasper**, also carry out medicines management reviews for those who are struggling with their medications. They both have achieved pharmacy technician NVQ Level 3s and medicines management qualifications. We hope to use our close links to both the hospital and GP surgeries to reduce time spent in hospital, prevent admissions where appropriate and optimise medications for high risk patients.

Our main focus is older patients with complex medical histories. These patients are often more likely to require multiple medicines and may need a more in-depth medication review. Our team is able to do home visits to those who are housebound or unwell, allowing greater access within the local community. As this is our primary specialist role, we are typically able to spend a little longer with you than the average GP appointment. Patients who need our service are usually identified after hospital admissions, via GP/nurse referrals or by a scoring system which identifies individuals' risks. The team also work with local care homes to ensure patients get the best out of their medications and support staff with medication related problems if they arise.

On a typical visit we will ask how well you are managing with your medicines and if you have any concerns about taking them. We will then discuss each medication to ensure you are on appropriate treatment and are able to get the most out of your medication. We may also ask a series of questions about your general health to ensure any problems are addressed – with your consent we can refer you to other services who may be able to improve your health and wellbeing."

Dr Ruth Parr

I joined the practice in 2015 and live in Whitley Bay with my husband and two sons aged 6 and 3. I am originally from Whitley Bay but studied medicine in Dundee, returning to the North East in 2004.

I love living on the coast and spend a lot of my time outside of work on the seafront with my energetic little boys. When not getting muddy, sandy or covered in ice cream I enjoy escaping into the beautiful Northumberland countryside on my bike with my cycling club 'The Tyneside Vagabonds'. I am also a film fan and am a regular at the Jam Jar and Tyneside cinemas. Despite increasing pressures in Primary Care I still feel lucky to be working as a GP and enjoy the variety of my day to day work. I work part time (Monday, Wednesday and Thursday) and have an interest in diabetes.

Meet the Team

Dr Ruth Parr

In every issue we will highlight a particular health topic.

This issue covers a little-known condition.

Promoting Health – Dystonia

Information on this topic is available in the waiting area

Please take the information leaflets and booklets, which will be available.

Promoting Health - Dystonia

What is Dystonia?

Dystonia is a neurological, involuntary movement disorder caused by faulty signals from the brain.

It causes painful muscle spasms which can force the affected parts of the body into abnormal movements and postures. Dystonia can affect speech, visual performance, movement, posture and mobility. It is estimated to affect over 70,000 adults and children in some form.

Adult onset Dystonia usually affects one or two parts of the body, while **Early onset Dystonia**, appearing up to the age of twenty, often affects multiple parts of the body. The cause of Dystonia is not known. In most cases one possible cause is faulty genes called inherited Dystonia; this usually appears in childhood. Acquired Dystonia can be caused by brain injury at birth, stroke, accidents or medical conditions. A high proportion of cases have no identifiable cause.

Unfortunately there is not yet a cure for Dystonia but the condition can be managed.

The above information was taken by permission from The Dystonia Society.

Dystonia information will be displayed on the noticeboard in the patient waiting area. Please take leaflets and booklets available.

For more information and advice, contact The Dystonia Society Helpline: **Tel: 08454586322**

Living with Dystonia

Christine is a patient in our practice. She suffers from severe generalised dystonia and is wheelchair bound. Despite her disabilities she manages to lead a very full life with the help of her carers. She is an avid reader and reads books in French. She has been teaching herself German and studies it often. At the present time she is writing her life story. She is able to use 2 fingers to type and communicates by typing into her IPAD.

Below she gives an account of her most recent pilgrimage to Lourdes

Pilgrimage to Lourdes 2016

by Christine, an 'assisted pilgrim'* who has lived with Dystonia for many years.

"On the 27th of July 2016, I travelled by taxi, to Washington, Co. Durham, where an enormous vehicle, known as the *Jumbulance*, would transport me and about one hundred other people, both disabled and able-bodied, to the shrine of Lourdes, in the Pyrenees, near the Spanish border.

At Washington, I met a dear friend, who would be my main carer, over the next 9 days. After an hour of chatting to various Lourdes friends, I was hoisted onto a stretcher. The vehicle, which was named after John-Paul I, had enormous windows, through which one had an excellent view of the English country-side. In the early evening, we arrived at the Channel Tunnel where we had to wait, at least an hour, before we could board the Euro star.

After travelling through the tunnel, we reached 'la belle France'. After an eventful day, I lay down and slept, for 9 hours. In the morning, I enjoyed a Weetabix, knowing it would be my last for 8 days. We kept on travelling until, at about 1 pm - those shops look familiar! we are back, in Lourdes again. The jumbulance stops at the Accueil St. Frai, our home for the next week. Laura pushes me to my room, where I am pleased to be reunited with my suit-case and wheel-chair, which were collected from my home on the previous Sunday. Laura pushes me to the dining room, where I am pleased to meet an old friend. In the after-noon, I lay on my bed, recovering from the long journey. At the evening meal it's heartening to see so many young people.

Saturday morning dawns - the first day of the pilgrimage. My carer gets me ready and assists me with my croissant and coffee. The first Mass is celebrated in the Chapelle Notre Dame. I am delighted, to see another old friend, Joe, in the choir. A brilliant guitarist, he hasn't been to Lourdes, for a few years. Fr. Martin Steimczyk takes the place of Bishop Seamus. He tells a joke: at the Central Station, Newcastle, he saw a poster, "*Drink is your enemy. Avoid it.*" *Passing St. Mary's Cathedral, he saw another poster, "Love thy enemies"*...

After the Mass, my carer pushes me to where Joe is putting his guitar away. How good it was to talk to him after all the years. After lunch, we attend a Good Friday type service. I am especially moved by the words of the hymn "Come mourn with me awhile", "His failing eyes, filling up with blood." When this service is finished, Laura pushes me to the Grotto. This is a holy place because in 1858 St. Bernadette had 17 sightings of the Virgin Mary here. We are just in time for the second half of the Rosary. After this I light five, long candles - one for each member of my family and one, for a friend. Returning to the Accueil, we pass the lavender man, selling sachets of dried lavender. Each year I buy 12 sachets. He always gives me one more, free. After the evening meal, we go out to the candle-light procession. This, for me, is the highlight of my week as I can follow the "Aves" in French, Italian and German. We finish by saying the Salve Regina", and shaking hands with each other. We return to the Accueill. Although it's late, the shops are still open.

This was the first of six happy days, during which I heard beautiful music and thought-provoking sermons. I met old friends and made new ones. "

It happened to me...

It could happen to you?

STROKE

A personal perspective from one of our patients

As a regular topic we include an anonymous article from one of our patients about their own very personal experience with an illness. This is their own experience, in their own words and not a professional view, but it might be of interest to help fellow sufferers or their carers.

It happened to me - Stroke

"My personal experience of Stroke happened about 18 months after I had retired from work. One morning, much like any other, I decided to walk down to the bank, but to my horror when I got to the counter I couldn't speak properly to the cashier. I managed to walk home, but by the time I got there I couldn't talk or make any sense of what was happening to me.

Fortunately, my wife (a retired nurse) realised that I had suffered a stroke and drove me straight to Wansbeck Hospital. There I was assessed, admitted to the stroke ward, and had a brain scan which revealed my carotid arteries in the neck were blocked (no actual bleed) so I was started on medication and referred to the Freeman Hospital. A few days later I was seen at the Freeman, had more tests done and was given a date for an operation – a procedure where the thickening of the artery is "hoovered" out to clear it. After my operation I was discharged within 48 hours, feeling much better but still very tired, my speech was slowly improving, but I was having some problem with concentrating and communicating. I had to take medication to control blood pressure and cholesterol, and aspirin and clopidogrel to thin the blood.

Around one third of people who survive a stroke make a significant recovery within one month but another third are left with a permanent disability. The brain can learn to rewire itself so that other parts take over some of the tasks of cells damaged by stroke. This means improvement can continue for months or years afterwards.

Six weeks after my first operation, I was reviewed at the Freeman and advised to have another operation on my other carotid artery. I had further assessments and was admitted the following week. The operation went well but I had some problems afterwards with a very slow pulse and a dramatic drop in blood pressure, so on discharge 48 hours later my blood pressure medication was stopped. Seven weeks after my second op I was reviewed, feeling fine but still very tired. The good news was I was discharged and able to drive again – YES!!

Since then I have attended my GP for regular reviews to check blood pressure, glucose and cholesterol levels – treatments being adjusted to bring these risk factors back to normal levels when necessary. **Seven years on and feeling fine!"**

... **A stroke** is the brain's equivalent to a heart attack and the result of a sudden interruption to its blood supply. There are two main types: the most common causing around 85% of cases is an ischaemic stroke, which occurs when a clot or "furring up" results in a blockage in a brain artery. More rarely, in about 15% of cases it is a haemorrhagic stroke. This happens when a ruptured blood vessel causes bleeding within or over the surface of the brain. One should also be aware of a "mini stroke", which is a transient ischaemic attack (TIA) thought to result from clumps of blood platelets lodging in the brain and temporarily blocking the circulation to some blood cells. This produces stroke-like symptoms but because they are temporary are often dismissed as "exhaustion" or a "funny turn", but a TIA is a warning that a stroke can often happen within the next 24 hours.

If happened to me

STROKE

The brain controls our movement so the loss of brain cells following a stroke results in a sudden lack of control over one or more parts of the body. The signs and symptoms of stroke vary depending on the part of the brain affected, but usually come on very quickly and may produce:

- Difficulty speaking
- Fatigue/extreme tiredness
- Weakness or loss of movement in part of the body, (eg. left arm left leg left side of face.
- Loss of bladder or bowel control
- Difficulty swallowing
- Visual problems
- Confusion, memory loss or issues with thinking, reading or writing
- Collapse or sudden loss of consciousness.

If you think someone is having a stroke it is vital to act **quickly** as it can be crucial to whether the person simply survives or fully recovers.

Remember

F ACIAL WEAKNESS

A RM WEAKNESS

S PEECH PROBLEMS

T IME TO GET TO HOSPITAL

Following a stroke different people require varying amounts of rehabilitation and support to get back to normal living. Physio, speech therapy and occupational therapy all help to restore some lost movement, speech or functional impairment.

All the usual health and lifestyle advice apply: cut back on salt, eat plenty of fresh fruit and vegetables, avoid food that is fatty or processed, do at least 30 minutes walking or exercise a day, don't smoke, keep within recommended alcohol guidelines and try to maintain a healthy weight.

Did you know?

Returning equipment

Returning hospital equipment

Have you ever been given medical equipment, eg. crutches, walking frames, special chairs or mobility aids, and been unsure what to do with it when you are better and no longer need it? Here is your contact information. They will advise you when you could drop equipment off or if it could be collected.

Joint Equipment Loan Service (JELS)
Northumberland Health Care NHS Trust,
43 Colbourne Crescent,
Nelson Park Industrial Estate, Cramlington, NE26 1WB
01670 730595

Recipe – Rhubarb Chutney

My Mothers Rhubarb Chutney

Rhubarb 2 lb
Onions 2 lb
Cooking apples 1.5 lbs
Half pint of malt vinegar
Brown Sugar 1 lb
Raisins 1 lb
Dates 1 block chopped up
Ginger Root 2" grated.
1tsp salt
Pickling spice, in muslin bag.

Delivering a service for approximately 10,000 patients in the Blyth area

Please use the Suggestion Box on Reception and PPG to voice your views.

Newsletter: We welcome ideas for topics of interest from all ages, and would especially like to hear from young people.

Method

Peel and chop all produce, place all ingredients into stock pan. Bring to the boil then simmering until everything is soft and cooked and syrupy. Place in sterlised, heated glass jars, sealing with waxed discs and jam pot covers.

PPG The Patient Participation Group is made up of volunteer patients who attend meetings every two months with practice staff to give feedback from/represent all patients and to take a proactive role in building the relationship between the SMG and their patients. We would like to represent all members of the community and all ages. If you would like to be involved, particularly if you are 18-30, we would like to hear from you. Ask at reception.