



# *On the Ridge. . . . (No 28)*

***Winter/Spring 2020***

**Special Edition of the Newsletter from  
Ridgeway Surgery Patient Group**



**Harrow Mayor, Nitin Parekh with Bansari Rupani,  
RSPG's organiser of Macmillan Coffee Morning 2019**

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## **Editorial**

As Ridgeway patients, by the time that you read this newsletter you will have received a personal letter from Dr Lloyd in which he tells you of his retirement at the end of March 2020. A copy of his letter is on page 4. This brings to an end more than 40 years of unstinting health care for patients.



For long standing patients this will be a major change. For those of us on the RSPG Committee it is a particular loss. He promoted the setting up of RSPG long before it was an NHS requirement as he genuinely wanted to ensure that the patients voice was included in the way that the practice delivered health care. He has continued to be an enthusiastic supporter of all our activities on your behalf and he has agreed to be our speaker at our AGM once the date in April has been agreed.

We shall however miss him very much whilst wishing him a long, happy, healthy and fulfilling retirement!

**Beryl Otvos, Chair of Ridgeway Surgery Patient Group**



**The Ridgeway Surgery**  
**71 Imperial Drive**  
**Harrow, Middlesex**  
**HA2 7DU**

January 27<sup>th</sup>

Dear Ridgeway Patients,

Please see the below letter from Dr David Lloyd to all our patients, letting you know that he will retire as a GP on March 31st 2020.

We know this will be a big change for our practice and we will very much miss the enormous contribution David has made as a doctor to our patients, as a colleague to GPs across Harrow and as an integral part of the Ridgeway and who we are.

We know that we cannot simply replace David but we are investing in expanding our team and bringing new clinicians on board to make sure that we can still provide high quality care. We are delighted to say that even though you may have heard in the media that recruitment is difficult in General Practice, we are very pleased with the response we have had to our search and we will be introducing new members of the team to you very soon.

By enhancing our existing team and bringing in new GPs to join us, we will follow in the example set by practices elsewhere when facing longstanding GPs retiring.

We are aware that general practice is changing across the country with a greater emphasis on collaborating locally with other GP practices and healthcare providers.

We are confident that through the new members of our team who will join us and the development of our primary care network – a group of six other local practices we work closely with – we can continue to offer a responsive service to you.

We know that we have also trialled different ways of appointment access over the last 12 months and our overriding objective is to make sure we continually improve our appointments systems so we are there when you need us.

We continue to work closely with our patient group, the RSPG, to closely understand patient experience and feedback about our services and their ideas for how we can make our practice work in the best way for our diverse patient population.

**Continued overleaf**

We are certain that many of you will want to show your appreciation and thanks to David and we will be in touch shortly to let you know ways in which you can do it, should this be something you feel you wish to do. There are plans for an event to celebrate the fantastic care David has given to the local community and we will circulate this date when it is finalised.

David in conjunction with our clinical team is ensuring that all patients under his care are still able to have their specific healthcare needs met after his departure.

We will continue to keep our patients updated about our practice developments and will contact you soon with further information regarding the above,

Yours sincerely,

Three handwritten signatures in black ink. The first signature on the left is 'Ken Walton'. The middle signature is 'Genevieve Small'. The signature on the right is 'Shazia Bokhari'.

Dr Kenneth Walton, Dr Genevieve Small and Dr Shazia Bokhari.

### **Letter from Dr Lloyd**

Dear Ridgeway patients,

41 years ago, a new doctor arrived at the Ridgeway surgery to serve his apprenticeship. For the next 3 years, he worked at Northwick park Hospital and whenever he could, he helped the then single handed GP, Dr Shackleton with his holiday locums.

On September 1st 1981, that same GP joined the practice as a partner and has never left. I was and am that GP and now I am planning to retire. My last day in the practice will be on the 31st March. This has been a very hard decision for me but a combination of factors has made this happen. I will be 67 in March and my family has had its fair share of problems last year. The job that I do at the Ridgeway has been a full time one and it is not the sort of job that can be condensed into any less time.

General Practice is changing very fast and while old doctors like me prided themselves on being generalists, able to turn a hand to any problem that might turn up, there is now so much to know that GPs as well as being generalists need

to specialise in a few areas. The future of patient care will be much more team based and that is the way the Ridgeway is aiming to work. 40 years is a long time and I know that there are many of you that have gone through your lives receiving your health advice from me. And for some of you, it may be a bit of a wrench to think about seeing another doctor. Some of you may breathe a sigh of relief and be pleased to see someone with a fresh pair of eyes!

My partners will continue to run the practice and soon we will be able to share with you news of other team members that are going to step in to replace me and carry on the work making the Ridgeway the modern caring practice needed in this ever changing world.

I cannot say goodbye to you all one by one and so I hope you will forgive me writing this impersonal letter. It has been a privilege serving you all these years.

Yours sincerely,

*David Lloyd*

Dr David Lloyd



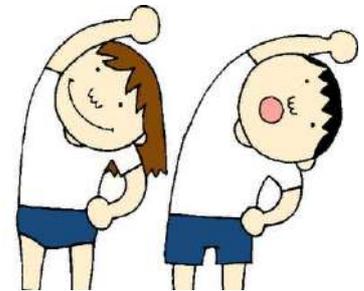
**Dr Lloyd with the Mayor  
At our Macmillan coffee Morning  
2019**

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

Over the last 6 months your committee has been particularly involved in working with the surgery on finding ways to improve the appointment system and especially the telephone access. We also give the surgery patient feedback on how these changes are working out in practice. In addition, we are trying to keep up to date with the way in which the NHS 5 year plan is affecting all GP services. For some patients it has been hard to adjust to our doctor "call back" system instead of just being able to book an appointment with the doctor of their choice from the outset. However, given the relentless increase in demand on GP services and the national shortage of family doctors, changes had to be made. In the future, and with the help of technology, the NHS hopes to introduce further changes such as video call consultations. Older patients will need to ask the youngsters in their family for lots of help in getting to grips with such new ways of "seeing" the doctor.

**RSPG events:** We have continued to arrange evening events. Our November talk on Macular Degeneration was very popular. See the report later in this newsletter. We could not accommodate all who wanted to come so please be aware that if you are a registered member of Ridgeway Surgery Patient Group you receive advance notice of such talks. Also, if you suddenly find that you can't come, please let us know so we can give your place to someone else.

Our doctors are keen to put on a pilot evening on "Developing a healthier lifestyle". Together with the practice RSPG is planning this and a much bigger event on the topic for later in the year. Look out for the publicity in the surgery and online for this event .



### **HeartStart**

RSPG continues to host this **free** one evening course run at the surgery by John Jeal, a London Ambulance First Responder. **More than 270 Ridgeway patients have done this course to date!** If you are over 18 and mobile enough to be able to kneel you will learn the life saving skill of **CPR** —> Cardiac Pulmonary Resuscitation.

#### **Our next course: February 17th**

To put your name down on our list for this course or for a future one, please email us on: -

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



## Macmillan Coffee morning 2019

Despite a reduced turn-out this year we still raised more than £855 for this much valued charity. The Mayor spent some time with all of us and was clearly well known to many of Ridgeway's patients who greeted him when he arrived. He recalled how hard it had been for his father to adjust to retirement once the structure, regularity and satisfaction that he had enjoyed during his working life disappeared. This personal experience has made the Mayor acutely aware of the value of voluntary work and involvement in community activities not only for the way that this benefits the local community, but also because it gives a sense of fulfilment on a personal level to those who use their time as volunteers particularly once they are no longer in paid employment.



← **What shall I have with my drink? Not much left now!**



↑ **Dr Small with the Mayor**



↓ **3 members of RSPG Committee**



↑ **Julia & a customer at her craft stall**



## **Surgery Matters: Andrew Slater, Practice Manager**

We wish all our patients a happy new year and welcome to the twenties! We thought it would be a good opportunity at the start of the year to help explain a few ways you can best access us.

### ***Contacting the surgery and receiving a call back***

Firstly, you will know that when you contact us to discuss your problem, the receptionist will normally arrange for a doctor to call you back on the telephone first. He or she can then decide the best way we can help you.

We know that some patients may find it difficult to receive calls. In these situations, we are happy for you to give the receptionist a window of time (not less than an hour's duration) where you can receive a call. The doctor will do their best to fit in with this time but we cannot guarantee they will be able to contact you should a medical emergency occur.

Secondly, you can use the same Patient Access log-in to both request prescriptions, book appointments and view your medical record. If you still need to activate your account, talk to one of our reception team.

Lastly, we are pleased to be able to share that we now have an increased team of staff in our reception team and additional IT. This has improved our ability to track the number of calls coming through and we have been able to reduce the phone call waiting time significantly. As a result almost all calls are now answered in 0-5 minutes and our continuing aim for 2020 is to maintain that and improve it further.

### **Group Consultations: Nurses lead the way**

Why have a nurse tell you about how to manage your long term condition separately when talking to 10 in a group consultation could achieve better results? NHS England GP nurse led consultations could benefit patients and reduce staff workloads. Benefits for patients are peer support, a patient led agenda and a more relaxed atmosphere. This way of working is being used for long term conditions, frailty, menopause and post-natal advice. As an example, in trials of this approach diabetic patients reported high patient satisfaction rates and that they learnt more in the group than in 1 to 1 consultations even where their diabetes was well controlled.



**Taken from:** National Association for Patient Participation Nov, 2019.

**Wasted Surgery Appointments: Latest figures from 2019 show that on average 260 booked appointments per month are not kept!**

## Protect your immune system in Winter



Plummeting temperatures and damp air provide an ideal environment for germs to spread. Less sunlight can also deplete our levels of vitamin D, leaving our immune systems more open to these bugs. But the good news, says South Yorkshire GP, Dr Samar Mahmood, is that you can take steps to better protect yourself this winter. Here are the top 5 bad habits you could try to change to protect your health. **Taken from** : patient.info

**Smoking:** We all know that cigarettes damage your lungs, but smoking could be especially harmful during autumn and winter as your defences are weakened. The tobacco smoke irritates your airways and impairs the exchange of impure air for healthy air in and out of the lungs. This leaves you susceptible to respiratory infections including [coughs](#), [colds](#) and [chest infections](#). So make it a winter resolution to stop smoking to stay fit and well. Success is more likely with expert support.

You can book an appointment for smoking cessation help with your pharmacist.

**Poor diet:** Eating processed foods and snacks high in fat, salt and sugar in the festive season is common as is drinking more than usual. Poor diet directly impairs the immune system, while being overweight or obese is also linked with low resistance to infection. A [balanced diet](#), however, keeps things ticking over. Snacking on fresh fruit, vegetables and nuts, all rich in antioxidants and vitamins A, C and E, helps maintain the integrity of the immune system. Getting at least five portions of fruit and veg each day as part of a balanced diet and drinking plenty of water are vital to maintain your winter well-being.

**Not getting enough sleep:** [Good-quality sleep](#) helps to maintain your stores of bug-fighting components in your blood. This makes a decent night's rest particularly important when your defences are low. (See our top 10 tips for a good night's sleep later in this issue). Less sleep therefore equals fewer immune cells, which means more chance of infection. Sleep deprivation can make it harder to [manage stress](#), which triggers the release of cortisol - a hormone that can weaken your immunity and leave you prone to picking up bugs.

**Not having the flu jab:** [Seasonal flu](#) starts to take hold in autumn but is particularly virulent between December and March. It can be serious. Influenza can kill. If you are eligible for the free flu vaccination, it means that something about your health or your age group (or both) makes you more susceptible to the effects of flu. Yet, fewer than half of people entitled to the NHS vaccination take up this offer and so, put themselves in danger of serious illness. "The flu vaccine will not give you the flu - but it could just save your life!" Dr Mahmood adds.

**Poor hand hygiene :** A healthy lifestyle can only do so much to stave off winter illness. All your good work can be undone without [good hand hygiene](#). Globally only one fifth of people wash their hands with soap and water after they've been to the toilet, so a hotbed of bacteria can spread rapidly. So we should all wash our hands often (and properly) through the day, especially after using the toilet, nappy changing, being in contact with animals and before cooking, handling food, eating, and treating a cut or a wound. Also important is washing them after coughing, sneezing or blowing your nose as many infections can be spread through touch.

## **Bladder problems men shouldn't ignore**

Urinary problems in middle-aged men can be frustrating and embarrassing and are often caused by an enlarged prostate. However, they may be an indication of something more serious such as prostate cancer.



Wisdom, understanding, perception? Getting older can offer many unexpected benefits for men but an enlarged prostate is definitely not one of them! Located underneath the bladder, this little gland may only be the size of a walnut, yet it plays a big role in men's sexual and urinary health, producing seminal fluid and, as they get older, making a difference to how the urinary system works.

### ***Obstructing the flow***

Enlargement of the prostate, begins in puberty. Once a man reaches 50 it can gradually become so large that it restricts the flow of urine out of the bladder. To compensate the bladder becomes more muscular and sensitive, or overactive leading to issues such as poor flow of urine; frequent but incomplete bladder emptying; the need to urinate more often (particularly frustrating during the night); leakage of urine in between; and even bladder incontinence and discomfort.

"Because the bladder isn't fully emptied, men with an enlarged prostate are more prone to urinary tract infections causing lower abdominal pain, frequent passing of urine, and sometimes a fever and blood in the urine. In elderly men infections can also cause confusion and shaking." Explains GP Dr Morrison.

Men also suffer from **kidney stones**, which can cause severe pain anywhere from the loin (the sides between the lower ribs and pelvis) to the groin. Sometimes they can cause blood in the urine. Similarly an inflamed prostate causes pain in the penis, testicles, anus and lower abdomen, combined with a frequent urge to wee.

### ***Urinary problems and Prostate Cancer***

This is the most common cause of cancer in the UK claiming the life of 11,000 men each year. Unlike other cancers there are no specific warning signs so that all the common changes set out above could also be a sign of prostate cancer. This means that a proactive attitude to personal health is essential. Arrange to see your GP so that the reason for changes in bladder function may be assessed.

### ***Self help tips for older men***

So, men of a certain age, if you are experiencing urinary issues, the message to take away is: if in doubt, get it checked out. However, if this is just caused by an enlarged prostate, these are the self help tips: -

**Keep drinking water:** drink plenty spread out throughout the day to reduce the risk of infection. But don't suddenly drink a lot all at once as this could lead to your

bladder becoming distended and not emptying at all.

**Take your time:** avoid feeling rushed if you wee slowly. Changing position can help too—sitting to standing or the other way round.

**Avoid caffeine and alcohol in the evening.**

**Exercise and do watch your weight:** obesity can make the problem worse.

**Taken from:** <https://patient.info>>bladder-problems-in-men-enlarged-prostate-psa

## **More harm than good:**

### **Age UK report on older people and medicines**

This report makes the point that failing to properly manage older people's medicines is having a significant impact on their care and is making poor use of NHS resources. Older people are being admitted to hospital as an emergency from avoidable health problems including an increased risk of falls and confusion.

They are also missing out on treatment because the burden of taking multiple medications can lead to them taking none at all. Add to this practical barriers such as ability to open medical packs and to juggle large volumes of pills and tablets. Clinicians, despite working in the best interest of their patients, lack the time, the information and awareness of issues relating to multiple medicines. The impact of using one particular medicine on top of another one is not always appreciated. Older people are at particular risk because they are more likely to live with several medical conditions and also because of the impact of ageing on how their bodies absorb and respond to medicines. They are also more likely to be living with frailty, dementia, to be at risk of malnutrition and to be living in a care home. All of these factors create significant additional challenges.

#### ***So, how does the NHS plan to tackle this issue?***

The NHS long term plan is committed to increasing the access to high quality medical reviews and to making sure that pharmacists are part of local community health teams. In addition, by expanding social prescribing, NHS England hopes that some people will need less medicines and treatments. The plan is to encourage participation in local activities such as healthy exercise classes and other activities which help to combat loneliness and social isolation so that older people will become healthier and less dependent on some medications and treatments. This **2019 Age UK report** gives lots of examples highlighting many ways in which older people can end up taking medicines that do not benefit them and may put them at risk of harm.



## How to talk to your child about drugs: Some Helpful Tips.

1. Don't panic . Wait until you are calm before discussing this and try to show love and concern rather than anger.
2. Do your homework first. **FRANK** , a national drugs website is a reliable source of information.
3. Pick a good time. Be clear about your opinion on drugs and avoid scare tactics.
4. Know your child's friends and, if they are involved in drugs, you may need to support your child in finding new ones.
5. Let them know you are always there for them and listen as well as talk.
6. Don't give up. Parents opinions do matter to our children but we have to recognize that only they can say no to drugs. Even so, be realistic: only a few teenagers who experiment will develop a drug problem.

**Taken from:** [www.nhs.uk/live-well/healthy-body/talking-about-drugs-with-your-child](http://www.nhs.uk/live-well/healthy-body/talking-about-drugs-with-your-child)



### Macular Degeneration, latest research

Last October Nick Lee, Consultant Ophthalmologist at Hillingdon hospital gave us a "whistle stop" tour of the current and future treatments for Macular Degeneration. This is one of the commonest conditions affecting our eyes. It is not new as it was first described 100 years ago. However, effective treatments are fairly new.

Mr Lee explained that the condition develops as we age (after 60) but picking up the signs early is essential for a good outcome. In the **Dry** version the retina thins whereas in **Wet** there is water in the cells in our retina. Opticians who have the equipment to scan the back of our eyes are best placed to notice such early changes to our retina and to suggest a prompt referral for treatment. Note these scans are not yet available on the NHS as part of our regular free eye test.

Current "wonder" drugs are Macugen, Lucentis and Avastin. In the last 9 years the development of treatment services has been intense. For example, following hundreds of drug trials injection regimes have started and all find that injections give better results. Patients may have 100+ injections often given by nurses. The NHS drug bill is £600 million per year. Anyone wanting a copy of Mr Lee's handout of his talk should email their request to [rspatientgroup@hotmail.com](mailto:rspatientgroup@hotmail.com) There is also a useful explanation on **YouTube** of macular degeneration in a talk given by Mr Lee at the London Macular Degeneration Society Conference in 2014.

# What is Obesity?

Obesity is a serious chronic disease and it is different from being just a bit overweight. It means that you are much too heavy for your height and that having so much body fat has a negative effect on your health. However, it is a complicated condition because it is influenced by a combination of many factors.



## **How can obesity affect our health?**

If we are obese then we are more likely to develop other health problems. Just a few examples are : - mental health issues, diabetes, serious heart disease, gall bladder problems and osteoarthritis. But we have never had better access to information on health and diet than we do today and yet despite this we continue to get fatter. In 1993 12% of the British population was obese. By 2010 this had risen to 25% and the 2017 figures are 29%. This applies to children too.

## **Why are we choosing to ignore these risks?**

In her article called "Dietary choices. Where did we go wrong?" GP, Dr Sarah Jarvis notes that healthy eating advice isn't rocket science and much of it isn't new but therein perhaps lies the problem. She speculates that sales figures for non-fiction books would put cookery ones at number 1, those on diets at number 2 . On diets she observes "common sense isn't newsworthy, but miracle solutions are". Fad diets come into this category!



## **Obesity is a serious chronic disease requiring treatment.**

Lifestyle therapies including diet and exercise are important, but are not always enough to maintain weight loss. For some people, special treatment options, such as medicines or bariatric surgery, (surgery on the stomach and / or intestines) may also be considered. Just like any other such serious disease, getting help with treating obesity needs to begin with a discussion with your doctor.

People with obesity encounter challenges on many levels, from finding clothes that fit, to low self-esteem, to frustrating attempts to lose weight. Many also face stigma and weight bias on a daily basis, which can make it even harder to them to succeed. Understanding how these challenges are interrelated is an essential first step to ensuring that those of us living with obesity get the support that we need to achieve better health and a better quality of life.

## **Taken from:**

1. <https://www.novonordisk.com/patients/obesity/understanding-obesity>
2. [https://www.huffingtonpost.co.uk/dietary-choices\\_b\\_1892696](https://www.huffingtonpost.co.uk/dietary-choices_b_1892696)

## Coping with the loss of a partner

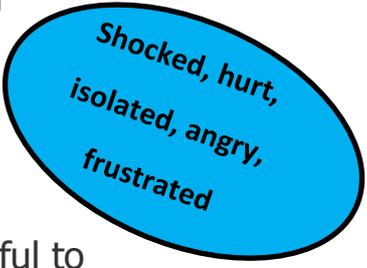
The physical and emotional turmoil of grieving can take many months to settle down. You may be exhausted from sleep deprivation or perhaps you don't want to get out of bed; both are normal reactions. You might experience loss of appetite or develop a reliance on caffeine and/or alcohol. This is the time to take extra care of yourself, whether it is a nice massage, listening to your favourite music or a walk in the sunshine. You should rest as much as you want and need to.

### **Some thoughts on taking extra care of yourself**



Anxious, guilty,  
jealous, miserable

You may experience a raft of emotions: anger, guilt, regret, pain. Sometimes it's helpful to express these feelings but it can take time to release them. Some people find it helpful to



Shocked, hurt,  
isolated, angry,  
frustrated

keep a journal. Your grief is unique and some people will find it helpful to seek some professional help, either in a support group or through individual counselling sessions. One local source of counselling help is "Bereavement Care". This is a non-denominational registered charity organisation staffed by trained volunteers. They support both adults and children who would like some help in coping with their loss. Also, if your symptoms persist, it could be wise to visit your GP to make sure you are OK.

Try to ignore those around you who say it's time to move on. Recognising you are not the same person and may not return to your "old self" is important. As she looks back on that time in "Coping with a death", one bereaved person reflects "All you can do is put one foot in front of another". If you've lost someone you loved so much, you'll always grieve for them. It just changes over time. "You may not care whether you eat or not, so for someone to bring you a hot bowl of soup is a real help." She says that talking about your loved one is one of the most comforting things you can do. "It's important to reach out to people, not to melt over them but to talk about the person that you've lost. People won't bring up the subject with you because they don't know how or they feel embarrassed, but it really helps."

If you are someone who has been bereaved your goal should be to move forward with less pain and reframe your relationship with your loved one. It might help to share memories with friends and family and to establish some rituals; for example, arrange a family dinner on the anniversary, make a memorial garden or photo album in memory of your loved one.

#### **Taken from:**

1. [bhf.org.uk/information-support/heart-matters-magazine/wellbeing/ask-the-experts-coping-with-loss](http://bhf.org.uk/information-support/heart-matters-magazine/wellbeing/ask-the-experts-coping-with-loss)
2. [bereavementcareandsupport.co.uk](http://bereavementcareandsupport.co.uk)



## **Top 10 tips for getting a good night's sleep**

Lisa Artis of the Sleep Council shares her wisdom in British Heart Foundation's Heart magazine on how to get a good quality and quantity of sleep.

Most of us have suffered a bad night's sleep at some stage or another. A one-off restless night isn't too much of a problem but the effect of long-term sleep deprivation can be far more serious, increasing the risk of coronary heart disease, stroke, diabetes, obesity and Alzheimer's disease.

### **1. Take time to relax**

Around half the UK population suffers from stress-induced sleep problems, so it's vital you take the time to relax before you go to bed: - maybe take a warm bath, read a book, or listen to soothing music. Some people write a to-do list before bed to free their mind from worrying about tomorrow's "to do's".

### **2. Get into a routine**

Having a routine helps all of us to fall asleep at a certain time allowing our body to programme itself to naturally fall asleep and wake up at certain times. Try to stick to this and create your own relaxation routine.

### **3. Avoid technology**

Ban your smart phone, computer and TV from your bedroom and don't look at them for an hour before bed. Such devices emit a blue light which suppresses the hormone melatonin.

### **4. Create a restful environment**

Make sure your bed provides the correct support, comfort and space to ensure you wake up and move about less. Ensure that your room is the right temperature – between 16 °C and 18 °C (60°F to 65°F) is optimum.

### **5. Don't clock watch**

Worrying about getting enough sleep can itself stop us sleeping. The best way to deal with that is to remind yourself that resting in bed and thinking nice thoughts is more productive than tossing and turning and looking at the clock every ten minutes. If you can't stop checking your clock, try turning it around or putting it on the other side of the room so it's not as easy to watch time ticking away.

### **6. Foods for sleeping**

Eating healthily improves sleep generally, but some foods are particularly beneficial, such as milk, chicken, turkey and pumpkin seeds. All these contain the chemicals tryptophan and serotonin, which are vital for the production of melatonin. This is the hormone that promotes sleep.

### **7. Foods to avoid**

Spicy food, [alcohol](#) and large meals shouldn't be consumed in the hours before bedtime. For many, drinking [coffee or other caffeinated drinks](#) in the afternoon can affect sleep. [Sugary food](#) in general is bad, because the energy spike and ensuing crash you get can play havoc with your body clock. Also, research shows that, if you don't sleep well, you tend to turn to junk food the next day, creating a cycle of poor sleep and bad diet.

**Continued overleaf**



## 8. Darkness promotes sleep

Before clocks, people would wake up when the sun rose and go to sleep when it got dark. Similarly, a darkened room helps to promote sleep and turning the lights down can make you feel sleepy. If you don't have a dimmer switch, both inexpensive lamps with a dimmer or a dimmer plug are good options. If you're disturbed by street lights outside your window, or bright sunlight at 5am in summer, you could try heavier curtains or blackout blinds.



## 9. Keep fit and get active

Physical activity is great for sleep as well as for your health generally.

## 10. Focus on sleep quality

We tend to focus on how long we're asleep, but sleep quality is just as important. We go through five stages of sleep experienced in a cycle, around five times a night. In the later stages of the cycle our memories are consolidated and, among other things, information is processed so getting up in the night, for example to go to the loo, can interrupt the cycle and you might not reach the later stages. For this reason, it's also best to avoid having too many liquids before going to bed.

**Taken from:** British Heart Foundation's Heart Matters magazine

### 1.) [The Ridgeway Surgery](#)

[\(main surgery\)](#)

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

### 2.) [The Ridgeway@Alex](#)

[\(our branch surgery\)](#)

#### [Making an appointment:](#)

Monday to Friday appointments are available at both surgeries. Patients wanting to see a doctor or nurse must first book for a doctor to call them back preferably using the online system or by telephoning. Note that the main surgery always has a doctor on call who can talk to [Ridgeway patients](#) about any urgent problems they may have and arrange for them to be seen promptly at one of [our 2 surgeries](#) 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**

**Note: Since November 1st, 2018  
this is a Harrow GP booked  
appointment only service**

**Address: South Harrow,  
HA2 9DX**

**Tel: 020 8966 6300**

**Hours: Mon-Sun: 8 am-8 pm**

**Last patient 7.20 pm**