



On the Ridge....(No 30)

*September 2020 Online Newsletter
from the Ridgeway Surgery Patient Group*



Farewell to Dr Walton after 36 years! - See inside

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RSPG News & Events for your diary

The committee continues to meet with surgery staff who share information on the latest NHS changes and on local developments. The pandemic has led to many changes in health care and these affect how we as patients can still get the health care that we need. We have been sharing ideas with the surgery on the best way to keep all of us up to date with the changes. Regular text messages from The Ridgeway on these changes go out to patients but be aware that mandatory NHS changes with deadlines keep coming to GPs thick and fast! Recently you probably heard the Health Minister say that even after Covid most consultations will take place either by telephone or on video so half of a recent grant to enhance local GP services was used to buy more laptops for Harrow surgeries. This means that as many of us as possible will be expected to talk to Ridgeway staff on our smart phones, iPads or computers. The recent arrival of a new way to get quick health advice, **eConsult**, relies on patients being able to use digital means. Unlike other such programmes which may use an algorithm to decide on the response needed by the patient, all **eConsult** requests are seen by a member of Ridgeway team who then make sure that they go to the right person at the surgery. Do have a look at the "**Surgery Matters**" page or the surgery website to find out more about this. Of course it is still possible for patients who do not have or cannot use digital technology to be in touch with the surgery in the traditional way but more and more services now rely on the internet in all its forms so some of us may find that we miss out on the many speedier and easier ways to get the help we need.

The poster on the next page shows you that our fund raising for Macmillan Cancer has had to change this year. Our annual coffee morning had to be cancelled yet the need for funds remains. The fear of Covid-19 prevented many concerned about cancer from seeking help. Treatment for cancer in hospital was also put on hold with serious consequences for some. So we hope that you will support our fund raising this year by donating on our **Just Giving page**. Use the link sent out by text by the surgery or click the link on the surgery website.

Nowadays large face to face gatherings are out so RSPG committee have embarked on a new venture to resume our Health Education talks by using Zoom. We are learning as we go along so bear with us if there are some blips along the way! We were especially pleased that several surgery staff supported us by giving the first such talk in August. This despite all the many demands on their time.

Our next talk will be on September 30th and we are fortunate that our speaker, Dr Hashim Ahmed, a Consultant based at Imperial College Hospital has agreed to give his talk on "Latest research into Prostate Cancer" using Zoom. We know that this will be of interest to many.

THIS YEAR RIDGEWAY SURGERY PATIENT GROUP (RSPG) IS
REQUESTING PEOPLE TO MAKE A DONATION ON OUR

JUST GIVING PAGE!
FOR MACMILLAN CANCER SUPPORT



WORLD'S BIGGEST
COFFEE
MORNING

Fundraising for

MACMILLAN
CANCER SUPPORT

LINK:

<https://www.justgiving.com/fundraising/RIDGEWAY-SURGERY-PATIENT-GROUP>

NOTHING STOPS MACMILLAN CANCER SUPPORT

If cancer doesn't stop, neither do we

Due to Covid 19, RSPG is unable to hold its normal
annual Macmillan Coffee Morning at The Ridgeway

Surgery this year in **September 2020.**

**Instead this year RSPG is requesting people to make a
donation on our JUST GIVING PAGE!**

All monies will go directly to Macmillan Cancer Support



FOR ENQUIRES PLEASE CONTACT RSPG: rspatientgroup@hotmail.com

Farewell to Dr Walton



As our Dr Ken Walton leaves us on September 30th 2020, we are taking a look at his long career and incredible service to us and to Harrow.

Dr Ken Walton joined the Ridgeway Surgery on 1st April 1984. Over the last 36 years he has been a fantastic

General Practitioner, providing exceptional care for patients and, with his partners, particularly Dr Lloyd, continued to keep the practice at the forefront of innovations and new treatments.

Dr Walton was born in Southampton in 1950 and went on to study medicine at St Thomas' Hospital opposite the Palace of Westminster. Initially he was keen to specialise in hospital medicine. It was this part of his career that first brought him to Harrow, to work at Northwick Park Hospital. However, he had a change of heart and in 1984 became a trainee doctor under the supervision of Dr Geoffrey Shackleton at the Ridgeway. On completion of his training he joined Dr Shackleton and Dr Lloyd and became the GP we all know today.

He has had many achievements at the Ridgeway but a few highlights include how Dr Walton started our very first computer system. Today we have a national system that enables us to make our notes and ensure that patients get the right reminders. However, back in October 1988 Dr Walton loaded everything onto a BBC computer to start our prescriptions writing and cervical smear reminder system. For many years Dr Walton has been at the cutting edge of using GP computer records and we have information on our system dating all the way back to 1988, to the envy of many practices.

Diabetes care has been a passion of Dr Walton for many years and he combined this with his IT skills to start working across all Harrow practices looking at how well Harrow looks after its diabetic patients. This was revolutionary at the time and has had a lasting impact on the way that patients across Harrow are cared for to this day – an amazing legacy.

As you can imagine, Dr Walton has been in demand outside of the Ridgeway. Over the years he has devoted many years to supporting hospital doctors in skin clinics (dermatology) and chest medicine. He has then been able to bring these specialist skills back to the Ridgeway, so we have had our own expert in dermatology, diabetes and chest problems. We have been incredibly fortunate.

Over the years you may have noticed that Dr Walton has also given his time to important leadership roles within Harrow. These may not have been obvious to patients but he has led Harrow through our different structures of PCGs and PCTs. In Harrow PCT he was the chair of the Professional Executive Committee, supporting decisions to improve services for patients in Harrow.



Even when he finished these roles, and when many people would be slowing down, Dr Walton has spent many of the last ten years working with all his colleagues in the Harrow Health organisation, becoming Chair of Harrow Health from 2013 until 2018. Harrow Health runs many of the community clinics you may have attended in the past.

Dr Walton has achieved so much across Harrow, but the Ridgeway also has so much to thank him for. He has always been a committed clinician who has put his entire career at the service of his patients. He is an excellent doctor with kindness and quality at the heart of his career. He has been a fantastic colleague, mentor and teacher. Many of you will have known that we would often ask him for advice and then he would appear in our consultations and then be able to advise us on the best plan for treatment.

However, we understand that he wants to make the most of his retirement. He has a wonderful garden to tend to, and plans to extend his joy of travelling. It would be easier to count the countries he hasn't visited. His last trip just before lockdown was to Antarctica. Together with his wife Judith he will enjoy the challenge of new adventures.

We will miss him very much but we also know that he will always be a friend to the Ridgeway and we are looking forward to catching up with him often.



Surgery Matters

Flu Clinics

Flu season is now here and it is more important than ever to protect yourself against flu during the pandemic. For those patients with a condition putting them at greater risk or those over 65 you can obtain your free vaccine at the practice. We also offer this to patients confirmed by the government as shielding and those in their household. We also offer a nasal flu vaccination to all 2 and 3 year olds. Call us or book via patient access. If your booked appointment is a "Drive in" one at the Alex, to find out how the clinic will work copy into your search engine this link to a video: -

<https://youtu.be/mGB0HlwsrZg>

eConsult

We are pleased to tell you about a new way to contact us called eConsult. You can find this on our website at <https://ridgeway-surgery.co.uk/#> You can contact us on eConsult 24 hours a day, seven days a week and we will contact you by the end of the next working day.

Continued on the next page

eConsult (continued)

You can use it to get routine medical and admin help from us without the bother of making an appointment or calling the practice. When we get your message it will be passed on to the person best placed to deal with it.

Any patients needing medical help will be passed to a clinician while other matters might be dealt with by one of our admin staff.

You can use eConsult for issues like:

- Unwell patients
- Long-term conditions
- Administrative enquiries
- Sick notes
- Follow-ups
- And pretty much everything else you would call us about.

You can expect a response before the end of the next working day, so if you contact us at 4pm Monday, you will hear back from us before 6.30pm on Tuesday. We think this will provide an easier way for patients to reach us if they don't want to use the telephone. It means we have a lot more information in advance so we can help you more effectively and safely.

You cannot use eConsult to ask for medication and appointments. You should continue to use your on-line Patient Access or contact us directly on the telephone. We are introducing this service to patients in stages so that we can understand how to make it work effectively but feel free to mention it to your friends and family if you think it would help them.

Responding to patient feedback

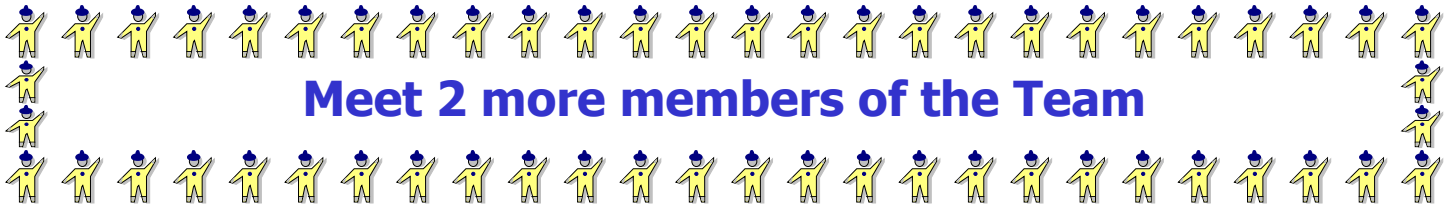
Whilst we hope eConsult will help with access into the practice, we have also made technical adjustments to online booking via patient access as some patients reported difficulties. This should now be working for you to book flu clinic appointments and call backs the following day (these are released at 6.30pm every weekday evening).

We are appointing two additional receptionists to help with patient telephone calls to the practice and since the start of this year we have answered 74% of calls within 5 minutes—a 20% improvement on the same period in 2019.

Anjulie, our practice pharmacist is another newly appointed member of our team. She helps with our prescription process and reviews patients with long term conditions and those on many medications.

Finally, we have put in place a wide range of measures to make our practice as safe as possible for patients attending in person. Where we can resolve your issue using phone or video, we will do this to save you needing to attend in person. But, it is important that if you do need to come into the surgery, you wear a face covering and that you do not attend early for your appointment.

Andy Slater, Practice Manager



Meet 2 more members of the Team

Sangita Ruparel joined the practice team as Reception Manager in February of this year at what she herself described as “a very challenging time”! This has meant that her 15 years of prior experience in working in various health care settings, some of which have been directly with patients, have stood her in good stead. However, nothing could have prepared her for the many adaptations needed to lead and support the front line team responding to nervous and often very fearful patients during a pandemic. As the situation continues to develop she says that even more adaptation will be needed



Commenting that the lockdown had placed so many treatments on hold she said that she saw part of the team’s task now as encouraging a sense of confidence in those patients who do have to come to the surgery for face to face appointments. Safety for all remains an utmost priority
Outside of work she enjoys travelling with her family (husband and two grown up youngsters) reading and walking.

Dr Amit Gohil joined The Ridgeway as a new partner in May of this year. He grew up in Harrow attending a local school. Initially he trained as an Optometrist but after 3 years he became frustrated with the limitations that this career offered. Then he took the decision to return to being a student again and to retrain. He applied to study medicine and qualified in 2013 from Keele University. Dr Gohil sees medicine as offering a career with limitless opportunities and, as he enjoys meeting people and seeing a problem through, he finds that being a GP is fulfilling. He enjoys the range of work in general practice and particularly likes the work involved in men’s health and child health.



In response to a question about what he does to relax Dr Gohil smiled and said that he had a 2 year old so not much relaxation there! However, he likes watching motor sport and he also developed an interest in photography over the last 5 years. Looking back at his progress he is delighted with how much his skills have improved and it seems that as a result, he is now especially in demand to take the photos at family events.

Exercising Safely in Later Life

Physical activity doesn't just help us to live longer but it is also a factor in how much mobility and independence we can expect to maintain as we age. Yet, on average people do slow down in later life. According to the latest figures, a whopping 52% of over-75s in England meet the definition of "physically inactive", meaning they do less than 30 minutes of moderate exercise a week. So this can include any activity that raises the heart rate, from brisk **walking** to pushing a lawnmower. According to a recent survey* by Nuffield Health, almost half of Brits over 55 don't think exercise is an important part of lifestyle for their age group, and one in ten say fear of injury holds them back from joining a gym. For many older people, exercise may feel like a daunting prospect and this is especially so if they are already dealing with health conditions or have never been active before. Nevertheless, evidence shows older adults who participate in physical activity maintain not just good physical function but also good cognitive function, with more physical activity providing greater health benefits. Poor muscle strength has also been shown to increase the risk of a fall by 76% in older adults.

The lock down experience has led to many of us reacting against to our confinement by looking for ways to exercise safely and we know that there are many possibilities to choose from. One easy example is "**10 Today**" - a set of fun 10 minute audio and video workouts which are easy to fit into your day and gets you stretching and moving at home. All exercises can be done either standing or sitting. Experts tell us that "Any exercise is better than nothing, but exercising three to five times per week at moderate intensity with a mixture of aerobic and resistance exercise is ideal." Dr Leon Creaney, a sport and exercise medicine consultant at the [OrthTeam Centre](#) in Manchester, adds that "We know that this reduces [heart disease](#), [obesity](#), [diabetes](#), [osteoporosis](#), frailty, and many types of [cancer](#), and even has a protective effect against cognitive decline or [dementia](#). In fact, there is really no condition that appropriate exercise is not beneficial for."

So, where to begin?

Clearly, not every octogenarian is striving to be a yoga master or marathon runner. So what should you do if you're an average person looking to improve your health into old age? "The best advice is to start simply and build up from there," says Dr Creaney. "If you haven't exercised regularly for a long time it can be difficult at first, but the key is to exercise regularly. Start with just one or two times a week at a low intensity. So once the habit has formed, you can start to build up the frequency, duration and intensity." Again 10 Today is a good starting point because it is a good idea to begin with a warm-up and some stretches, preparing the muscles and joints. And it is important to pace yourself too, rather than beginning too hard and potentially doing some damage.

Taken from: 1. [patient.co.uk](#)

2. * <https://www.gov.uk/government/news/major-health-benefits-from-strengthening-and-balance-activity>

3. [10today.co.uk](#)



Should younger adults get their cholesterol levels checked?

"Younger people 'need to know of their bad cholesterol levels'," says The Guardian. A team of researchers developed a model that shows the risk of having a heart attack or stroke by age 75, for people of different ages, depending on their so-called "bad" cholesterol (non-high density lipoprotein, or non-HDL cholesterol). Non-HDL cholesterol (which includes LDL cholesterol, as well as other types of "bad" cholesterol) raises the chances of developing [cardiovascular diseases \(CVD\)](#) including heart attack and stroke. But most current models used by doctors look at the risk over a 10-year period and apply this risk to people from middle age onwards.



For this study, researchers looked at 43 years of data from 398,846 people across Europe, Australia and the US, about 1 in 3 of whom were younger than 45 when first studied. This allowed researchers to create a model to predict very long-term risks of heart attack and stroke for younger people. The model also estimated how reducing non-HDL cholesterol would lower people's risk. The impact of having a high level of non-HDL cholesterol on future cardiovascular risk by age 75 was most apparent for people under 45. That could be because of the effect of having high non-HDL cholesterol over decades of life and because younger people have more time to develop CVD than older people.

If you do have a concern about your [cholesterol levels](#), your GP surgery can arrange for you to have a [cholesterol test](#).

Diet and exercise are usually the first steps recommended to reduce your cholesterol level. Find out about [the causes of CVD](#).

Where did the story come from?

The researchers who carried out the study worked at 44 universities, hospitals or research institutions internationally, led by researchers at the University Heart and Vascular Centre Hamburg, Germany. The study was funded by the EU Framework Programme, UK Medical Research Council and German Centre for Cardiovascular Research. It was published in the [peer-reviewed](#) medical journal The Lancet.

What is "Social Prescribing" & how might it help you?

'Social prescribing,' or 'community referral,' is a way of linking patients of GPs with the sources of support within the community. Social prescribing is a non-medical referral option for GPs that can improve health and well-being and may be used alongside conventional treatment .

In developed countries, including the UK, chronic mental and physical illness is associated with other long-term health conditions (co-morbidity), unhealthy lifestyles and an increasingly ageing population. Nowadays there is more recognition that "conventional" medical treatments cannot address these psychological, social and general "well-being" issues, so more attention is turning to the role of "civil" or voluntary groups within the community.

Who might benefit from social prescribing?

This would include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated and lonely and those who may often attend their GP surgeries or hospitals but are more in need of social rather than medical help.

So, does it work?

Evidence is beginning to show that social prescribing can lead to a range of positive health and well-being results. Studies have pointed to improvements in areas such as quality of life and emotional wellbeing, mental and general wellbeing, and in levels of depression and anxiety. It is early days but a study into a social prescribing project in Bristol found improvements in anxiety levels and in feelings about general health and quality of life. Social prescribing schemes seem to result in high levels of satisfaction from participants, doctors and many care professionals. Such support may also lead to a reduction in the use of NHS services. A study of a scheme in Rotherham (a liaison service which helped patients access support from more than 20 voluntary and community sector organisations), showed that for more than 8 in 10 patients referred to the scheme who were followed up three to four months later, there were reductions in NHS use in terms of accident and emergency (A&E) attendance, outpatient appointments and inpatient admissions. The Bristol study also showed reductions in general practice attendance rates for most people receiving such help. However, as such schemes vary from place to place it is difficult to make scientific comparisons.

At the Ridgeway....

As part of Healthsense, (our Primary Care Network or PCN), our GPs can refer patients to our Social Prescriber who is then able to link them into suitable support.

Taken from: 1. Social Prescribing/ Healthcare-Arena
2. kingsgsfund.org.uk/publications/social-prescribing **Cartoon:** by kind permission of Fran Orford



Talking to your children about the Pandemic

News about the coronavirus pandemic is everywhere. With schools closing and many people constantly exposed to digital media, it is no longer possible to control the news that we consume, or to shield children from upsetting information.

However, what you can do is to help minimise the negative impact it has on your children. You can do this through open and honest conversations at home.

Here are some top tips:

1. Start by acknowledging that it is OK to be concerned

This will be an unprecedented time for many of us. Children are very likely to understand the uncertainty that you as parent are exposed to, or to hear stories that are not expressed in an age-appropriate way. Go through all their concerns and questions with them, rather than well-meaningly dismissing their feelings by telling them everything is fine. Try sharing with them that you also find events like this worrying. Let them know that you can balance up these worries with the knowledge that they will likely not come true. You would want them to leave the conversation realising that, although bad things can happen, many people including world-leading experts are working very hard to reduce the impact of the pandemic, so they do not need to be scared all the time. Try to be careful not to have conversations about your fears within earshot – particularly relating to deaths, serious illness and worry for friends or family. Children tend to pick up more than we realise, and they may misinterpret or keep their feelings hidden from you.

2. Find the balance in consuming news

Small doses of real-life news from trustworthy sources are really helpful. Lots of exposure can do harm, because children can become fixated on a news story and repeatedly look at news coverage relating to it. The important thing here is balance. Force-feeding news to children or going to great lengths to shield them from it, can be unhelpful. Avoid turning the television off when they come in to the room. This can spark their interest in knowing what's really going on – and that is when their imagination can take over.

3. Let them know the facts and offer safety

If children have access to clear and honest explanations of what is happening, and they know it's okay to talk about the pandemic, no matter how scary, then it can give them the confidence to reach out to you. All children, even teenagers, want to know that their parents can keep them safe. The best way to communicate safety is by talking about worrying news with open, confident, clear and truthful facts. Talk to them about what they can do to look after themselves and others, explaining the importance of hand washing, for example. Also, this is a good time to talk about the benefits of kindness, such as how we feel either by giving or by receiving kindness from others.

To avoid overexposure, encourage them to discuss the news with you once they have read about it. This provides a safe space for all their questions. If you don't have the answers, be honest and try reading or watching reputable news sources. Alternatively share news in the moment by explaining what is happening, verbally and in an unbiased way. Check with them regularly to ask if they are discussing

the pandemic with their friends—this is especially important if they have access to apps such as messenger to stay in touch with school friends. Reassure them that they can ask you questions.

4. Talk about vulnerability and responsibility

Explain to your children what it means to be vulnerable. Vulnerability is not weakness; it is a natural response to experiencing uncertainty and risk and being emotionally exposed. You may be feeling vulnerable as a parent in having this conversation with your child. Try to acknowledge this and offer them a lot of time for discussion and support from you. Talk to your children about what it means to be vulnerable (i.e. belonging to a high risk group as defined by the NHS) in the context of the COVID-19 pandemic and explain how many of the responses to it have been put in place to help protect those who are vulnerable. You can use this as an opportunity for teaching children to grow into responsible citizens. Also, abiding by the measures – such as not going out and meeting with other people . This means



understanding that there is something bigger than individuals, and that we should try to protect each other. Remind them that bullying is always wrong, and that we should each do our part to spread kindness and to support each other.

Remember that there are good resources available to help you, including the Children's Commissioner's Children's Guide to Corona virus or the Inter-Agency Standing Committee who have produced a storybook which has been developed by and for children around the world who are affected by coronavirus.

Taken from: The Mental Health Foundation: part of the national mental health response during the coronavirus outbreak.

See also: patient.info/news-and-features/signs-your-child-is-struggling-with-their-mental-health

The move from face to face appointments to mainly video & telephone (*RCGP snapshot survey)

What does the *Royal College of GPs say about this in a post Covid world? In the early stages of the pandemic there was a major move away from the traditional face to face consultation to control infection and for surgeries to adapt the layout of premises for social distancing. However, a recent survey notes that face to face consultations have increased because as GPs say "one size doesn't fit all". Where visual clues help in making a diagnosis or a physical examination is needed. "The biggest challenge is when patients have complex health needs as being in the same room with a patient with whom you have built up a relationship is incredibly useful and difficult to replace remotely. **See:** [www.rcgp.org.uk>about-us>news>2020>july](https://www.rcgp.org.uk/about-us/news/2020/july)

Boosting support for pregnant Black, Asian and ethnic minority women

Analysis published in June 2020 shows Black pregnant women are eight times more likely to be admitted to hospital with COVID-19, while Asian women are four times as likely. Now urgent action is being taken by the NHS in England to protect expectant mums, including increasing the uptake of important Vitamin D and undertaking outreach in neighbourhoods and communities in their area.

Women from ethnic minority backgrounds have long been known to face additional maternity risks, with maternal mortality rates significantly higher than for white women. Now, England's most senior midwife, Jacqueline Dunkley-Bent, has written to all maternity units in the country calling on them to take four specific actions which will minimise the additional risk of COVID-19 for BAME (Black, Asian and ethnic Minority) women and their babies.

The common sense steps include:

1. Increasing support of at-risk pregnant women—e.g. making sure clinicians have a lower threshold to review, admit and consider multidisciplinary escalation in women from a BAME background.
2. Reaching out and reassuring pregnant BAME women with tailored communications.
3. Ensuring hospitals discuss vitamins, supplements and nutrition in pregnancy with all women. Women low in vitamin D may be more vulnerable to corona virus so those with darker skin or those who always cover their skin when outside may be at particular risk of vitamin D insufficiency and should consider taking a daily supplement of vitamin D all year.
4. Ensuring all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities (having more than one disease at the same time), BMI (being overweight) and aged 35 years or over, to identify those most at risk of poor outcomes.

The Chief Midwifery Officer for England, Jacqueline Dunkley-Bent, said:

"While Public Health England is continuing to assess and advise on the impact of the COVID-19 outbreak on ethnic groups, I want to make sure that the NHS is doing everything we can to reach out and support those pregnant women and new mums at most risk"



The pandemic outbreak has caused some people to worry about seeking help from the NHS, and there has been a decrease in attendances for some NHS services. Warning signs like unusual foetal movement have also been dismissed by some women fearing that going to hospital is too risky for them. Local services are now being asked to deliver outreach programmes for such at-risk communities. Ms Dunkley—Bent continued: "Understandably Covid 19 has caused pregnant

women increased anxiety over the last couple of months but I want to make sure that every pregnant woman in England knows that the NHS is here for them. If you

have any doubt whatsoever that something isn't right with you or your baby, contact your midwife immediately."

This is the latest in a series of measures to support pregnant women from BAME communities.

The [NHS Long Term plan](#) commits to ensuring that by 2024, three-quarters of pregnant BAME women will receive care from the same midwife before, during and after they give birth. This is proven to help reduce pre-term births, hospital admissions, the need for intervention during labour and to improve women's over all experience of care.

Taken from: NHS News, June, 2020



Ridgeway Surgery Website

The website changed earlier this year and your committee has been working with the surgery to suggest some improvements. For example the information on Breast Cancer screening was recently extended and improved to reflect the fact that women over 70 are able to continue to have a 3 yearly mammogram if they request this. Similarly, under Men's health the information on Prostate cancer was updated. We also asked for an explanation of the word "clinician" because our surgery now employs various specialists so just saying "doctor" or "nurse" doesn't work.



RSPG has a dedicated page too which is kept up to date with the assistance of Shivani Dhrona, Practice Co-ordinator. The "Latest Health News" (bottom of Home page) is always worth a look too. However, we also need **you** to have a look and let us know if there are other improvements that would make it easier to find the information you want.

Remember that finding the balance between making sure that essential information is clear and avoiding technical language and too much detail is no easy task. Please email your experience and your suggestions to us on:-

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

Two useful publications from Age UK

- 1. Thinking about end of life care: finding support & getting your affairs in order**
- 2. Fact Sheet 72: Advance Decisions, Advance Statements & Living Wills** (Note that this includes deciding to refuse life sustaining treatment). This important decision should be discussed with your GP. Our surgery suggests asking for a video appointment to do this at the present time.)



DO YOU HAVE A THERMOMETER IN YOUR HOUSEHOLD?

Having temperature-checking equipment at home is important as a number of diseases result in a change in body temperature.

Having a thermometer allows you to check your temperature when unwell and according to the measurement helps you to determine whether you need further advice.

If you or your child has a high temperature which does not go down with paracetamol or ibuprofen please contact 111 or your GP surgery for further guidance.

HERE'S A TIP:

SELF-EQUIP

KNOW WHEN YOU'RE SICK

