



# *On the Ridge....(No 31)*

*Winter/Spring Online Newsletter 2021  
from the Ridgeway Surgery Patient Group*



**Ready to receive the Vaccine!**

## ***In this issue ....***

- RSPG News
- Surgery Matters & meet some more of the Team
- Covid vaccine: what you need to know about vaccine safety
- What do I need to know about getting the vaccine at Tithe Farm?
- Covid 19—a fork in the road for General Practice?
- Healthwatch Harrow
- What's a full blood count & what can it tell us?
- Are joint painkillers worth your money?
- Fed up with lockdown or do I need help?

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

Throughout the varieties of "lockdown" and tiers your committee has stayed active courtesy of "Zoom" computer programme. Unfortunately we were not been able to hold our AGM at the surgery and we shall review the position later in the year. In the meantime, we would still like to recruit another 1 or 2 more patients to join our committee. If you are interested and would like to play an active part in representing patient views to our doctors and helping to run our various activities, we would like to hear from you on [rspatientgroup@hotmail.com](mailto:rspatientgroup@hotmail.com)

Note that male members remain in short supply!

With the support of staff at The Ridgeway we were able to put on 3 Health Education talks between September and December. Special thanks are due to doctors Etherington, Small and Dalal and to Shivani Dhrona and Carole Lavery. We have also been greatly helped by the "zoom skills" of our newest committee member. We are currently planning a further talk on Mental Health as we know that so many of us have struggled with this during the pandemic.

The positive patient feedback on these events to date has been especially encouraging and please remember that we welcome your ideas on future topics that you would like us to arrange.

Supporting charities: Since the onset of the pandemic charities have faced a major drop in their income. One consequence for us was that we could not hold our usual Macmillan Coffee morning at the surgery this year and instead we set up our "**justgiving**" page. With your help we were able to raise just over £843. Usually our biggest expense is the printing of our newsletter but, as Covid is also transmitted by handling paperwork, we were advised that only electronic copies of the newsletter should be available. These are sent by email to registered members of RSPG and are available to other patients who click on the relevant heading on the surgery website. Donations from the money saved has been diverted to local charities offering a range of support to those in need. Direct action was also taken by Shivani Dhrona, Practice Coordinator. She cut her hair, then donated it and raised £617 from sponsorship for Little Princess Trust charity. They make wigs from real hair for children who have lost their hair as a result of some of their cancer treatment.

Throughout this very difficult period we have had regular meetings with Ridgeway staff. We continue to find that they are dedicated to continuing to give as good a service as possible under the most trying of circumstances and to honestly address issues of patient concern. As always health care develops and changes and, for our part, we endeavour to champion the patients' voice come what may.



Finally, the really welcome news of 2020 was that vaccines had been developed to protect us from the worst of Covid 19.

See an article later in this newsletter on vaccine safety.

**By early February and with the help of volunteers 87% of over 80s and 82% of over 75s had been vaccinated at Tithe Farm**

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

As you know, the surgery and the wider NHS are fighting a war on two fronts. So we at The Ridgeway want to be sure that we are ready and able to deal with the patients who need our help urgently including those patients contracting COVID-19. Currently there is much concern because of the high infection rate.

At the same time we want to make sure our team are able to give as much time as possible towards the effort to vaccinate all eligible patients against COVID-19. This includes screening patients, booking their appointments and working at one of the vaccine "hubs".

### ***So what does all this mean?***

It means that there may be occasions where we need to defer routine matters until such time as we safely have the capacity to deal with them. Also, to help us understand more about your problem and consider when and how we are best able to support you with it, we are requiring all patients who have access to the internet (on a smartphone, laptop, desktop or tablet) to use our **eConsult** service on our website [ridgeway-surgery.co.uk](http://ridgeway-surgery.co.uk). This is the method to use to tell us what help you need.

You do not need an existing log-in. Just select the appropriate option for you when this box appears. You will be asked some questions based on the information you give. This will go to us and we will look at it on the same working day if we receive it while we are open. We will then advise how we can help you. Of course for those patients who do not have access to the internet, we are still available for you and you can contact us by phone.

If you are in one of those categories set out by the government as needing a COVID-19 vaccination you may also want to know when you can expect to receive it. At present we are working as hard as possible to quickly get each cohort or group vaccinated. We will post regular updates on our website and we have a wide range of ways to notify patients as soon as their group is ready to be vaccinated.

Please do not contact us unless we have notified you that we are ready to vaccinate your group. This will then allow us to keep the communication lines open for those patients who need urgent help or those whom we have particularly asked to contact us regarding the vaccine.

## Meet 2 more members of the Team



In 2009 Practice Manager, **Andy Slater** joined the surgery after an initial, varied career as a freelance journalist. At first he saw this move to the NHS as a temporary one which gave him a steady income but quite soon he was "hooked" because of the range of possibilities available within the administration field. Now he thinks of his role as a "fixer". In the course of one day he could be sorting out a broken door, dealing with a financial matter for the practice or sorting out a non medical problem for a patient. The enjoyment comes when he sees that he has been able to make a difference whilst the hardest part is that there is never enough time for all the tasks. However, he heads a supportive admin team many of whom have been with him at our surgery for some time and they share some aspects of the work too.

For relaxation he enjoys cooking. Travelling too is a major interest and earlier this year he and his wife were lucky enough to manage a trip to Northern Ireland.

**Anjolie Kawol**, our Clinical Pharmacist, joined Ridgeway in June 2020. Her additional training focused on pain management but she has increased her expertise to be able to advise our doctors on such long term conditions as Diabetes, Asthma, Hypertension and Cardiac Pulmonary Disease. She is able to issue repeat scripts, review blood test results and medication changes resulting from hospital discharge. Anjolie notes that there is lots of keeping up to date! Just now her outside interests of exercising at the gym, eating out and socialising have all been stopped by Covid restrictions.



### ***Covid Vaccine: what you need to know about vaccine safety by James Gallagher, BBC Health & Science correspondent***

**In any conversation about vaccine safety, there is one statistic worth holding on to: one in 1,000.** One in 1,000 people in the UK have already died after being infected with coronavirus during the pandemic. This is the known threat from the disease that any risks have to be balanced against. In medicine there is an important difference between "safe" and "harmless" and between "risk" and something being "risky". So what do we mean when we talk about Covid vaccines being "safe to use"? "If you mean absolutely no adverse effect, then

no vaccine is 'safe' and no drug is 'safe'. Every effective medicine has unwanted effects" says Prof Stephen Evans, from the London School of Hygiene & Tropical Medicine. "What I mean by safe is the balance of unwanted effects compared with the benefit is very clearly in favour of the benefit." The UK's medicines regulator, the **MHRA**, has decided the Pfizer/BioNTech vaccine has met that standard.

- **How did they make it so quickly?**
- **How worried should we be?**

The bar is set really high for vaccines. There are some drugs that have truly brutal consequences on the body, but are still approved because they are considered worth the risk. Chemotherapy drugs have a huge list of damaging effects which include exhaustion, hair loss, anaemia, infertility, memory and sleep problems. Yet when those are pitted against dying from terminal cancer, nobody questions the drugs being used. Others can have severe side-effects which are incredibly rare. The painkiller ibuprofen, which nearly all of us have at home and would take without thinking, can cause bleeding and holes to form in your stomach and intestines, difficulty breathing and kidney damage. The risks are there, but they are far outweighed by the benefits. "It is safe in the context of the usage" Professor Evans told the BBC. The key difference with vaccines is they are given to healthy people and that massively shifts the balance. Any risk has to be incredibly small.

Regulators (MHRA) make the assessment based on far more data than has been made publicly available, much of which has been in the form of press releases. There will be nowhere to hide - if there are safety concerns then the regulators will see them. Companies have to hand over data from laboratory studies, animal studies, the phase one safety trials, the phase two dosing trials and the large phase three "does it work?" trials.

The Pfizer vaccine cuts cases of Covid by about 95%, but it does have very common side-effects including pain from the injection, headache, chills and muscle pain. These could affect more than one in 10 people. These are all symptoms of the immune system kicking into gear and can be managed with paracetamol. Dr Penny Ward From King's College London and the Faculty of Pharmaceutical Medicine says "The MHRA are very experienced, we can be reassured if the regulator says that the benefits clearly outweigh the risks, that should be the end of it really."

**Rarer problems:** It is always possible that vaccines have health consequences that have not yet become clear. The data is enough to show the vaccine works and to detect common problems but, as with every licensed vaccine, they may not pick up something that affects 1 in 50,000 people. This is not a unique or new issue with the Covid jabs. **[NB:** This article was written in December 2020 before astrazeneca vaccine was approved].

**Taken from:** [bbc.co.uk/news/health-55216047](https://www.bbc.co.uk/news/health-55216047)

## ***What do I need to know about getting a vaccination at Tithe Farm?***



- You will be contacted when we have a vaccine for you. We are approaching people in different groups, starting with the oldest and most in need. Please do not contact the surgery to ask when you will get a vaccine as our telephone lines are extremely busy. Please be patient, your turn will come.
- You will be given a time to attend and it would help if you arrive 15 minutes before your time. Parking is limited. If you arrive any earlier you may be asked to come back or wait in an overflow car park. Do not visit us unless you have been invited. There are no spare vaccines and you will only make our work more difficult.
- Our volunteer wardens in high vis-jackets will ask you to wait in your car until called. If you find it difficult to walk or need to use a wheelchair please let them know.  
There is a simple form that we need you to fill in. To save time please download this from our website , though we can give you a form when you arrive. Please bring a pen with you.
- When you fill in the form we will need your name and your date of birth. We also need your NHS number, which you should be able to find on any recent communication from the surgery or from a hospital or clinic appointment. If you cannot find your NHS number please leave that spot blank. You can get your NHS number from the reception at Tithe Farm.
- Please wear a coat or jacket over a short-sleeved shirt or T-shirt.
- **If you do not have a mask we will give you one.** Please do not put your coat over the seats or on the table but hold on to it while you wait. You will be able to sit in the waiting area, have your vaccination when called and wait for ten minutes afterwards. You will be given a second appointment before you leave. The building has a one-way system. Please do not go back to the reception area once you have left it. If necessary use the toilet just before you leave home.
- Our aim is to get you into and out of the building as soon as we can. The quicker we can be the more people we can protect. Please bear with us as we work together to meet the biggest challenge our health service in Harrow has ever faced.

- The Tithe Farm Sports and Social Club is at 151 Rayners Lane. The postcode is HA2 0XH. There are direction signs to the site. You may be invited to have your vaccination at The Hive or Byron Hall where the procedure will be broadly similar.
- If you are able to travel to Tithe Farm without a car, there are new bus stops for the H12 bus route (traveling in both directions) directly outside. There is a separate entrance for pedestrians and we will aim to deal with you as quickly as possible.
- Thank you for your help. We look forward to seeing you before too long. Finally a big thank you to all those volunteering for non medical tasks at Tithe Farm Vaccination Hub.



**Without you the vaccinations could not be given!**

If you have volunteered and not yet been asked to help, do not think that you have been forgotten. Vaccinations will continue for several months and your help will be needed.



## **Support for Domestic Abuse Victims**

From January 2021, anyone that is experiencing domestic abuse can now go into a Boots or an independent chemist and seek help. If they say the code word '**ANI**' (this is pronounced Annie), they'll be taken to a private room and asked if they want to call 999 or a domestic abuse helpline.

**ANI** stands for Action Needed Immediately.

**Women's Aid Refuge Scheme** covers the cost of nation wide rail travel for survivors of domestic abuse to travel to a confirmed refuge space.



**National Domestic Abuse Helpline 0808 2000 247**

**Respect helpline for male victims of abuse 0808 8010327**



**Rail to Refuge Free Rail Travel.**

Women's Aid Rail to Refuge Scheme:

**[www.womensaid.org.uk](http://www.womensaid.org.uk)>rail-to-refuge**

## **Covid 19—a fork in the road for General Practice?**

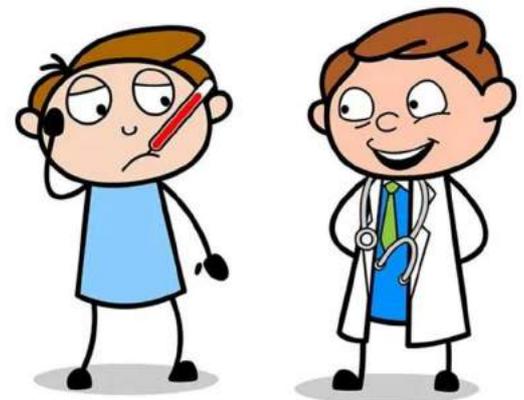
Covid is responsible for the biggest change in general practice for 200 years. These are the opening words of an article which was first published in the British Medical Journal (BMJ) in November 2020. Referring to the way in which most of us are now in touch with our doctors it notes that fewer than 10% of us now have face to face consultations and that such a change may be permanent. “opportunity and danger are 2 aspects of change: both now apply to general practice.”

Nowadays waiting rooms are quieter, there are both fewer locums and fewer Care Quality Commission inspections. However, normal workloads are returning and, while remote access makes consultations easier for some patients, there is a real risk that general practice will become less personal. In fact remote consultations could increase GP workloads and exclude those without internet access.

### **What about continuity of care (so that doctor and patient get to know each other)?**

Research on the value of this has strengthened. As early as 1999 empowering people to look after themselves better was found to be related to patients knowing their GP well and to longer consultations too. It also links with higher patient satisfaction, better following of medical advice, taking of medication, fewer visits to A & E, fewer visits to hospital especially for older people and such continuity also seems to improve our mortality. Empathy, or a sense that your doctor cares about you, reduces patient anxiety but the authors of this article point out that empathy cannot be provided by symptom checkers and electronic messaging! However, it would be naïve to ignore the other factors that even before Covid led to a greater prioritising of face to face appointments.

General practice has faced major shortages of doctors for many years and especially of those who work full time. More women are now GPs and, given their child care responsibilities, they often need and want to work part time for some years. So, what can be done to keep the high quality of care and the benefits of continuity while at the same time preventing general practice becoming an impersonal call centre?



1. Reversing the decline in continuity of care: If this continues to fall, patient safety will be undermined, organisational inefficiency will grow and, what the authors describe as “ the collusion of anonymity” which means that no one takes personal responsibility for a patient, will become widespread.

2. More flexibility in working patterns and new approaches to consulting can allow

better continuity of care: - for example, by ensuring that electronic messages and phone call requests are answered by the patient's GP whenever this is possible. Many GPs find remote consulting easier with patients they know and the satisfaction of patients is correspondingly greater too.

3. Longer consultations: Will fewer face to face consultations allow for a 15 minute slot to become more normal? This would also be less stressful for clinicians. The UK relies on shorter consultation time than is usual in very many other countries. The opportunity provided by the Covid trend towards fewer face to face consultations could provide an opportunity to make those that do take place more personal.

4. Research: This is needed urgently to find out what can and cannot be handled safely and effectively by remote consultation.

5. Developing trust: Can those of us who didn't know our doctors before both the shortages and the arrival of Covid were part of GP health care, develop a feeling of trust in our GPs? This matter already concerns many doctors.

**Taken from:** Covid19—a fork in the road for General Practice.

We must choose a personal not an impersonal future

Authors: Denis Pereira Gray, George Freeman,

Catherine Johns, Martin Roland

BMJ2020;370:m37091doi:10.1136/bmj.m3709

Reprinted in National Association for Patient Participation (NAPP) November 2020

## [Healthwatch Harrow](#)

Have you seen the very informative publications produced by Healthwatch Harrow? Below is a description of what this organisation does.

Healthwatch Harrow has legal mandate under the provision of the Health and Social Care Act (2012) to be an independent voice for local people. They do this by speaking to us patients and collecting information about our experiences of using the health and social care services. They then make recommendations to influence service changes or recommend improvements in health and social care. Ultimately, they want to work with us to improve the quality of care we receive from different services in Harrow, both now and in the future.

They believe that Health and Social Care is better when the system involves people in decisions about their treatment and care. Healthwatch Harrow is here to make sure that health and social care providers listen to people's views and experiences and act on them. The December 2020 publication included useful resources for carers, a survey on GP and dental services access and Covid 19 recovery seminars to name just a few items. Currently there is a survey on the impact of Covid on our Mental Health. To find out more go online to their website: - **[healthwatchharrow.co.uk](http://healthwatchharrow.co.uk)**

**healthwatch**  
Harrow

## **What is a full blood count & what can it tell us?**



Blood tests are commonly used by doctors as part of the diagnostic process. Our blood can tell us all kinds of things about our health such as our diabetes risk, cholesterol, levels of vitamins and minerals, infection and how well certain of our organs are functioning. Doctors use them to build up an overall picture of our health but they are not a cast-iron route to a diagnosis.

Common blood tests may include a “full blood count” to establish the number, size etc of red blood cells and platelets (which play a major role in blood clotting) you have circulating in your system but as Dr Carol Cooper, an experienced media doctor says “there is no test that can tell you that there is nothing wrong with a person.” Instead if your blood count indicates that a certain blood cell is abnormally high or low, this might indicate infection or anaemia, or other more serious diseases. Depending on these results, your GP may want more tests to confirm a diagnosis.

Other regularly ordered tests include measuring kidney or liver function, blood glucose (sugar levels), or hormone testing—most commonly thyroid hormone. On other tests called ESR and CRP raised readings indicate that there is inflammation going on somewhere. This could be due to anything from a mild viral infection to an autoimmune condition such as rheumatoid arthritis or even, but more rarely, to cancer. These however, are separate from a full blood count.

Doctors often test for vitamin D in the blood, because many people become deficient in this so called “sunshine Vitamin” in the winter months. You probably know that as we are not going out as much as usual at present because of the pandemic, older people and those who are particularly vulnerable are currently being advised to take this supplement. Cholesterol tests are commonly used to measure the levels in the blood and can provide a useful insight into a patient’s risk of heart attack or stroke.

Some people are nervous about having blood taken but too embarrassed to say so especially if they normally take life in their stride. However, it is helpful to be open about this. Some tips that may help are: -

1. Eat breakfast if you have not been told to fast beforehand because having something to eat can stabilise the blood sugar and help us to feel stronger.
2. Try to work out where your fear comes from because that can help you to better manage the fear. For example some people worry about fainting.
3. Manage the wait. Have someone with you if possible or take something to read.
4. Tell the person taking your blood as they will be able to help.

**Taken from:** patient.co.uk. December 2020

## Are joint painkillers worth your money?

Problems with joints are huge in the UK and becoming ever more prevalent but are painkillers the only solution? This article in **patient.co.uk in May 2020** looked at both painkillers and supplements giving the views of rheumatology experts on how to help more of us to live independently and without pain in the future. 17 million people in the UK have a joint and musculoskeletal problem. Numbers are rising. These are not just minor ailments. Osteoarthritis and rheumatoid arthritis are the greatest cause of disability in the country. GP and rheumatology expert Dr Alistair Dickson is concerned that we have become too dependent on medication rather than finding more lasting solutions.



**The problem with painkillers :** We assume that ibuprofen or paracetamol are mild and completely harmless but many studies now find that paracetamol gives minimal pain relief for most and long-term use is associated with anaemia. Other drugs such as aspirin and ibuprofen, commonly used for joint pain, can cause serious stomach side effects such as ulcers and bleeding if used often. The even stronger drugs called opioids such as codeine and tramadol are associated with painkiller addiction. Dr Dickson points out "if I give you an opioid, you are less likely to be aware of where you are, which increases your risk of falling as it knocks your special perception off." This is not to say that the proper use of such drugs at the right time and the right dose are never appropriate.

**So, what can help?** Staying active will lessen the often sharp decline from osteoarthritis to frailty. It is welcome news that the NHS will hire thousands of physiotherapists to offer musculoskeletal checks in a bid to keep pensioners independent for longer, while reducing pressure on hospitals. **HealthSense**, our Primary Care Network, plans to employ physiotherapists to help groups of patients in this way.

**A couple of exercises that can help:** Dr Dickson shares some advice from a world expert in osteoarthritis, Professor Philip Conaghan.

**1.** Take a ball of sock, gently squeeze it firmly for 20 seconds. Do this 2 or 3 times per day. In about 3 months your thumb muscle will be getting bigger and you'll be able



to open your jars, twist taps on and off more easily and have less thumb pain. **2.** Knees: sit in a chair, lift your legs pulling your toes towards you and pushing your heel out as far as it will go. This tightens quad muscles and straightens your knee. Lift until you can get your hand underneath and hold for 20 seconds. Do this 20 times per day twice a day to solve this problem in 3 months. He concludes " Less pain

means less depression, more mobility, more social activity, better quality of life." (**NB:** Read the full article for information on supplements)



There is no fixed rule about when you need to move from self-help to talking to one of the doctors at the Ridgeway. If you are spending a lot of your day or night distressed by feelings of fear, anxiety, anger or anything else upsetting then it would be sensible to book an appointment to talk to one of them. Our doctors say "We would rather talk to people early in a problem than wait until things reach a crisis. You can book appointments on line or by phoning reception. We are mainly giving telephone or video appointments to keep us all safe from COVID, but if anyone has difficulty with these methods, then we can always see you at the surgery (where we ask you to wear a face covering, we wear protective equipment and we check your temperature on arrival)."



The NHS Good Thinking website has a questionnaire you can use to help to assess how you are feeling, as well as a variety of recommended resources.

Low Mood | Good Thinking ([good-thinking.uk](http://good-thinking.uk))

As well as seeing us, you can self-refer to the local talking therapy service.

<https://talkingtherapies.cnw1.nhs.uk/> Free local service for people aged 18+

[www.kooth.com](http://www.kooth.com) Emotional and mental health support for people aged 11-24

There are also resources if you need help in an emergency. **Single Point of Access** (SPA) in a mental health crisis: 0800 0234 650

NHS 999 and 111 numbers

[https://www.nhs.uk/using-the-nhs/nhs-](https://www.nhs.uk/using-the-nhs/nhs-services/mental-health)

[services/mental-health](https://www.nhs.uk/using-the-nhs/nhs-services/mental-health)



[-services/where-to-get-urgent-help-for-mental-health/](https://www.nhs.uk/using-the-nhs/nhs-services/mental-health)



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Twenty-four hour access to urgent help over the phone

**Text SHOUT** to 82528 Twenty-four hour access to urgent help

Now, more than ever

**Childline :**

Telephone 0800 1111

**See:** [www.childline.org.uk](http://www.childline.org.uk)

