



# *On the Ridge. . . . (No 35)*

***Winter/Spring 2023***

Newsletter from the Ridgeway Surgery Patient Group



**Two posh 'Chaiwallahs'/tea servers at our Macmillan Coffee Morning**

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## **RSPG News & Suggestions please for future talks**

As always your committee has been meeting regularly with the surgery representatives and we now have some significant changes to report. Firstly, and after six years as Chair of RSPG, our current chairperson, Beryl Otvos will be stepping down at this year's **AGM on April 19th**. So, we are looking for someone new to take up this worthwhile position. At the same time we also need more patients to join the patient committee. Do please spread the word, see our flyer on the surgery website and encourage anyone who might be interested to contact us by email on: [rspatientgroup@hotmail.com](mailto:rspatientgroup@hotmail.com)

In July another significant development was the change of software from Econsult to Patchs. The hope was that this new way of accessing many Ridgeway services would be more straightforward and less time consuming. Whilst opinions may vary on whether this is so perhaps the most significant aspect is the speed with which the opportunity to contact the surgery disappears. This is frustrating for both the patients and staff. At The Ridgeway end efforts to expand the service are continuing with an increasing number of appointment slots being allocated to respond to our requests. For us patients the reality both in our own surgery and nationally, is that patient need continues to grow often outstripping the resources available. The problem is exacerbated by longer hospital waits for operations and other hospital based treatments. In the local and national news we often learn of the overload on our hospitals but perhaps we don't keep in mind that whilst we wait at home many of us become less well and in turn we are more in need of our GP based help. This situation is not likely to change despite the best efforts of all at The Ridgeway. So, for those of us able to do so, focusing on our wellbeing by trying to keep ourselves fit and healthy not only allows us to enjoy life more fully, it is also a matter of absolute self-interest! You will continue to see information on local resources helping us to do this in the newsletter and in the advice on diet and exercise given by our clinicians too. In addition, it's always worth checking with the information on local activities given in Harrow Council's regular, free online Newsletter. If you have an email address you can sign up to receive this.

Turning to some other matters - 2 of our recent Health Education talks, given by several of our doctors at the end of their working day, were well attended and resulted in particular patient benefits. Last May, a talk on women's health encouraged some patients to seek advice particularly for issues arising from the menopause and perimenopause. Later in the year there was an equivalent talk for men prompting appointments for advice on levels of cholesterol. Significantly this led to medication for some to prevent a heart attack. Slides from these talks are available so send your email request to: - [rspatientgroup@hotmail.com](mailto:rspatientgroup@hotmail.com)

Now plans are being made for future talks. In April Dr Lloyd will talk about 'Dementia - both a medical and a social problem'. Do look out for publicity on this and sign up for your free place on our website. After that, the next talk will be on 'Communication and Continuity of Care'. We want these talks to cover the health topics that interest you so please use our email address to give us your ideas.

Finally, are you a Ridgeway patient but not yet a member of The Ridgeway Surgery Patients' Group? Click on Patients' Group on the surgery website and complete the form to sign up or email us on: [rspatientgroup@hotmail.com](mailto:rspatientgroup@hotmail.com)

## **Our Macmillan Coffee Morning 2022**

This year we were joined by the Mayor, Councillor Janet Mote. Despite her busy schedule she stayed for some time enjoying the refreshments and talking to everyone. We had been worried about the chilly weather and decided to move inside St Alban Church for the morning. Far from reducing the numbers who came to support us, this turned out to be an improvement with many spending time with their drink and cake to enjoy a chat with friends. Some stayed on to find out if they had been lucky winners in the raffle. This time and with your help we raised a bumper amount of £1377.44.



↑ **Some Ridgeway staff  
with their crocheted home  
made goods**



**The Mayor having a chat** ↑



**Nick & Sue  
with a  
super  
raffle**



← **Liz's  
sweet  
choices**  
**Geeta &  
Sushma's  
savoury  
choices** →



← **The Mayor with Bansari, RSPG's  
organiser of this event & Beryl,  
Chair of RSPG's Committee**

# Surgery Matters

## Dr Asha Katwa

Dr Asha Katwa, who is one of the GPs and a partner, will be leaving the practice at the end of March 2023. We are very grateful for all the support Dr Katwa has given to the practice and our team since she joined the practice in 2021.

Aside from the fantastic care Dr Katwa has given our patients, she has also led in supporting the practice through change, including our frail population and our model of same day care (more of which, below).

We wish Dr Katwa all the best for the future.

## Our model of care

We are always looking at ways to improve the model of care that we offer to patients.

We know that it can be frustrating if you contact the practice for an appointment and are advised to either contact 111 or to contact us the following day. Yet we also know that we have a wide variety of team members who are able to help to support Ridgeway patients with what they need. Our team includes GPs, GP trainees, advanced nurse practitioners (ANPs), paramedics, pharmacists, physicians' associates, practice nurses and healthcare assistants, not to mention the support our non-clinical team can give to patients.

In response to this, from November 2022 we made changes to our model of same day care and this involved: -

- Updated guidance to our frontline teams about managing patient requests depending on the urgency and nature of their concern
- Creating a Hub team to work together each day consisting of 3 clinicians and 1 non-clinician working together to then manage patients in need of same day care
- Aligning the above to our online PATCHS system where patients can request help via our website

These changes have now been in place for nearly 3 months as of February 2023. We have found that as a result of the changes, we have been able to respond to more requests from patients each day who are asking for same day care. In addition, we have been able to reduce the likelihood of us reaching capacity and then having to advise patients to contact 111.

We know we can build on this to further improve access especially for routine non-urgent appointments and maximising the number of requests we can accept each day via the PATCHS system.  
We welcome patient feedback on your experience.

**Andrew Slater, Practice Manager**

Do you know how to give feedback to the surgery on your experience? You can do this either by entering **Friend and Family Test** in 'search' on the surgery website or by clicking on:- <https://ridgeway-surgery.co.uk/practice-info/friend-and-family-test/>

## Meet 2 more members of the Team

**Ushma Chauhan-Weeraseker** has been a Receptionist in the surgery for 3 years. It is a complete change from her previous job which was in banking. Although Ushma works part time because she has 3 children, she thoroughly enjoys being part of a team on her working days.



Responding to patient phone calls are a priority for the team. The receptionists who are not on the front desk have access to a screen showing them how many patients are in the queue to get through, how long they are waiting and the number who have decided not to continue to wait. Ushma's impression is that more patients have registered with the practice since Covid and that the level of ill health has increased too. In her view both Covid related illnesses and recently Strep A had an impact on numbers seeking appointments. As always Monday mornings remain particularly busy. When not manning the phones she picks up other tasks on behalf of the clinicians such as booking or changing appointments and sending text messages on their behalf.

Away from work, Ushma enjoys cooking and spending time with her mother. Much time is also taken up on her children's activities - the youngest is only 9 so needs lifts to her activities and sometimes help with her homework.



**Dilesh Raganathan** has worked in The Ridgeway for 7 years. He is an advanced clinician meaning that just like GPs, he sees patients with the full range of health conditions. In particular he currently manages the Diabetic clinic and is also involved in looking after many patients with other long term conditions such as asthma. He trained in Physical Associate Studies at Birmingham Medical School. This is a post graduate course with a general medical focus accessible to those who already have a degree in a science or a health related subject. Part of the course is shared with medical students. Dilesh has dual qualifications as he has a postgraduate degree in nursing too.

Before joining our surgery team he was based in hospital and worked in Intensive Care and A and E. Nowadays we patients are used to the wide range of qualifications and experience of staff working in GP surgeries but when Dilesh first came to The Ridgeway this was a new departure. At that time our health needs were looked after only by either a doctor or a nurse. Dilesh also speaks Tamil - a bonus for those patients who can communicate more easily in that language.

Outside of work Dilesh has 2 young children, aged 2 and 3 and they most certainly keep him busy! He also swims, plays tennis and goes to the gym and says that he cannot remind patients of the importance of regular exercise to their health unless he too is prepared to make that part of his life.

## **GPs responsibilities towards Carers**



Carers make a significant contribution to the health and care system. Carers UK estimate that there are around **6.5 million carers in the UK**, meaning carers represent 10% of the UK population and this includes around 700,000 young carers (aged 17 or below). A carer is a person of any age (including children) who provides unpaid support to a partner, relative, friend or neighbour who couldn't cope without their help. This could be due to old age, frailty, disability, a serious health condition, mental ill health or substance misuse. Parents of children who are disabled or who have a serious health condition are also considered to be carers. There is a difference between a carer and care professionals **paid** to provide care. Some carers receive **statutory payments** (for example Carer's Allowance) or a direct payment for their caring role. Even when carers receive such payments, they are still considered to be carers. Yet carers are not always identified by their GP practice and there are several reasons why. One is uncertainty around the definition of the term 'carer'. Also, many carers may not readily identify themselves as a carer. Instead, they see themselves as someone's partner, relative or friend who is simply 'doing their best' to help someone they care about. For this reason, asking 'do you look after someone?' can be a more useful opening question than 'are you a carer?'

Carers can face many challenges and they can feel unsupported if they don't know where to go for help. Young carers may experience educational problems including absence and lateness, poor concentration and low attainment. Those aged 16 and 17 are less likely to be in education, training or employment whilst adult carers may have had to give up their job to provide care. The Office for National Statistics estimates that replacing unpaid carers with UK paid carers would cost £57 billion pounds per year! Note that in Harrow there is both a Young Carers and an Adult Carers organisation.

### **Supporting carers in general practice**

A recent NHS England publication gives a framework for how surgeries can better identify and support carers. Checking on how this is being carried out will be part of the Care Quality Commission (CQC) inspection of every surgery. At our surgery a small group of RSPG committee members are using their experience as carers to contribute to the way in which this NHS guidance might best be implemented in The Ridgeway.

#### **Key recommendations of NHS guidance: -**

**1.** Identify and register carers, **2.** use the register to support carer health and wellbeing, **3.** understand and respond to carers needs, **4.** make it easier for carers to access services, **5.** talk with, involve and inform carers **6.** promote a carer friendly culture in the practice.

#### **Additional guidance has been issued by: -**

- The Carers UK website
- NHS England Carers toolkit
- NHS England commissioning for carers
- The Royal College of General Practitioners support resources.

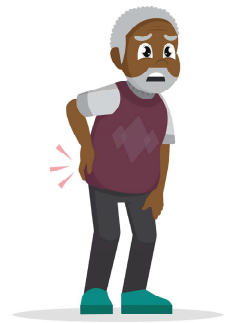


## Keeping warm in Harrow when it's very cold

Do you know where Harrow's Warm Hubs are located? Find your nearest warm hub at [www.harrowgiving.org.uk/warmhubs](http://www.harrowgiving.org.uk/warmhubs) Near our surgery, North Harrow's Community Library's warm hub has lots of activities running inside too.

## Back Pain

'Nearly everybody gets back pain at some point in their life,' says Dr Martin Underwood, co-author of the Lancet series. He is a GP and a professor at Warwick Medical School. 'For most people, it's a short-term episode that will resolve over a period of days or weeks, without the need for any specific treatment. They catch or twist or stretch something, and it's awful, and then it gets better.' Of those who experience a new episode of back pain, under 1% will have serious causes that need specific treatment for issues like cancer in the spine, a fracture, diseases or infection, he says. But there is another group, in which, 'after the natural period of healing – normally six weeks for most things – people go on to get pain lasting months and years, which can be very disabling, even though the original cause of the pain is no longer there. We would label this as nonspecific low back pain, simply because we don't know what is causing the pain.'



The lower back is also called the lumbosacral area of the back. It is the part of the back between the bottom of the ribs and the top of the legs. Most of the lower back is made up from muscles that attach to, and surround, the spine. The spine is made up of many bones called vertebrae. The vertebrae are roughly circular and between each vertebra is a disc. The discs act as shock absorbers and allow the spine to be flexible. Non specific lower back pain is the most common type of back pain. This means that there is no specific damage or disease that can be identified as causing the pain and the severity can vary from mild to severe.

### ***Treatment and prevention***

- Stay active and try to continue with your daily activities
- Take anti-inflammatory medicine like ibuprofen. Paracetamol on its own is not recommended for back pain but may be used with another pain killer
- Use an ice pack (or a bag of frozen peas) wrapped in a tea towel to reduce pain and swelling
- Use a heat pack (or a hot water bottle) wrapped in a tea towel to relieve joint stiffness or muscle spasms
- Try doing some exercises and stretches for back pain

See your GP for advice if your pain gets worse or does not get better in a few weeks.

**Taken from:** [www.nhs.uk/conditions/back-pain/](http://www.nhs.uk/conditions/back-pain/)

<https://www.theguardian.com/society/back-pain>. How to live with one of the World's biggest health problems. June, 2018

## **Planning for the future**



None of us really like thinking about being unwell or dying writes **Dr Etherington**.

That means many of us don't get around to making wills or talking to our families about what we would want if we suddenly became unwell and perhaps we could no longer make our own decisions.

At the surgery, we sometimes see upsetting things that make us feel that it is very important to talk in advance.

For example if you became unconscious at home, would the ambulance crew be able to find anyone from your family, and would your family or GP know whether or not you would want to go to hospital?

If you were very ill and could not swallow would anyone in your family know whether or not you would want to have a feeding tube?

You may have seen words like 'living wills', 'advanced care plans', power of attorney (for health) or DNAR (do not resuscitate) forms. There are lots of excellent resources (free of charge) that go through all of these terms and explain them.

Many of the websites have leaflets that can be printed.

If you have questions, you would be welcome to book an appointment with whichever GP or other clinician you feel most comfortable with. This can be done over the phone, or in person, and you would be welcome to invite someone from your family or a close friend to come with you. Sometimes it can be easier or less upsetting to start these conversations when you are well. This sort of conversation is as important a part of our care to you as looking after your illnesses.

<https://compassionindying.org.uk/making-decisions-and-planning-your-care/planning-ahead/advance-care-planning/making-acp/>

<https://www.hospiceuk.org/our-campaigns/dying-matters/dying-matters-resources>

<https://www.nhs.uk/conditions/end-of-life-care/>

<https://www.macmillan.org.uk/cancer-information-and-support/treatment/if-you-have-an-advanced-cancer/advance-care-planning>

<https://www.mariecurie.org.uk/globalassets/media/documents/how-we-can-help/living-with-a-terminal-illness/planning-ahead.pdf>

Did you know that St Luke's Hospice is launching a new service to support patients of St Luke's and others? It is a service which is also available to people in the community to help to start the conversation and to write down their wishes.

<https://www.stlukes-hospice.org>

<https://www.stlukes-hospice.org/supporting-you/patients/advance-care-planning/>

**Helping you prepare for the end of life.  
How to talk about it, plan for it, and  
record your wishes.**

# **Immunity - how to improve this with diet & lifestyle**

Of course, a strong immune system will help you ward off many types of infections, not just COVID-19. So how can you boost your immune system and stay healthy? You may remember the old adage, 'You are what you eat'. Well doctors today still agree with this, although nowadays they would probably adapt it to say 'Where immunity is concerned, you are what you eat and how much you move'.

## ***The importance of fruit and vegetables***



The good news is that if you're already eating plenty of these you've made a good start. My mother, who would be over 100 if she were still alive today, had it about right with her mantra of 'an apple a day keeps the doctor away'. Although these days we prefer to prioritise vegetables over fruit, because of their lower sugar content, the same principles apply. Eating whole fruit and vegetables is healthier than having them in fruit juice form - the fibre in whole fruit and veg slows absorption into your system, reducing blood sugar spikes. However, a single portion of fruit juice a day is better than an alternative sugary drink, because it does offer vitamins and minerals not found in sugary drinks.

But no matter how much juice you drink, it only counts as a single portion of fruit and veg - and while the sugar it contains may be 'natural', it's still sugar.' so says Dr Sarah Jarvis from **patient.co.uk**

## ***Look after your skin***

Your immune system is incredibly sophisticated, and there are hundreds of steps involved in keeping it working at peak capacity. Non-specific immunity is your body's first line of defence. Germs can enter through your nose, mouth or skin. Your skin is the biggest organ in your body, providing a barrier to germs. Inflamed or damaged skin makes it easier for germs to penetrate into your system, where they can multiply and cause illness. If you have dry skin, using regular moisturisers will replenish lost fluid, which helps keep the barrier intact. For more severe inflammation, your doctor may advise steroid creams.

## ***So how does diet affect my immune system?***

Where diet is concerned, variety is key for your immune system. Health specialists say that you should 'eat a 'rainbow''. This means different coloured fruit, vegetables, nuts and seeds every week. That's because each of them contain vitamins, minerals and other micro-nutrients.

## ***Does exercise boost my immune system?***

The short answer is yes. Regular exercise has a host of health benefits and can extend your quantity, as well as your quality, of life. But where your immune system is concerned, there's evidence that taking regular exercise can reduce your risk of infections such as the common cold by 43% compared to people who exercise less than once a week.

What's more, regular exercise reduces your risk of a host of long-term illnesses. Many of these conditions can cause inflammation in the body, increasing your risk of infections and your chance of developing complications from them.

Regardless of your age, getting into a routine of regular exercise can benefit your heart, lungs, joints and general well-being, as well as your immune system. Once you're over 50, you should be incorporating individual muscle-strengthening exercises as well as 'aerobic' exercise (the kind that gets your heart pumping, and makes you mildly out of puff).

It doesn't matter whether it's squats, running, yoga, pilates, swimming or dance classes. All forms of exercise carry health benefits.

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



## **Taking care of yourself at work - top tips**

Central and North West London NHS Foundation Trust (CNWL) writes 'Taking and making time for yourself can be tricky when we have many competing priorities and busy working lives.' Here are a few ideas for how to figure out what 'carving out time for self-care' looks like for you and how you might do it at work.

Consider your needs. What selfcare activities do you benefit from the most? More time in nature? Time with others? Exercise? Good food? We all need something slightly different to thrive. Once you have identified yours, think about how you can work it in with your journey to work or with your lunchbreak.

Can you introduce some simple relaxation exercises to a daily meeting? Or plan yours for just before or just after the meeting; adding new habits on to old ones makes it easier to build it in to your routine. Could the meeting you're going to be a walking or standing meeting? Or coffee and cake meeting? Think about what you and those you're meeting would benefit from.

10 mins is better than 0 mins. Can you try one of the many apps that have 10-minute mindfulness, relaxation or workout programmes?



## **Mental Health & Debt**

At this time of rising costs in the basic necessities of life such as food and warmth it is not surprising to find a strong link between mental health issues and debt. However, sources of support do exist if we know where to find them.

A particularly useful starting point is a free booklet available through Money Saving Expert website called '**Mental Health & Debt 2022**'. This contains help, information, guidance and support for individuals and carers and was written with the help of several organisations as shown here.

Debt isn't just a mental health problem.

It causes relationships to break up, people to lose their homes and families to break down.

So when debt mounts up so does stress and anxiety. This guide is not only aimed at

people with mental health problems but also friends, family and carers who want to help them to tackle their finances. There are tips

to start taking small steps and real life illustrations to show that those of us with these problems are not alone. Illustrations are colour coded - sadder stories in green and successes in red. When you are feeling low you can choose to focus on the red ones. There is also a full money saving check list in Appendix 1 which takes you through a list of effective steps to help you start and with links to many sources of help and information.

**Taken from:** [moneysavingexpert.com/credit-cards/mental-health-guide](https://moneysavingexpert.com/credit-cards/mental-health-guide)



## **The Cost of Living**

Anyone going food shopping will be well aware of the rise in prices with these increases often occurring on a daily basis. The Joseph Rowntree Fund recently published its cost of living tracker for Winter 2022/23. In this report they highlighted 3 groups with a sharply rising risk of going without and getting behind with bills: 'people on Universal Credit, private renters and young adults.' They noted too that 'Households with members from black, mixed and Asian backgrounds, people with children, disabled people and people with a mental health condition all also face stubbornly high, if not rising risks.'

We know that poor diet is one of the biggest preventable risk factors for ill health. Inequalities in diets contribute to overall inequalities in health.

So what help is available locally?

### ***Local resources***

- A London Community Kitchen is based on the same site as Harrow Leisure Centre on Christchurch Avenue. A variety of surplus fresh food is always available here at no cost. The community kitchen is part of the building and staff hold regular classes to help those interested to learn how to make healthy meals from whatever produce happens to be available.



Also on this site is the Kind Café serving hot meals too.



- The Trussell Trust runs food banks providing emergency food parcels in exchange for food vouchers. Local professionals such as doctors, health visitors and organisations such as Citizen's Advice Bureaux supply the vouchers to those in need. There are 5 Harrow locations. Not far from our surgery are: Rayners Lane Baptist Church, 138 Imperial Drive, North Harrow and Holy Trinity Church, 1A Headstone Drive, Wealdstone. There is also a delivery service for extremely vulnerable clients only.  
Phone: 07521 51283 or 07521 650265

The food vouchers are exchanged for food parcels containing a 3 day supply of tinned and dried food supplied by the local community. Trussell Trust offers broader help too through their free Hardship Help Line which offers personalised support for people who are worried about money and who find that they are struggling to afford the essentials.

Of course, these and other such organisations welcome both donations and help from volunteers who are able to support their services to reach more of those in need.



# **Preparing for more extreme weather in 2023**

It may seem strange to think about coping with excessive heat so early in the year but 2022 was our hottest summer on record and the predictions for this year are that we shall experience even hotter weather. During heatwaves, more people than usual get seriously ill or die. If hot weather hits this summer, make sure it does not harm you or anyone you know. Start thinking and planning ahead **now**.

## ***So why is a heatwave a problem?***

The main risks posed by a heatwave are not drinking enough (dehydration), overheating which can make things worse for people who already have problems with their heart or breathing and with heat exhaustion and stroke.



## ***Who's most at risk?***

1. Older people - especially those over 75 and female
2. Those who live on their own or live in a care home
3. People who have a long-term illness including heart or lung conditions, diabetes, kidney disease, Parkinson's disease or some mental health conditions
4. People who are on multiple medicines that make them more likely to be badly affected by hot weather
5. Those who may find it hard to keep cool - babies and the very young, the bed-bound, those with drug or alcohol addictions or with Alzheimer's disease
6. People who spend a lot of time outside or in hot places - those who live in a top floor flat or in houses where the roof design traps hot air and affects the bedrooms below
7. The homeless and those whose jobs are outside

## ***What are the NHS tips for coping in hot weather?***

- Keep out of the heat if you can. If you do have to go outside, stay in the shade especially between 11am and 3pm, wear sunscreen, a hat and light clothes, and avoid exercise or activity that makes you hotter.
- Cool yourself down. Have cold food and drinks, avoid alcohol, caffeine and hot drinks, and have a cool shower or put cool water on your skin or clothes.
- Keep your living space cool. Close the curtains and windows during the day and open the windows at night when the temperature outside has gone down. Electric fans can help if the temperature is below 35 degrees. Check the temperature of rooms, especially where people at higher risk live and sleep. If bedrooms are excessively hot then consider sleeping downstairs on those nights.

For more information visit [GOV.UK: Beat the heat: staying safe in hot weather](https://www.gov.uk/guidance/beat-the-heat-staying-safe-in-hot-weather). You can also get help from the environmental health office at your local council, if you think a hot house is affecting your health or someone else's. They can inspect a rented home for hazards to health, including excess heat.

Watch out for signs of heat-related illness and find out about all the signs of heat exhaustion and heatstroke and when to get help at:

<https://www.nhs.uk/conditions/heat-exhaustion-heatstroke/>