



On the Ridge. . . . (No 37)

Winter/Spring 2024



Some RSPG Committee Members with Harrow Mayor, Ramji Chauhan & our MP, Gareth Thomas at our Macmillan Coffee Morning

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RSPG News & Suggestions please for future talks

Before Beryl Otvos (RSPG's chairperson of 6 Years) stepped down in April 2023, she made strenuous efforts to find someone to take over this role but she was not successful. To keep the patient group going, three committee members stepped up to act as temporary co-chairs until a permanent one could be found. From April, Mukesh Patel chaired committee meetings and attended several external meetings, Alvina Kaye continued as Treasurer and Secretary whilst Liz Ball took the lead role in organising the Macmillan coffee morning. Some current and former committee members continued to hand deliver copies of our newsletter to the housebound or elderly patients who had requested this. Even so, your committee was further depleted because some employed members were required post covid to be fully office based. Thankfully the remaining committee members stepped up too and RSPG has continued to thrive and to be supported by specific senior members of our surgery team. From the end of January until our 2024 AGM in April, Sue Bush has agreed to be RSPG's Acting Chair. Liz Ball will be Acting Vice Chair and Alvina Kaye will retain the responsibilities of Treasurer and Secretary. Sadly Mukesh has now resigned from the committee for health reasons. He was responsible for pulling the various strands of RSPG's activities together in the period from April 2023 and we want to record our particular thanks to him for this and for all his work in the past and to wish him well for the future.

So, what has the committee been doing over the last 10 months? Readers of our last newsletter will know that last summer RSPG set up and hosted in person sessions on Health topics in conjunction with North Harrow community Library. Dr Etherington together with our HealthSense Social Prescriber and our Wellbeing Coach held sessions on Childhood Immunisation, Diabetes and Healthy Eating. Further sessions are planned. Alvina Kaye continues to arrange and host the CPR (Cardiac Pulmonary Resuscitation) evening training sessions at the surgery several times a year. Thanks to the leadership of Liz Ball, our annual fundraising event for Macmillan Cancer was a success. You can read more on the following page.

Your committee has continued to be a voice for patients, raising issues with the practice where these have arisen, suggesting improvements to the Patches system such as a Voice activated way of making a Patches request for those unable to use digital means. We have also kept abreast of developments within NW London NHS Integrated Care Board, Harrow Borough based Partnerships, other Patient Groups including National Association of Patient Groups, NW London Patient Participation Group, and the evolving Harrow Primary Care Networks (PCNs). Nevertheless, to make progress, there are some significant issues that we and our surgery need to address. These include recruiting more committee members, improving RSPG membership and communication with the 15,000 plus Ridgeway patients so that we can truly represent the breadth of patient views and concerns. To take these important matters forward a steering group has been set up consisting of 3 senior surgery representatives, RSPG's Acting Chair and Vice Chair together with some additional committee members. So, watch this space!

Macmillan Coffee Morning 2023

This year thanks to your help and St Alban church, we were able to raise more than £1,494.59 for Macmillan Cancer Support. Our themed raffle prizes were very successful and raised a bumper amount whilst those who were unable to join us at the church on the morning itself made their donations online on our 'Just giving' page. Both the Mayor, Ramji Chauhan and our MP Gareth Thomas visited us with the Mayor helping to put up the bunting outside the church. If you haven't seen the poster of the event in the surgery, some of the photos are reproduced below.



**Dr Etherington & Mayor Chauhan
helping to put up the bunting**



Dr Gohil having a cuppa



**Setting out
the raffle prizes**



**Explaining something to the Mayor with
Liz, organiser of the coffee morning**



Cakes & Savouries

Surgery Matters: who does what at The Ridgeway

Dr Etherington writes : The team at the Ridgeway and Alexandra Avenue, plus the staff we share with the practices in our Primary Care Network (PCN), offers 30% more appointments than it did five years ago, to roughly the same number of patients. Partly this is because more people have more medical illnesses such as lung disease, heart disease and diabetes but now these illnesses are managed in the community rather than by hospital doctors.

We do have lots of additions to the team, many of whom have extra, specialised training so they can offer more help to particular groups. As many of these roles are new, the patient group thought it might be useful to know more about all of them.

You don't see some of the staff. We couldn't run the surgery for example without our **cleaners** who work well into the evening keeping the building and rooms clean enough to be clinically safe. We have an incredibly low infection rate for our medical procedures.

You may not see our **administration team** although they may phone or text you. They deal with the hundreds of blood test results, hospital letters and queries from you and from multiple medical and other organisations across the health and care system. They also mastermind dealing with data in the practice. The practice has over a hundred targets to achieve to demonstrate that we are giving good medical care.

You do see and speak to our **reception team**. They mastermind dealing with all of the questions asked at the front desk, both answer and make multiple phone calls during the day, and have masses of knowledge about the different sources of help in the area. They are not trained to be medical staff but they do get extra training to recognise medical emergencies and deal with the unexpected. They also give extra help to people who have difficulty accessing the system for example people with dementia or with communication difficulties. All of the partners occasionally do a stint in reception - probably the most difficult role in the practice as it is always busy, and there is never enough slack in the system to be able to give everyone the appointment they want exactly when they want it and with the person that they want.

Ridgeway **managers** support all of the staff, and always there is a senior manager or GP available on site to help with any problems.

Our **healthcare assistants** do far more than take your blood. They perform other tests for example ECGs (heart tracings), give some injections such as vaccinations and vitamin replacement injections, do some simple dressings, and offer health screening appointments. They juggle our stocks of medical supplies making sure that all rooms have the equipment they need.

At our surgeries the **practice nurses** have done extra training to run our ' treatment room' sessions and all have other extra qualifications. This means that they run our ' long term conditions' clinics for people with medical conditions such as diabetes or high blood pressure to have regular tests and reviews. They deal with many dressings for complicated ulcers and skin problems and teach people with less complicated problems to care for themselves. Our childhood and adult immunisation programmes are run by our practice nurses too. They give broad advice about travel alongside vaccinations and have training in contraception and other sexual health issues. Independent Prescriber training means they can prescribe medication. Some have done Masters level training to be Advanced Nurse Practitioners allowing them to deal with minor illnesses and management of complex patients with multiple long term conditions, including mental health problems. Often they come into contact with our carers (there are more than 6 million carers in the UK) ensuring that they also are offered regular checks and know what help is available.

Some nurses who have had extra training give support to those who are housebound or medically frail are called enhanced nurse practitioners.

Any of you on regular medication will probably meet our **clinical pharmacists** who are all trained at Masters level to see complex patients, to prescribe and to try to make your medication prescribing efficient, safe and , ideally, better for the planet (the NHS is responsible for about 5% of the UK carbon footprint. Prescribing wasted medication, or less carbon efficient versions of things like inhalers is responsible for a big chunk of this). They run our medication reviews, particularly for people on lots of medication, and help deal with many of the requests for medication. We get lots of help from our local **community pharmacists** who work with us to try to get you the right medications when you need them.

Our **physician associates** are people with a science degree and then a masters degree in learning to examine, diagnose and treat patients. They are often part of our on call and home visiting team. Our **paramedics** also make up part of this team too. They have experience of very sick patients when they are on the London Ambulance Service, as well as the extra training they get when moving into general practice. This makes them real experts in helping decide whether or not to send a sick person into hospital or to bring in other teams to support and treat someone at home.

Qualified **doctors** in the surgery are a mix. This means that we have a regular team of GP partners running the practice as well as seeing patients, salaried GPs and some regular GP locums filling in for holiday and sickness cover. Our GP registrars are qualified doctors training to be GPs. We have a variety of **learners** in the practice as well as the G.P. registrars. As some of us teach medical students so we often have student versions of the clinicians in our teams, or sometimes people from wider clinical teams who are learning about general practice. You should always be asked if you would be happy to see a student, you should always know that they are being supervised, and we will always accept you saying no- without pushing you to change your mind.

Some new roles in the PCN were described in the last newsletter. They are part of the personalised care team - a mix of people who can give you one to one help. They include **social prescribers** who can help you find resources in the community including green activities and signposting to financial, care and other support. We have a **health and wellbeing coach** who can help you choose and find the motivation for wellbeing activities. The PCN **care navigators** will offer help to people who have to juggle lots of appointments. We can also refer to our **First Contact Physiotherapist** who does a one-off assessment to help decide the best route to treatment for musculoskeletal problems. We may also refer people to our PCN **mental health practitioner** who can help plan the best forms of mental health support.

You may have read scare stories in the newspapers about people who are not doctors making mistakes when they see patients. All clinicians working with us have an induction when they start at the practice, have proper training to make sure they know about the sorts of problems that are seen in people in the community, and know when to ask for help from a senior GP and always have that help accessible. They bring extra skills to the surgery from their previous roles and training adding to the range of care that we can offer to our patients.

Everyone you see should introduce themselves, tell you what they do at the Ridgeway and how they can help you. When they visit you at home they should have ID to show you. If you are worried about seeing someone that you have not seen before, please contact us at the surgery so that we confirm that they are a member of our team. All of our team are listed on our website.

See: <https://ridgeway-surgery.co.uk/team/>

Diabetes in Harrow

Whilst **type 1 diabetes** cannot be prevented, **type 2 diabetes** is largely preventable through lifestyle changes. Around nine out of ten people with diabetes have type 2 and there are currently two million people in England at high risk of developing type 2. It is a leading cause of preventable sight loss in people of working age and a major contributor to kidney failure, heart attack, and stroke. For people living with type 2 diabetes, the risk of dying in hospital with COVID-19 is also twice that of people who don't have the condition.



As well as the human cost, type 2 diabetes treatment accounts for around 10% of the annual NHS budget. In comparison with the rest of England, Harrow has a particularly high rate of diabetes. People of Asian (including Indian, Pakistani, Bangladeshi) Chinese, Black African and Black Caribbean ethnicities have been found to be two to four times more likely to have diabetes than White populations. Perhaps with this in mind many years ago two of The Ridgeway's doctors were pioneers in initiating Harrow's GP led comprehensive programme for diagnosing, and monitoring this disease in our patient population. Since then the 'Healthier You NHS Diabetes Prevention Programme', also known as the 'Healthier You' programme identifies those at risk of developing type 2 and refers them on to a 9 month, evidence -based lifestyle change programme.

The programme is available both as a face to face group service and as a digital one. At the point of referral people are free to choose between the two programmes. Those on the face to face group receive personalised support to manage their weight, eat more healthily and to be more physically active. These two approaches have proved to reduce our risk of developing type 2 diabetes. The digital version offers similar support but through the use of digital tools. Whichever of the routes we choose, help is there to make positive changes to our diet, weight and physical activity to reduce our risk of developing this disease.

Did you know that we can all find out more about our risk by answering a few simple questions on the 'Know your risk' tool at riskscore.diabetes.org.uk ?

For those of us who have already developed type 2, there is a very useful two page leaflet called '10 point Diabetes Training' setting out clearly key information and how to get any necessary help. Headlines point users to the range of issues: -

- Your diabetes is not your fault
- Living with your diabetes can feel overwhelming
- Knowing what to do if your blood glucose is low
- Know what to do if you think your blood glucose is high
- It's your right to receive information that makes sense to you
- It's important to know how your food affects your diabetes
- Find a support group or activity to help you
- Get regular checks and support from your GP practice
- Some people have achieved partial or complete remission of type 2
- Useful websites and information

Taken from: diabetes.org.uk/diabetes-the-basics/types-of-diabetes/type-2

Affairs of the heart



Sometimes you may need to see your doctor sooner than your next planned appointment. What are the 3 good reasons to contact your doctor about your care?

1. **New or worsening symptoms**

All of us know that the NHS is under increasing pressure so it's natural that some people feel that they don't want to be a bother. You are not wasting your doctor's time and it's better to contact your doctor rather than let your condition get worse. Such symptoms may include:

- ◆ Chest pain
If you experience new chest discomfort, let your GP know so that they can assess you. They may refer you to a cardiologist. Lots of things that aren't serious can cause chest discomfort, but it's important to rule out heart causes. If you live with **angina** and you notice that your angina pains are lasting longer, are more frequent or starting when you aren't doing anything active, let your doctor know promptly. They will assess you and may be able to adjust your medication to make sure it's as effective as possible or refer you for further tests.
- ◆ Breathlessness
It's not unusual to experience breathlessness if you are living with a heart condition. But if it's getting worse, then your doctor needs to know. They may review your medication or send you for some tests to find out what the cause may be.
- ◆ Fluid
Heart problems can sometimes lead to a build-up of fluid, usually in your feet ankles and legs, and sometimes around your tummy. If you notice swelling in these areas, especially if your breathlessness is getting worse, let your doctor know straight away. Diuretic medication (water tablets) can remove this fluid by making you pee more often. However, if the fluid doesn't leave your body, then you may have to go to a hospital for stronger medication.
- ◆ Palpitations
Although they are unpleasant, most palpitations are harmless. Many people living with a heart condition have them. However, tell your doctor if your palpitations change. For example they may last longer, or you have other symptoms as well such as dizziness and fainting. Palpitations can be managed with medication, but your doctor may also do some tests, such as an Electrocardiogram or ECG, to see if there are any changes which might be better managed by your cardiologist.

2. **You haven't received a notification for a test or appointment**

Do check on this because the Pandemic meant that many people missed regular tests and follow ups, so it's important to get back on track.

3. **If you have health worries that haven't been answered**

Time constraints may be why you have unanswered questions. Contact the surgery for helpful ways to get in touch about these and don't forget that pharmacists can answer medication queries too.

Taken from: bhf.org.uk/heart-matters-magazine December 9th, 2023

Healthwatch Harrow:

Feedback from the forum on Social Care

At the end of November 2023 Healthwatch Harrow hosted a meeting at the Harrow Baptist Church in Rayners Lane. The 75 residents who attended were asked to share the changes that they had experienced in health and social care. Listening to their experiences were representatives of Harrow Council and North West London NHS Foundation Trust.

Many aspects of local services were covered and the main findings were : -

- Access to all services is still difficult. This is particularly so for GP services. Those present wanted to be able to make face to face appointments and telephone options not only via the online or digital route.
- Changing or closing down services happens without the service users being given sufficient opportunity to learn about the planned changes. This is particularly important when the service closes and no alternative will be available. An example of this was the closure of services at 'The Bridge' in Wealdstone.
- A more personalised approach is needed from community mental health teams, social and health care professionals so that residents do not have to share their information with each new person they come into contact with. Mental Health Services were falling short in terms of access and the range of services needed. It is not clear what is available and who to contact.
- Access to psychiatric services was particularly difficult and annual reviews are not happening so there is no check that the current service is still the most suitable one for any particular person. It is also not clear who is coordinating the link with social care.
- In GP surgeries it is now possible to have an appointment with a range of specialists but a lack of good enough communication sometimes means that the patient would not necessarily know in advance that they would be seeing a different professional and not their GP.

The professionals present outlined some of the changes already in hand to better respond to the difficulties being experienced. For example 'Conversation Cafes' provide a place where people can talk to someone face to face about their issues and get signposted to the right source of help. There is also a new referral system for mental health to make it quicker for people to be seen.

A full report on these changes and on the day's feedback will be available early in 2024.

Taken from: Healthwatch Harrow
Newsletter. Issue 32 December 2023.



Keeping our homes healthily free from damp & mould

At a time of rising prices for all of us for the necessities of life - gas, electric and food, it is tempting to keep out as much cold air as possible. This is especially so during a cold snap or when we cannot hang out our washing to dry. Living in a cold home has a significant impact on our physical and mental health. It makes existing health problems worse and causes a substantial burden on the health service. Many of us deal with these matters by keeping our windows firmly closed and drying our wet clothes on the radiators rather than using the expensive dryer - always assuming that we have one of course! But how many of us are fully aware of the health risks of keeping out the cold by living in a damp or mouldy environment?

Some extreme cases hit the newspaper headlines last year; one in particular highlighted the death of a 2 year old child, Awaab Ishak. His family had not been able to force their private landlord to make the necessary repairs to their rented property. There are now legal duties on landlords in this respect. Of course not all situations are as extreme as in that instance but there are indeed health risks for all of us if we do not keep our homes free from damp and mould.

So what are the health risks?

Government guidance dated September, 2023 states that damp and mould mainly affect the airways and lungs. The respiratory effects can cause serious illness and in the most severe cases, death. These respiratory effects include:

- General symptoms such as cough, wheeze and shortness of breath
- Increased risk of airway infections including aspergillosis (this is a particular fungal infection)
- Development or worsening of allergic airway diseases such as rhinitis (a condition causing nasal congestion, runny nose, sneezing and itching), asthma and other conditions such as bronchitis, hypersensitivity pneumonitis (a condition causing inflammation of the lungs) and chronic obstructive pulmonary disease
- Other health problems affecting the eyes and skin and mental health issues too



What are the remedies?

1. Prevent condensation caused by inadequate ventilation such as not opening windows to air the room which results in a build up of excessive moisture
2. Missing or incomplete insulation resulting in cold spots
3. Not turning down our heating so low that we are always cold
4. Preventing condensation as much as possible by keeping lids on pans when cooking and drying clothes outside or in a dryer whenever we can
5. Making sure that any moisture that we do create can leave through vents, extractor fans and the temporary opening of windows

you can find a full check list on the prevention and treatment of both damp and mould on the website of the charity 'Centre for Sustainable Energy'.

Taken from: [cse.org.uk/advice/condensation-damp-and-mould](https://www.cse.org.uk/advice/condensation-damp-and-mould)

How to help your child if they are overweight



Obesity among children is on the increase, triggering a whole range of health problems. But we also know what a sensitive subject weight can be. Could even mentioning a straining waistband on your child's school trousers trigger hurt feelings, a quest to reach size zero, or even a lifelong [eating disorder](#)? Little wonder, then, that many of us just keep quiet and hope the problem sorts itself out. The organisation "Family Lives" has helpful advice on this topic.

Key Points

- Act early. Experts agree that the earlier you can make changes to your child's diet and lifestyle, the better chance of success you have
- Eat a healthy breakfast. Studies show that obese children are likely to skip breakfast and then snack on high calorie, high fat foods to quell hunger pangs
- Get active as a family for example by including a brisk scoot to and from school, 15 minutes playing in the garden or a walk in the local park

What are the difficulties for parents?

"Parents are reluctant to broach the subject for fear of making it an issue," agrees child obesity expert Dr Paul Chadwick, a clinical and health psychologist who is also Clinical Director at MEND (Mind, Exercise, Nutrition, Do it!) – a new national initiative to combat child weight problems. But it already is an issue because young people are increasingly suffering from serious conditions related to obesity such as asthma, type 2 diabetes, fatty liver, gallstones and high blood pressure. "Being obese can have a serious impact on children's [self-esteem](#) and cause depression and social isolation as well as triggering early puberty," says the organisation. But the problem won't go away by itself. "You wouldn't expect your child to learn how to read without being taught," says Dr Chadwick. "Learning how to eat healthily is also a skill and needs teaching. Be aware that most overweight children do not lose weight without adult support."



What are the helpful steps to take?

1. Apart from acting early, it is often easier to talk to and work with a teenager than a younger child as teenagers are usually aware of their weight.
2. Check that they really are overweight. You can check their Body Mass Index (BMI) by comparing their weight to their height. It is easy to do this online.
3. Don't panic! "Many parents of bigger children don't realise that their child is above the healthy weight range for their height and age," says MEND experts. "Even if they do, it's common for those extra pounds to be put down to 'puppy fat' that will disappear as their child grows older. Dr Chadwick adds: "Evidence suggests that overweight parents, or the parents of overweight children, are less accurate in

identifying whether their children are obese or overweight. The younger the child, the more pronounced the errors in perception are. By the time the child is an obese teen it's probably a lot more obvious."

4. Talk about it

It may also help to chat to other parents on our forums to find out how they are dealing with this issue within their family life. You can also talk to us online via our [live chat service](#), email us or call us on our helpline on 0808 800 2222 to speak to trained family support worker.

Other organisations that may be useful: -

See the **NHS website** on guidance if you are worried about your child's weight

Change4life has lots of advice on healthy eating and getting active as a family

Taken from: <https://familylives.org.uk>advice>secondary>



Have you heard about Harrow Cove?

Harrow Cove is a free service where residents (aged 16+) of Harrow can go if they are experiencing a mental health crisis. It is supported by the NHS and the Hestia charity.

You can simply turn up, no appointment necessary.

We are a safe, inviting and inclusive space for individuals who are struggling to cope with their mental health and daily life. On meeting with service users, we aim to support them to reduce their immediate anxiety and crisis.



Support includes:

- A safe, welcoming space and a listening ear
- 1 to 1 support to help you find the best path forward
- Support to develop your own safety plan for the next day as well as long term plans which could involve contact with statutory services
- Support to find and access other services in your area that interests you
- Hot drink and a snack
- Drop-in crisis support

Group activities include:

- Tea & Chat
- Arts & Crafts
- Women's Group
- Support Group

Our address: Carramea Centre, 27 Northolt Road, South Harrow, HA2 0LH
We are open from 2pm to 10pm Monday to Sunday, 365 days a year. Alternatively we can offer telephone and video call sessions via Zoom. Just let us know your preference.

Phone: 07407 305206 Email: BH.Cove@hestia.org

Spotlight on Statins

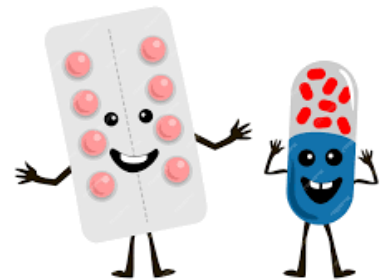
Statins are one of the most researched drugs and there is lots of very reliable evidence showing that they are safe and effective. They lower the cholesterol level in your blood and so reduce your risk of coronary heart disease, angina, heart attack and stroke. Nevertheless they seem to get a lot of negative press so, people ask are they safe? To answer this question it is important to find evidence from a trusted source such as the NHS and the British Heart Foundation. Cardiologist, Professor Darryl Francis, from Imperial College, London explains that statins are a preventive medicine and 'people often don't want to take medicine when they feel healthy. But you could think about it like other healthy life choices, for example, choosing not to smoke to protect your health, or wearing a seatbelt to protect you in case of an accident.'

In the UK there are 5 statins available on prescription and some are stronger than others at lowering your cholesterol level at the same dose. You might hear about low dose statins you can buy over the counter, which means that you don't need a prescription. However, it's important to talk to a doctor or pharmacist before taking a statin both so they can check if it's suitable for you and to see if you need regular check-ups.

Would I be offered a statin without having my cholesterol checked?

When deciding whether you should take a statin or not, doctors will look at your overall risk of having a heart attack or stroke in the future. In addition they also use calculations to work out your individual risk, including information on:

- Your age
- Your sex
- Whether you smoke or have diabetes
- Your blood pressure



In most cases your cholesterol will be checked before you start taking a statin. However, if your overall risk of having a heart attack or stroke is high, a statin may be recommended without a cholesterol check. This is because if your risk is high, a statin can help reduce your chances of a heart attack or stroke regardless of your cholesterol level. If you have a heart attack and are not taking a statin, it's normal to start them when you're admitted to hospital. This will help reduce your risk of having another heart attack. In this case, the doctor will often give you a statin before checking your cholesterol level.

Can I stop taking my statin once my cholesterol level is lower?

Most people will be prescribed a statin for life because it reduces your risk over your lifetime and as we age this benefit increases because our chance of having a heart attack or stroke increases.

What can I do about side effects?

Although most do not experience side effects, for some, side effects can have a big influence on their daily life. If this is so, speak to your doctor because they can consider reducing your dose or changing your statin. Side effects may be caused by the statin but could also be caused by other things such as stress, tiredness, or a change in your lifestyle. If you've started taking statins recently do bear in mind that symptoms with any new medicine may improve over time or even disappear. Any decision to stop taking your statin is an important one, and it's essential to think about what it means for you and to discuss it with your doctor.

Taken from: British Heart Foundation Magazine, January 6th, 2024