



On the Ridge. . . . (No 38)

Summer/Autumn 2024



Talk held at North Harrow Library on ' Life changes - planning for later life '

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RSPG News

Introducing **Sue Bush**, your new Chair of Ridgeway Surgery Patient Group. She writes 'At the April AGM I became Chair; my background is in volunteering management and before that I was an Early Year's tutor and a nursery nurse. I have lived in Harrow all my life and became involved with the Patient Participation Group (PPG) after the COVID vaccination centre was set up at Tithe Farm where I helped with rotas and delivery of vaccines.

If you are reading this, you already know that the Ridgeway Surgery (RW) has a Patient Participation Group (PPG) but you may not know that it is recommended that all doctors' practices should have such a group. The main aim is to be a voice for all patients and now more than ever it is really important with changes afoot both with political and technological aspects that affect us all. Since starting this article, we have a new government so there will be change coming, which we hope will improve things for Primary Care. I am still learning my role with the PPG and for your benefit I thought I would explain how we fit into the Primary Care Network (PCN).

Resources for our health and care come from the NW London Integrated Care Board. RW is one of the 7 surgeries in HEALTH SENSE PCN. The others are Pinn Medical Centre, Enderley Rd, Simpson House, 1. Kenton Bridge Rd / 2. Kenton Park (2 different surgeries) Roxbourne and Ridgeway Surgery. Each surgery has a PPG, and the chairs of each one are now forming a group to come together for better interaction and to work together. Although each surgery PPG has its own way of working, they all have a constitution and are registered charities with a fund-raising aspect. Many of you I hope will come to our **Macmillan Coffee morning** which this year is on Saturday 28th September at St Alban Church from 10-00 to 12. 30 with the Mayor joining us at 10-30 a.m. Please support us either by bringing cakes or by buying cake. We will have a raffle as well as the usual tea and coffee.

One of the key issues is how to reach our patients so if your neighbours or local friends are patients of RW but they don't know about us, please pass on this copy and encourage them to sign up. If they don't do technology you can sign up for them via the website: www.ridgeway-surgery.co.uk or email us their details on rspatientgroup@hotmail.com As we know, technology can be a real barrier for some people so please help us. There are over 15,000 patients just at the RW and we only have contact details for 300-400 so we need to do better. By the time this article is in print you will have received a video explaining the RW PPG in more detail, how we work with our surgery and how you can help.

One of the key roles of the PPG is to have honest and frank communications with the practice manager and partners. We are your voice, and you can contact us. The membership form is on the RW website. If you have any questions or concerns or you would like to help us in a practical way do get in touch via the email: rspatientgroup@hotmail.com Look out for our Health education talks in conjunction the NH Community Library as well. Please spread the word that you have a way to voice your thoughts and concerns about our surgery. We would love to hear from you.'

Sue Bush, Chair Ridgeway PPG

Living a longer & healthier life

Those who know **Dr Etherington** would not have been surprised by the focus of her 2024 AGM talk! She began by saying that if she had a magic potion, she would wish for another 15% - 30% more years of healthy life. But in fact, there is such a magic potion – **Exercise**. This could be tap dancing, running after children, swimming, running, walking – it's really movement rather than exercise, such as chair yoga, exercises that can be done at home and this will give the same sort of figures as for a healthy mediterranean diet, or not smoking. So, if everyone did this, there would be less need for appointments.

There are other important elements too: -

Vaccines: These were first set up in China in 1000 AD for inoculation against Smallpox. Europe was really far behind. In 1937, the yellow fever vaccine was introduced in Africa.

Polio – people can die from polio and whilst we have a vaccine, it is not extinct in Pakistan or Afghanistan.

Measles – vaccine in 1963. For many, this was a normal illness – but in more vulnerable people they can be much more sick and possibly lose their hearing, which is life changing. This is a horrible disease, children can be really sick. 1 in 10 get bad problems and 1 in 100 suffer neurological problems like fits. UK has had 1,000 cases in the last year, 1/3 in London (40 in Harrow and Wandsworth).

If a child of the 1990s, it is possible parents may have opted out of the vaccine for their children and people of this age are encouraged to be vaccinated. Also, if over 70, they may not have had the vaccine and need to have this now

Covid – 1.5% mortality rate, which is a large number of people

Whooping Cough – there is a lot about this in the press currently, plus 100-day cough. Pregnant women are being offered the vaccine as babies have to wait for 3 months after birth to get the vaccine.

Shingles - If you get chickenpox as a child, this waits in the body until you are close to someone with chickenpox and it reminds your virus to open up again. The shingles vaccine was given for 70 – 79 year olds, but is now offered for 60+ onwards. It is not offered past 79 as, at 80, it is possible to get side-effects of mild shingles.

Screening: It is important to find and prevent an illness before symptoms appear. A lot of screening is done at the practice.

Cervical screening - This disease can then be caught early.

Diabetic eye screening – We need to do this early, before blindness occurs

Genetic screening – This is controversial so it is better to do blood tests and look at lifestyle and family history.

Numbers attending screening have dropped off since Covid and the practice has just undertaken a survey to determine why some people don't turn up. Some people say they are too busy, so the practice will offer cervical screening at week-ends and weekday evenings. It is not a waste of time to talk about prevention.

In summary, these are the pillars of a longer and healthier life:

- Exercise, movement
- Diet
- Sleep
- Work – being gainfully occupied
- Involvement in the Community



↑ Magic Potion?

Why can't I get an appointment at the surgery?

This was the title of Dr Small's talk at our AGM in April. She was joined by Dr Gohil and Dr Etherington and gave apologies and good wishes from Dr Lloyd, RSPG's Life President who was in hospital at that time.

Dr Small began by pointing out that so much has changed in medicine both in terms of treatments and in how such help is offered but the commitment to looking after patients from 'the cradle to the grave' has not.

The Ridgeway is a reasonably large practice with approximately 15½ thousand patients. Setting the scene she gave details of percentage of patients with long term conditions such as diabetes /pre-diabetes, blood pressure issues and asthma. Taking a particular day at random as preparation for this talk, Dr Small then gave us a breakdown of activity across both surgeries for that day and the figures were as follows:

Contact (each day):

- Phone calls 344 *
- Patches - online consultation
- Follow up appointments 360
- Prescriptions 140
- Blood and Pathology 300
- Letters and correspondence 150

***Telephone call information:**

- 415 calls in
- 281 answered
- 77 abandoned
- 57 missed
- Average call lasts 2minutes 39 seconds

Previously the waiting time for calls was very long and could be up to 1½ hours which was very stressful as decisions were needed about what action to take. Patches helps to prioritise this and ensure that the patient is being put in touch with the right person. A look back shows just how much things have changed. 24 years ago there was an 'on - call' system and about 30 patients per day would want an appointment with a doctor. 8 years ago this had risen to 50 such requests with the doctor on duty and currently the number is more like 200!

As many patients will know the range of skills among surgery staff has greatly expanded in recent times and this means that the surgery can deal with many more appointments and concerns than in the past. As a result you may request an appointment with a doctor but be offered an alternative or sent a text instead (for example for a test result). This means that overall staff are more productive but less available in the traditional face to face way of responding to all requests.

In response to a range of questions Dr Small said that Patches is only open for a certain amount of time until the surgery has reached capacity. Appointments are available for just up to 2 weeks ahead because they have to see which staff will be available. If specific skills are needed patients may have to come back or appointments cancelled which is time consuming. Patches has had a positive impact on the



number of phone calls as these are now down by a third. The Reception team will take telephone details of Patchs requests from patients who cannot use digital means and they then pass this information through to the Patchs system on the patient's behalf. There are about 10 doctors at Ridgeway available for a varying number of sessions every week.

Finally Dr Small was asked if she had a magic wand what would she wish for? Resources. General practice provide 93% of clinical care in this country and only 9% of NHS resource is allocated to this service. It is not just money, but IT, rooms, lots of different things which are needed to make the wheels turn.

Surgery matters

For those of you who watched us juggle rooms and had to put up with the smell of fresh paint we apologise. The rest of you we hope will notice that the whole surgery has been repainted. This was overdue but we could not fit this in during lockdown.

We have thanks to give to the patient group who are organising the provision of a cycle rack. This is a healthier and greener travel alternative we are really pleased to be getting this.

Also thanks again to the patient group who have noticed that in our very full building where we all hot desk, the staff are missing a space to chat together. As a result the patient group have decided to work with us on creative ways to give us a bit of space where we can eat and relax together. In the winter this may indeed prove to be nicer than the health giving walk in the rain that Dr Etherington is likely to offer the team as a wellbeing option!



Vaccinations:

We make no apologies for again highlighting a few items associated with vaccinations.

Measles: You will have seen the headlines about rising numbers of measles cases, particularly in London. If anyone is worried about vaccinations, do make any appointment with the member of the clinical team that you feel most comfortable with to talk through the pros and cons. Some adults in their twenties, and some grandparents carers may not have had MMR vaccines and may be at risk of catching measles.

Whooping cough: These cases are also increasing. We can protect new babies before they can themselves be vaccinated by giving pregnant women a booster vaccine (the antibodies that the mum makes then cleverly protect the baby, until the baby is given a chance to make their own).

Shingles vaccines: These have also changed. They are now on offer to people aged 70-79, and catch up programme starting with people who are 65 and to people over 50 who have immune problems.

Dr Etherington



What is Pharmacy First?

Dr Gohil referred to this service at our AGM. People value the accessibility of community pharmacies, both in terms of the ease of getting to one and the speed of being seen once there. However, Pharmacy First faces some challenges. A small proportion of the population is less open to going to a pharmacy rather than a GP. This is due to their personal preference, while in some cases, due to a lack of awareness of the services pharmacies offer.

So what does 'Pharmacy first' offer?

This service was launched at the end of January 2024 and it includes **the supply of appropriate medicines for 7 common conditions including earache, sore throat, infected insect bites, impetigo and urinary tract infections.** The aim is to address such health issues before they get worse.

You can get treatment for these conditions by walking into the local pharmacy or contacting them virtually. GP receptionists, NHS 111 and providers of emergency care will also be able to direct patients to pharmacies, that offer the service, if contacted. The pharmacist will be able to speak to you privately in a separate consultation room and may perform an examination or ask to access your medical records. He or she will be able to recommend the best course of action on an individual patient basis, including by issuing prescriptions for antibiotics or antivirals where necessary. By reducing the number of patients with common conditions, needing blood pressure checks or oral contraception visiting a GP, 'Pharmacy First' aims to free up 10 million GP appointments a year by next winter for more complex diagnosis. This will give GPs time and space to see those with more complex conditions.

Frequently asked questions: -

- 1.** Will I have to pay for my prescription? Usual prescription charges will apply for the seven common conditions. Patients that were already exempt from prescription charges will still be exempt.
- 2.** What if I still want to see my GP? Patients can still choose to visit a GP if they wish to. Pharmacy First offers alternative access for these seven conditions and people are encouraged to make the most of this service and to consult the highly trained professionals in their local pharmacy.
- 3.** Will pharmacies be able to cope with the extra demand? The government has invested £645 million over two years to help community pharmacies, including providing improved IT and a wide range of guidance and support. This is on top of the £2.6 billion already provided for the service.
- 4.** What further services are planned? From December 2023, thousands of women have been able to get their contraceptive pill from their local pharmacy, with up to 25% of all women on oral contraception being able to benefit from this new service. Pharmacists are also increasing the number of life-saving blood pressure checks given to at-risk patients over the next year, with a commitment to deliver 2.5 million a year by spring 2025 - up from 900,000 carried out last year. It is estimated this could prevent more than 1,350 heart attacks and strokes in the first year.

Taken from: <https://healthmedia.blog.gov.uk/2024/02/01/pharmacy-first-what-you-need-to-know/>

Underactive thyroid - signs and treatment

Many symptoms of an underactive thyroid (hypothyroidism) are the same as those of other conditions, so it can easily be confused for something else. Symptoms usually develop slowly and you may not realise you have a medical problem for several years.

Common symptoms include:

- tiredness
- being sensitive to cold
- weight gain
- constipation
- depression
- slow movements and thoughts
- muscle aches and weakness
- muscle cramps
- dry and scaly skin
- brittle hair and nails
- loss of libido (sex drive)
- pain, numbness and a tingling sensation in the hand and fingers (carpal tunnel syndrome)
- irregular periods or heavy periods



↑ Designed by Freepick

Elderly people with an underactive thyroid may develop memory problems and depression. Children may experience slower growth and development. Teenagers may start puberty earlier than normal.

If you have any of these symptoms, see your GP and ask to be tested for an underactive thyroid. An underactive thyroid can often be successfully treated - see the information later in this article. There's no way of preventing an underactive thyroid. The only way to find out if your symptoms are being caused by an underactive thyroid is to have a thyroid function test where a sample of blood is tested to measure your hormone levels.

Both men and women can have an underactive thyroid, although it's more common in women. In the UK, it affects 15 in every 1,000 women and 1 in 1,000 men. All babies born in the UK are screened for congenital hypothyroidism using a blood spot test when the baby is about 5 days old. Around 1 in 3,500 to 4,000 babies are born with an underactive thyroid (congenital hypothyroidism).

Treating an underactive thyroid

Treatment for an underactive thyroid involves taking daily hormone replacement tablets, called levothyroxine, to raise your thyroxine levels. You'll usually need treatment for the rest of your life. However, with proper treatment, you should be able to lead a normal, healthy life. If an underactive thyroid isn't treated, it can lead to complications, including heart disease, goitre, pregnancy problems and a life-threatening condition called myxoedema coma (although this is very rare).

Taken from: <https://www.nhsinform.scot/illnesses-and-conditions/glands/underactive-thyroid/#symptoms-of-an-underactive-thyroid>

Ultra processed food - is it really a health risk?

Ultra-processed foods **typically have more than one ingredient that you never or rarely find in a kitchen**. They also tend to include many additives and ingredients not typically used in home cooking, such as preservatives, emulsifiers, sweeteners, and artificial colours and flavours. But, are they really bad for our health? Our diets can have a big impact on our overall health, including our gut/digestive system. Although regularly eating ultra-processed foods like chips, microwave meals, sweets, and chicken nuggets is not a healthy diet, processed food is not all bad. Unless you're eating the broccoli you harvested directly from your garden, most of our daily food has undergone some form of processing and that's not necessarily a bad thing. Methods like pasteurizing, canning, fermenting, freezing, and drying foods are forms of processing. Culinary ingredients such as oil, butter, sugar, salt, dried herbs and spices are added to other foods, rather than eaten by themselves. Processed foods like cheese, homemade or artisanal bread, and tofu have been altered, but not in a way that's bad for our health.

However, when a food is ultra-processed, it means that the producer uses industrial-scale methods and ingredients that you may not recognize and would not use in home cooking to produce the final product. These foods are entirely altered and have high levels of unhealthy fats, refined sugars, and salt. They also **undergo industrial processes**, like hydrogenation and moulding, and contain additives like dyes, stabilizers, flavour enhancers, emulsifiers, and defoaming agents. They are very calorie-dense and don't contain many, if any, valuable nutrients. Biscuits, chips, and fast food are all ultra-processed. They are engineered to be convenient, extra tasty, and highly profitable for the companies making them. Diets high in ultra-processed foods have been linked with an increased risk of heart disease, weight gain, cancer, and even mortality - but why?

Processing changes the complex structure of nutrients in a food, which scientists call the **food matrix**. Research shows that changes in the food matrix alter the way our bodies respond to food, potentially putting us at risk of these health conditions. The World Cancer Research Fund lists poor diet as one of the risks for developing cancer drawing attention to red and processed meat, foods high in fat and sugar such as chocolate. Crisps, biscuits and fast foods such as chips and fried chicken are highlighted again on their poor diet list. Such a diet is also linked to weight gain and obesity - another cancer risk.

So what foods are recommended?

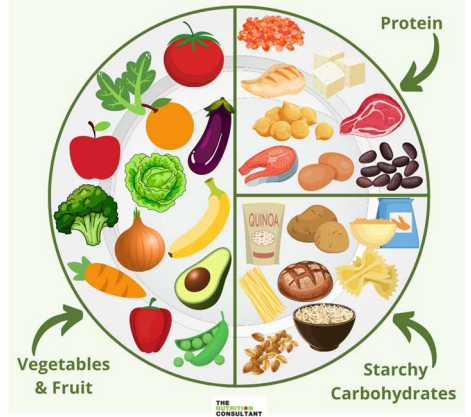
Diets rich in fibre such as wholegrains, pulses, vegetables and fruit can protect against bowel cancer. This may be because fibre helps to move food more quickly through the bowel. There is also strong evidence that eating a fibre-rich diet that is high in wholegrains can protect against weight gain, being overweight and obese, which are linked to an increased risk of at least 13 cancers.



This makes it one of the most important ways to help protect against cancer. Vegetables and fruit provide your body with vitamins, minerals and other substances known as phytochemicals, which might help protect cells in the body from damage that may lead to cancer. As different types of vegetables and fruit contain different phytochemicals, it is best to eat a variety every day.

- Taken from:**
1. [zoe.com/learn/what-is-ultra-processed-food](https://www.zoe.com/learn/what-is-ultra-processed-food)
 2. [wcf-org.uk/preventing-cancer/what-can-increase-your-risk-of-cancer-diet-and-cancer-risk](https://www.wcf-org.uk/preventing-cancer/what-can-increase-your-risk-of-cancer-diet-and-cancer-risk)

Forming Balanced Meals & Snacks



Raising funds for Macmillan, 2024

Date: Saturday, September 28th

Time: 10.00 - 12.00

Place: St Alban Church, North Harrow



Meet the Mayor

Have a flutter on our Raffle

Bring a cake

Enjoy a chat



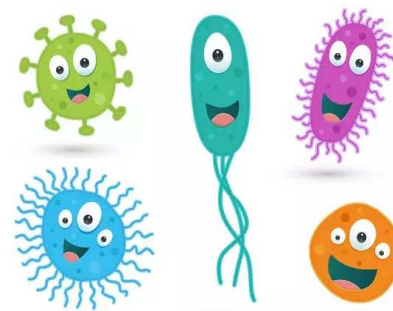
**It's time for
Coffee Morning
and you're
invited**



**Please come with your family and your friends
All are welcome to help us raise funds to support
people living with Cancer**

All about E coli infection

Earlier this year there was an outbreak of E coli or Escherichia coli O157. This is sometimes called VTEC. It is a bacterial infection which can cause severe stomach pain, bloody diarrhoea and kidney failure. It is found in the gut and faeces of many animals, particularly cattle. Although it is an uncommon cause of **gastroenteritis** it can be caught by:



↑ Designed by Freepick

1. eating contaminated food, such as raw leafy vegetables or undercooked meat – always wash all vegetables, including salad leaves, that will be eaten raw, unless they have been pre-prepared and are labelled 'ready to eat' (washing may reduce the risk of infection, but will not eliminate any risk of infection completely)
2. touching infected animals or accidentally coming into contact with their faeces
3. contact with people who have the illness, particularly if you do not wash your hands thoroughly after using the toilet or before handling food
4. drinking water from inadequately treated water supplies
5. swimming or playing in contaminated water, such as ponds or streams

What are the symptoms of E. coli O157 infection?

Symptoms include diarrhoea, stomach cramps and occasionally fever. About half of people with the infection will have bloody diarrhoea. People usually notice symptoms 3 to 4 days after they have been infected. But symptoms can start any time between 1 and 14 days afterwards. These symptoms can last up to 2 weeks. A small number of people with E. coli O157 infection go on to develop a serious condition called haemolytic uraemic syndrome (HUS). This can sometimes lead to kidney failure and death, although this is rare. The risk of HUS is highest in children aged under 5 years.

Some people become infected but don't develop symptoms.

Further information about gastroenteritis

Treatment and care at home: There is no specific treatment for this infection and most of us will get better without medical treatment. It is important to drink plenty of fluid as diarrhoea can lead to dehydration **but contact your GP if you or your child has bloody diarrhoea.**

Note that antibiotics are not recommended.

Stopping the spread of infection at home: Strict hygiene measures are essential to stop others getting infected. Below is a list of Do's and 'Don'ts

Do:

→ wash your hands thoroughly with soap in running water and dry them completely – use liquid soap and warm water if you can

→ everyone must wash their hands after contact with an infected person, particularly after handling their clothes or bedding

→ always wash your hands after going to the toilet or changing babies' nappies, and before preparing or serving food or eating meals

→ if you've been infected, avoid cooking or preparing food until 48 hours after

.your symptoms have cleared up

→ wash soiled clothing and bed linen separately from other clothes in a washing machine at the highest temperature possible (for example 60°C)

→ wipe down the outside of the washing machine with hot water and detergent after any heavily soiled load

→ clean toilet seats, toilet flush handles, basin taps, surfaces and toilet door handles at least daily, preferably more often, using hot water and detergent

→ disinfection sprays and wipes or alcohol-based wipes may be used on toilet seats and other surfaces, but only after any visible soiling has been removed

→ thick household bleach is highly effective – dilute one part bleach to every 10 parts water for soiled surfaces and one part bleach to every 100 parts water for other hard surfaces

→ ideally, use heavy-duty domestic rubber gloves and disposable cloths for cleaning

→ dispose of cloths by placing them in a plastic bag, sealing the neck and placing in household waste

→ thoroughly wash rubber gloves in hot water and detergent after use, then rinse and allow to dry

→ deal with any spillage of faeces immediately – clean the soiled area with hot water and detergent using heavy-duty domestic rubber gloves then clean gloves and wash hands thoroughly

Don't:

→ Don't share towels or nappy changing mats

→ Don't clean soiled items in the kitchen

Returning to work or school

People wonder when they can go back to work or, in the case of children, when to send them back to school. If we have had this infection we need to stay away from work or school for 48 hours after our symptoms have cleared up.

Most people are not infectious after a week but sometimes children may carry E coli O157 for several months after they are better. If you have a child under 5 years of age who has had E. coli, or lives with someone who has, you should talk to your GP about when it is safe for your child to return to school or nursery. Children under 5 years of age who have had an E. coli O157 infection should not swim in public swimming pools, or share paddling pools with others, until they have had test results showing that they are no longer an infection risk to others.

Those who work in health or social care, or whose work involves handling food, should ask their local authority environmental health officers about when it is safe to return to work. This advice applies to both people who have been infected and to those who live in the same household as someone who has been infected.

Taken from: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning>



↑ Designed by Freepick

Vaping - its use and abuse

Vapes are designed to help people to stop smoking and, if used solely for this purpose they have proved of significant help to those who want to stop smoking. Nevertheless there are hidden dangers in this approach. Vaping involves inhaling aerosol produced by heating a liquid in electronic devices like e-cigarettes or vaporisers. The liquid usually contains nicotine, flavourings and other additives and inhaling this vapour mimics smoking without the tobacco related poison effects.



The notion that vaping is a far safer alternative to smoking is being increasingly debunked by cases of severe lung injuries associated with its use. Vaping side effects and lung injuries have been documented worldwide, causing symptoms like coughing, shortness of breath and chest pain. In extreme cases, there have even been patients who required hospitalisation and intensive medical intervention. Between 2020 and 2023, the NHS recorded 233 hospital admissions where vaping was the primary cause and 941 cases where it was either the primary or secondary cause.

Another hidden danger of vaping is its potential to ensnare users in a web of addiction. The high nicotine content in many vaping products makes them highly addictive, sometimes even more so than traditional cigarettes. Adolescents, with their developing brains, are particularly vulnerable to nicotine's grasp, while for former smokers, what was meant to be an escape from smoking becomes a new, insidious habit that's hard to kick.

The big question is whether vaping will create a new generation of nicotine addicts who would never have started smoking in the first place. Smoking rates have dropped significantly among young people over the past few decades, but with a new product in vaping sold to them as being "safe", there could be a major global health risk on the horizon.

So, are there alternatives to vaping?

The abundance of vaping alternatives can obscure potentially more effective methods for those seeking to quit smoking. Nicotine replacement therapies, prescription medications, hypnosis, behavioural counselling, self-help books, and support groups have all demonstrated success in helping smokers quit.

These approaches, unlike vaping, don't involve inhaling harmful chemicals or fostering new dependencies. The NHS **even has an app** that can help you stop smoking, and its website lists all the benefits you can experience once you do. These include:



Meanwhile the uptake of vaping by young people is a major cause for concern. Adolescents using nicotine may be at greater risk of later addiction to other drugs and more likely to smoke cigarettes in the future.

Taken from:

1. [ukat.co.uk/hidden-dangers-of-vaping](https://www.ukat.co.uk/hidden-dangers-of-vaping)
2. [cdc.gov/tobacco/e-cigarettes/health-effects.html](https://www.cdc.gov/tobacco/e-cigarettes/health-effects.html)