

Balham Park Surgery Newsletter Patients Liaison Group

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The Balham Park Surgery Patient Liaison Group (BPSPLG) is here to represent you:

- To discuss general patient concerns and act as a liaison forum between patients registered at the Surgery and the GP, Nursing and Administrative staff employed at the Surgery in order to help the Surgery provide the best possible care.
- To keep up with changes in the NHS and to keep patients informed about the services provided by the Surgery. The group arranges Education Talks on health issues twice a year.
- To represent the Group at local health meetings.

If you wish to share your views related to these objectives, you can now email the Group directly at balhamparksurgery.patientliaisongroup@nhs.net or tell reception who will pass on messages. We regret that we cannot enter into discussions about individual cases or clinical matters, but we can raise matters of general interest at the next meeting. Attendance is free and informal, no need to book or commit to regular attendance. We meet monthly 7pm to 9pm at the Surgery on the second Wednesday of every month (except August): 11 September, 9 October (Education Talk), 13 November, 11 December (Christmas Party).

The Newsletter is issued twice a year – speak to reception or email the Patients Liaison Group if you want to receive a copy by email (distribution is managed by the surgery).

The Care Quality Commission Inspection (CQC), 5 February

Balham Park Surgery was last inspected by the CQC in March 2015 and was given an overall rating of 'Good'. This year's comprehensive inspection again rated BPS as 'Good' overall, a result that is satisfying and says a great deal about the quality and hard work of all our staff, especially when funding restrictions are taken into account. We, the Patient Group (PLG), were given the opportunity to meet the lead inspector to talk about our experiences of the surgery. We drew particular satisfaction from the comment that the doctors seemed to have time to

listen and that the Practice displays the best of old fashioned values with cutting edge innovations and that it is well led. This is in line with what we value most about the practice.

The key questions that the inspectors sought to answer were: Are services safe? Are services effective? Are services caring? Are services responsive to people's needs? Are services well-led? In all five areas, BPS was rated 'GOOD'.

These were the inspectors' findings at this inspection:

- The Practice had clear systems to manage risks to patients and staff. When incidents occurred, the practice learned from them and improved their processes.
- The practice proactively monitored the effectiveness and appropriateness of the care it provided to ensure treatment was appropriate.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patients are well disposed from the moment they walk in the door, receptionists are friendly, welcoming and informative.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- The Practice continuously reviewed the needs of its patient population and adapted processes to improve services for its population.
- The PLG was highly motivated and active. It felt involved by the partners and leadership team in the running of the Practice. It held health talks and engaged with the local community and it influenced changes such as organising a social group to combat loneliness.

In addition they found an area of outstanding practice:

- The practice offered every complainant a survey to gain insight into their experience of making a complaint and receiving a response. Complainants were also invited to join the Patient Liaison Group, at whose monthly meetings they could provide additional feedback and patient perspective.

There were areas where the surgery should consider making improvements:

- It should review recall and monitoring processes regarding follow-up care actions as part of existing clinical governance and assurance systems. This should include diabetes, child immunisations, cervical screening and medication reviews.

Professor Steve Field CBE FRCP FFPH FRCGP, Chief Inspector of General Practice.

Important Change To Primary Care: Collaboration Between Practices: The Nightingale Network. Managing Partner, Natalie Whyte Explains:

The NHS asked GP surgeries to collaborate by creating Primary Care Networks (PCN). Balham Park Surgery and Thurleigh Road Practice have agreed to form a PCN with our own Nightingale Practice (a practice in a nursing home for which we have held a contract for many years). This Network is called "The Nightingale Network" and started operating in June 2019.

The creation of PCNs is part of an NHS long-term plan. The idea is not to create larger practices. The practices forming a PCN will retain their own identities, but by collaborating on some of their tasks and thus working on a larger scale, the hope is they will be able, for instance, to improve their ability to recruit and retain staff; to manage financial and building pressures more efficiently, and to help provide a wider range of services to patients, with better integration into the wider health and care systems. We have already worked for many years in groups within our locality — for example in partnership with public health and social services, through Battersea CHCIC, our federation, and with the Wandsworth Clinical Commissioning Group (CCG). The creation of Primary Care Networks is another step in this process of joint working. Crucially, extra funding has been allocated – so a little more money is available for specific work.

Each PCN will have a Clinical Director appointed from within the practices forming the PCN. We are going to have two representatives job-sharing this role; they are Dr Sangeeta Patel from Balham Park Surgery and Dr Cath Ellis from the Thurleigh Road Practice.

As constituent parts of a PCN, we shall continue to be individual practices, but we shall work together on matters for which we receive shared funding in order to achieve the best possible outcomes for patients through the sharing of some staff posts between us by the relevant services.

Practices are not being forced to join a network, but we would lose out on significant amounts of extra funding if we did not do so, and neighbouring networks would be given additional funds in order to provide services to those patients in our area whose practice has not entered into a network.

PCNs will eventually be required to deliver a set of seven national service specifications. Five will start this year: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and support for cancer patients. The remaining two will start by 2021: cardiovascular disease diagnosis, and locally-agreed action to tackle inequalities.

To achieve these specifications we are expected to provide a wider range of primary care services to patients than at present. This will involve a broader set of staff roles; for example, First Contact Physiotherapy (for which patients will be able to self-refer), Extended Hours Access beyond 8 am - 6.30 pm (some of which which we already provide), and Social Prescribing. Social prescribing involves helping patients to improve their health, wellbeing and social welfare by connecting them to community services which are run locally, or by providing direct support.

Networks will receive funding for clinical pharmacists and social prescribing link workers with funding in subsequent years for roles such as physiotherapists, physicians' associates and paramedics. We have already appointed a social prescriber; we are contracting with Surrey Physio who are providing people to cover this role in another Wandsworth practice and parts of Croydon. Ours, Steph Palalaskaris, starts on 28th August. We have appointed a clinical pharmacist: Romy Kalsi will start on 9th September. These full-time roles will be shared between our PCN practices, their time spent according to list-size of the member surgeries.

Community-based services, including mental health services, will work with the new PCNs, which will, we hope, mean closer co-operation between us in general practice and external teams. This is something that can be challenging for us and we welcome this move.

PCNs will be expected to think about the wider health of their population, taking a proactive approach to managing population health. This might make room for some creative initiatives.

The main funding for networks comes in the form of a Directed Enhanced Services payment (DES), which is an extension of our core GP contract and is offered to all practices. It includes money to support the operation of the network, and to help fund additional staff through a reimbursement scheme for additional roles.

We will be updating our patients on progress at the monthly BPSPLG patient group meetings held at the Surgery. The Patient Liaison Group plans to meet soon with the Thurleigh Road Patient Group to discuss common ground.

What does the Introduction of the Nightingale Network mean for Patients? Michael Graubart from the Patient Liaison Group comments:

- **It does not mean you won't be able to see your regular doctor or that you will have to troop off to Thurleigh Road.**
- **It might mean in the future certain services might be offered at either site, but lots of discussion needed first and only if it makes sense for patients.**
- **Much of what is happening is behind the scenes.**
- **Extra funding for specific posts.**
- **A clinical pharmacist will review medications and save GP time – hopefully freeing up time for more appointments.**
- **A social prescriber will link patients to other organisations to improve wellbeing.**
- **Too soon to say exactly what will change, this is an evolving relationship but new (shared) posts will be helpful in saving money and improving services.**

Service Update

Physiotherapy

We will have an increase in AQP Surrey Physio sessions from 4th July.

9am-8pm Thursdays rather than afternoons only, with an extra physiotherapist joining.

Diagnostic World - Ultrasound - More Sessions In House

Thanks to our patient group fighting the cause, we had an ultrasound service reinstated.

Currently they do sessions here on Tuesdays and Thursdays, but they are increasing by a further session per week because of demand - this is great for our patients.

Free NHS Healthchecks and Current Initiatives

Patients aged 40-70 are entitled to an NHS health check to assess whether they are at a higher risk of getting certain health conditions such as heart disease, diabetes, kidney disease and stroke. If you are concerned and would like an NHS Health Check, contact reception and they will arrange for you to have a blood test and a follow-up appointment with Paa or Gloria (Health Care Assistants) for a full health check. This will include advice on healthy living, diet, and dementia (how to spot early signs and how to reduce your risk of developing it).

Feedback from the Online Access Drop In Day for Patients

This was an opportunity, organised by the IT department and the PLG, to get help with getting online. The event was a success. Although only 15 people came, 14 were new users who had not previously registered because they lacked knowledge and confidence in the use of online systems to access services. Everyone was really pleased with one-to-one help to get started.

A follow-up has been booked for **Wednesday 4th September 2019** after our DoctorLink go-live launch in August (see below).

DoctorLink – New Computer Triaging

DoctorLink is a health assessment tool for patients' computer, smartphone and tablet devices.

The app will ask a series of relevant questions based on the symptoms and concerns entered. This 'virtual health assistant' has been compiled and kept under review by clinicians who will then advise on the right action to take. This might be to make a routine or urgent appointment with the doctor or nurse, or to see a pharmacist. The idea is to enable patients to be directed to the right care for their needs. If it means being seen by the practice, they will already have a summary of what has been entered. The information put into the app will be recorded onto the patient's clinical record at the practice, in the same way as when patient calls 111. It is a free service to all patients, to help them get the right advice, 24 hours a day, and is being rolled out across all Wandsworth practices. Needless to say, our surgery care navigators will continue to be on hand to advise and make bookings by telephone or in person.

Representatives from DoctorLink will be at the next online workshop we are running for patients from 9.00am-6.00pm Thursday 4th September in our Education Room. Patients can drop in to address any issues or difficulties they have had, or just be set up and shown how to use it. So please come!

Getting Online - Q & A

Following feedback from patients who experienced difficulties logging on to online services, Michael and Caroline of The Patient Liaison Group looked into the process. The Surgery admitted that had been some teething problems last summer but say these have been sorted out now. Our own experience suggested that some glitches remain and getting registered could be a frustrating business. In particular, we found our old EMIS registration details were out of date and both of us had to apply for new login account details. In some cases, this affected services we had already

signed up for and we had to re-register. It was time-consuming but many patients report that they have signed up without any complication whatsoever. Our conclusion is that the surgery IT department is efficient and helpful. We definitely urge patients to persist as the benefits are worth it but don't worry, you can continue to contact the surgery directly whenever you want. A mix and match approach is ideal in our view.

We found the choice of apps on offer bewildering and some of the data protection messages were alarming; this is potentially off-putting. We personally are satisfied with the data protection measures. Since the Surgery is not allowed to recommend individual service providers, we decided we would share with you our personal findings to help you choose.

Q. What does Online Services mean?

A. Online services means communicating with the Surgery electronically, either on your PC, laptop, smartphone or ipad.

Q. Why register to use Online services?

A. The NHS is encouraging patients to use online services to free up staff time and to cut down on waiting times to get through to the surgery by telephone.

But it is not only about saving resources, it is also great for patient convenience and involving you more fully in your personal health. By using online services, you can book and manage appointments with GPs and nurses 24/7 instantly for yourself and, with some apps, for Dependents (Proxy Access); if you use a mobile devices you can do so wherever you are, at home, at work, or on the move. Moreover, you will also be able to do all sorts of other useful things, such as review your medical history, see test results, order repeat prescriptions, send messages etc.

It is a rapidly moving area and it is certain that over time it will be possible to do more and more online. So if you have the equipment and are comfortable using IT, it is well worth biting the bullet and registering now.

Q. How do I get online?

A. First, you need to register with the Surgery in person. You can either download the form from the BPS website www.balhamparksurgery.co.uk/online or you can request a form at reception. Then you need to show the completed form with photo ID or proof of address to a Care Navigator at Reception. You will receive an email within one week with registration details providing a linkage key, ODS code and Personal Account ID; you can register with one or more of the apps/websites using these details. The instructions are not as clear as we (The Patient Group) would wish, this is because the letter was not written by the surgery, but the letter does contain all the information you need to get started. You can find links to the service providers on the BPS website or download the app of your choice using the Apple Store (iPhone) or Google Store (Android).

Q. If I register to use online services, can I still telephone reception or call in and speak to staff face to face?

A. Yes, of course. Treat online services as a useful addition but they are not intended to rule out direct contact. This is consistent with the BPS ethos of choice and personal service.

Q. How do I choose which of the several online providers or apps to use?

A. This is a tricky one to answer and it is a matter of personal preference. However, we have identified the following features for the service providers we found easiest to use:

Patient Access. Best if you want to use a computer. It is accessible via the Balham Park Surgery website but it also functions really well on mobile devices via the app. Clear and usually reliable, though some registration difficulty encountered in our tests. Allows proxy access (see below) and access to medical records. Offers appointments for a longer booking

period ahead than other apps. In tests, patient messages on administrative matters were answered promptly. Good customer support. Provides lots of extra interesting health information (you can unsubscribe if you do not want this).

MyGP Only available for use on mobile devices. Exceptionally clear layout and large font. Easiest to sign up for, no Registration details needed to sign up for basic functions such as booking appointments – you can sign up with just your DOB and the mobile number you have registered at the surgery. Allows you to manage proxy accounts (see below). Appointments offered for up to four weeks ahead only. Recently upgraded to allow access to medical records (rolling out over the next few weeks). Messaging system not so reliable.

NHS App Only available for use on mobile devices. It is possible to set up without the surgery registration letter by uploading your ID and verifying your own identity. Alternatively register via the Surgery in the usual way. Allows full access to medical records. GPs and nurses identified by initials only which we found slightly awkward. Appointments offered for up to four weeks only. No messaging system offered at present. This is likely to be the app that offers most functionality in the long run.

Coop (previously DIMEC) In tests we found it was less easy to register, requiring a verification code which did not arrive. Useful for managing NHS prescriptions.

Evergreen. Easy to register but carries unnecessary material and we experienced difficulty logging on after successfully registering.

Q. Can I register on behalf of someone else? How do I register proxy access?

A. Yes, both Patient Access and MyGP allow you to register proxy access on behalf of children and dependants (if, say you are a carer). You will need to come into the surgery and complete a form. If you are requesting access for an adult who has mental capacity to give consent, they will need to be present; if they are house-bound, they will be contacted via telephone to double-check they consent to this. ` - `

If you are requesting access for an adult who does not have mental capacity to give consent, complete the form, hand to reception and a GP will be asked to authorise the request before access is provided.

The surgery will provide proxy access for parents with children under the age of 12. However due to child safeguarding guidance the surgery does not allow children between the age of 12 and 16 to have online access. Once they reach the age of 16, the patient can request their own online access.

Q. Can I send messages to the surgery online?

A. Yes, but only for administrative matters. Messages are monitored by the Surgery each morning but cannot be relied on for real time communication. In our tests, Patient Access worked best for this purpose.

Q. Where do I go to for help?

A. Call the IT Team on 020 8772 8772 – option 6; or email them at waccg.adminbalhamparksurgery@nhs.net or, if you prefer to speak to someone face to face, come into reception between 9am and 5pm and ask to speak to a member of the IT Team.

Our conclusions:

- **Apps provide a brilliant new way of communicating with the Surgery. We are fans. Be reassured, you can still contact the Surgery directly.**
- **Persevere. Do not be deterred. Sometimes it is enough to stop and try again in half an hour for the problem to have been corrected.**
- **Registration appears to be the tricky part. Once you have signed up, the systems work smoothly.**
- **Get help if you get stuck. The IT department is very helpful.**

- **Download more than one service provider to give you a choice if one is playing up; and for optimum use, register on both a computer and a mobile device. Appointment availability sometimes varies with different apps due to glitches.**
- **We recommend:**
 - Patient Access** - replaced the original EMIS system, works on both PC and mobile devices; allows proxy access, has functional messaging system (for admin matters only), offers best availability of appointments.
 - MyGP** - easy to register, and for booking appointments only there is no need for login details but for full functionality login details needed. Allows proxy access. Clear font and easy to use.
 - The NHS app** - new and has some flaws but uniquely it allows you to set up without visiting the surgery, although we encountered problems uploading our ID document. Looks set to be the most comprehensive app in the long run.

Patient Feedback from the Friends and Family Survey

The practice is keen to know how we can improve our service to patients, particularly now in the present financial climate when services are under considerable pressure. The challenge is to "work smarter". What can we do better?" If you have any suggestions, please do let us know, either using the form available in the Reception room or, via a new section on our website, www.balhamparksurgery.co.uk

A Day in the Life of a Senior HCA - Health Care Assistant, Paa Siaw writes:

The role of an HCA has changed drastically since it first became a recognised job, let alone from when I became one in 2010. The HCA role was designed to alleviate pressures on the nursing team but now has become a role within its own right.

When I became an HCA, my main job was taking blood samples, which made me want to do more. Roll on 9 years, and as a Senior HCA I now manage a team of 3 and also help the GPs with their on-call triage. What that means is that patients who need attention on the same day are identified or flagged for me to deal with by the doctors allocated to do that work, for example urinary tract infection checks, blood pressure readings including APBMs (24-hour monitoring), ECGs (electrocardiograms), etc. Working a 40-hour week can be tough, but what I find makes it all worthwhile is the variety of my job, and the fulfilment I get after knowing I have helped my patients. Here is a taster of my day:



The start time of my day varies day to day as we accommodate our schedule to that of the working population, which forms a high proportion of the patients here, so I can start as early as 7.45 am and on a Wednesday finish at 8pm! Whether it be a routine blood-pressure check, managing wounds or taking blood from children, there is always something to do. Irrigating ears is a satisfying part of my job for myself and the patient, but I must say the wax that comes out has put me off eating mussels, as having mussel-shaped wax splatter in your face is not ideal — Ha-Ha! (Humour is a must in this role and anyone that knows me will confirm I have a good sense of it!)

Health checks are another important area for patients particularly over the age of 40 and under the age of 74. Essentially they are intended to check the risk of a patient developing any cardiovascular diseases, for example heart attacks or strokes. They will involve having a simple blood test, then returning the next week and having the blood pressure, height and weight taken and some lifestyle questions asked to determine the patient's risk. They are a great preventative measure against what are the biggest killers in the U.K at the moment.

Some of my days are split up into two, seeing patients in a clinic and then assisting the GPs when they are on call. That involves my triaging some of the immediately necessary calls or even seeing walk-in or emergency patients.

My role is continually evolving while I am being trained to take on new important clinical tasks. I am grateful for the opportunity and have wonderful mentorship from a GP trainer to ensure that I can discharge my responsibilities safely and according to agreed standards of competency. This fits very much with the longer-term plans of NHS England to upskill others in order to support GPs with their heavy workload.

Each evening I get home exhausted, but delighted that I have been able to contribute to providing the best possible care to our patients.

Education Talks

The Group holds at least two Education Talks each year, usually in June and October. The Group chooses subjects that are about important current health issues. We are lucky to have a range of in-house expertise in the practice. Otherwise we look for outside speakers. Suggestions for future talks are always welcomed. These are informative talks with the opportunity to ask questions and are well attended by a wide range of patients. The talks take place in the upstairs room at the Surgery and all patients are welcome. Our next talk will be by Dr Rehana Meeajan on heart conditions on 9 October. Reports on previous talks are available on the BPS website.

Teenage Health

Dr Taryn Walker gave a lively and practical talk on Teenage Health. She was reassuring about the quirks of teenagers and highlighted what is normal teenage stuff and when parents should worry or intervene.

She started by saying she has an eleven year old son so it is a subject in which she has a personal interest.

In her experience, girls show 'teenish' behaviour slightly ahead of the boys but generally between the ages of 13 and 20 children develop independently on their way to becoming adults. Typically, they start to withdraw and are reluctant to talk about their feelings.

Erik Erikson, an early 20th psychotherapist influenced by Freud, identified eight stages of normal human development. The teenage years (12 – 18) he characterised as a period when adolescents experience an identity crisis as they start to see themselves as part of a bigger society outside the family. That is why they might opt to become vegan or take up causes such as human rights or animal welfare. They will also be working out their sexuality. This isn't only normal, it is healthy as teenagers work this out for themselves and learn to formulate trust and fidelity. At this stage, society rather than simply family is the key influence.

As a GP, she hears teenagers say things like:

"My family doesn't understand me."

"My family doesn't give me space."

"There are so many things to do and I don't know where to start."

YOUR REACTION: This is normal, don't fret. In fact, celebrate, they are on the way to being useful human beings.

THE INTERNET has become hugely important for this age group. As parents you need to realise that kids can't always distinguish between the online and offline world.

YOUR REACTION: To keep informed about the Net and its dangers. Do this by:

- Signing up for Net Aware run by the NSPCC (<https://www.net-aware.org.uk/>) - your guide to social networks, apps and the games your kids use
- Using apps for monitoring your kids' on-line use eg via OurPact
- Keeping up to date with IT developments eg check out Ofcom
- Talking to other parents, there is no substitute for networking
- Taking an interest in what your child is doing on-line

GROWTH SPURTS influence how kids feel. So various physiological changes, such as puberty, growth spurts and brain development will affect how kids behave: possibly the most challenging of these developments is the brain because it is complex and science still has not figured out how it works; we are in the foothills of understanding its mechanisms.

What parents need to know is that by the age of 6 a child's brain is almost adult size but it is still under construction until the child reaches their early twenties. The last part of the brain to mature is the Prefrontal Cortex which controls the planning, rational, and strategic skills – put simply, these skills are not fully functional yet. So a teenager resorts to the Amygdala brain area which is responsible for insight, as well as anger, to compensate.

YOUR REACTION: Help children to develop these skills by encouraging useful activities such as cultural or sporting activities. It is a case of use it or lose it.

PUBERTY does not follow identical paths across the board and children will all develop at different rates. It is reasonable to worry if you notice any of the following:

- If the teenager is interested sexually in adults or other children of a very different age
- If the school is worried

YOUR REACTION: Familiarise yourself with the Tanner Scale and refer to the NSPCC site <https://www.healthline.com/health/parenting/stages-of-puberty> . Speak to your GP if you are worried. Don't forget to talk to your children. Try to introduce informal chats about sex early on in everyday conversation, taking your cue from the world around you. Introduce topics like the 'Me Too' campaign, sexual health and protection. Above all, have a clear idea what you as parents want for your child and be clear about what behaviours you want to encourage.

GROWTH means the brain can struggle to keep up so you may notice increased clumsiness.

YOUR REACTION : Be Patient

DEPRESSION. Taryn reported the shocking statistic that the No 1 cause of death in 20 to 34 year olds is suicide (2017) reflecting a loss of hope and purpose in young people.

How to spot the signs of depression in a young person:

- They want to spend time alone
- Lack of interest in hobbies and social activities
- Dramatic mood swings
- Dramatic drop in performance at school
- Separation from long-term friends
- Drink and drug abuse

YOUR REACTION: Trust your gut and seek help if you are worried

There are a lot of places where you can get help. Here are some to consider

- Big White Wall online resource
- Rethink
- NCPSS website
- Samaritans (offers support to families too)
- Catch 22
- School nurse or counsellor
- Your GP
- NHS Children's Mental Health service – but the threshold for NHS support is very high.
- EATING DISORDERS. Anorexia often kicks in at around 16 – 17. Bulimia and binge eating can often actually lead to *weight gain* so look out for this too. Don't forget eating disorders can affect boys although less often.

How to spot the signs:

- Lying about what is eaten
- Missing meals
- Counting calories
- Using laxatives
- Frequent weighing

YOUR RESPONSE: Monitor and get help from your GP or from a charity such as Beat www.beateatingdisorders.org.uk Helpline 0808 8010677

BULLYING is a worrying feature of our society. The NSPCC reports that there were 19,000 counselling sessions in 2017 alone dealing with the consequences of bullying. Do not underestimate cyber bullying; it is just as real.

YOUR REACTION: Consult the NSPCC website. Speak to the school, and speak to the child.

HEALTHY TEENS. KEY MESSAGES: WHAT YOU CAN DO TO AVOID TROUBLE

- Teens need distraction
- Spend time with your kids, families that eat together have less risky teens
- Encourage your children to take on new challenges
- Encourage exercise
- Discuss ways of managing stress
- Be consistent by offering love and setting reasonable boundaries
- Encourage your kids to speak to some adult if they are troubled, and accept this might not always be you

Rules for talking to kids and having impact:

- Remember the voice of a parent has extra power so don't underestimate the effect you will have even if they do not appear to be listening
- Keep talks short and to the point
- Use humour
- Remember the Rule of First Mention. Kids are most focused and receptive the first time they hear something so use this opportunity wisely

FINAL MESSAGE – be optimistic: treasure the teens.

Diabetes: Can I Still Eat Chocolate?

Dr Morag Lenman gave an interesting and practical talk on diabetes. This condition consumes the largest proportion (10% or £10 billion pa) of the NHS budget and affects 4.7 million people in the UK, or 1 in 15. The talk attracted the largest number of patients we have ever seen at one of our education talks. This note records the main points of the talk.

What is the Difference between Type 1 and Type 2 Diabetes?

Type 1 – an auto-immune disease where a person's own body attacks itself. Patients must inject insulin to manage the condition. It is genetic and cannot be prevented. It affects fewer people than Type 2.

Type 2 – patients have a working pancreas but it is not working correctly perhaps because of lifestyle (poor diet and exercise habits) and through aging. Type 2 can be treated by medication and/or by adopting a healthier lifestyle.

Is it inevitable that you will get diabetes even if it runs in the family?

No it is not, particularly if you recognize the risks and modify behaviour.

What does pre-diabetic mean?

You may be diagnosed as pre-diabetic by your GP following tests, that is to say, you have impaired glucose tolerance and your blood sugar (glucose) is raised beyond the normal range and you are therefore susceptible to developing diabetes.

Can you protect yourself against Diabetes?

If you fall into a high risk group – on account of family history, age, or obesity, it is sensible to be proactive and reduce the risk you face, especially if you have been assessed as pre-

diabetic. Take the trouble to learn more about what you can do to modify your lifestyle by informing yourself about the condition and adopting a healthier life style.

Diabetes UK assesses 3 out of 5 cases of diabetes could be avoided.

Follow the approach of separating the *unavoidable* from the *avoidable* risks. Unavoidable factors include age, family history, gestational diabetes and ethnicity (Asians are more at risk). The avoidable risks are lifestyle choices, such as diet and fitness, and these are the ones to focus on because you *can* do something about them. If you believe yourself to be at risk, you can request a blood test (testing for glucose and cholesterol). If diabetes is diagnosed, it is critical to work at improving your lifestyle, aiming to loose weight and reduce your blood pressure. It's never too late to change and the condition is reversible.

Pay attention to your diet. Start to look at food from a *sugar* perspective rather than a *calorie* perspective. Research good foodstuffs, for instance not all fruit is good for diabetics, bananas have a very high sugar content. Basmati rice and boiled potates are particularly bad for you; broccoli, frozen peas and eggs are particularly good. Look out for the highly regarded 8 Week Blood Sugar Diet video by Michael Mosley (<https://www.youtube.com/watch?v=-P0MJbluYvo>).

How dangerous is diabetes?

Don't be under any illusions, diabetes is a nasty condition and potentially life threatening. It can lead to dementia, increased risk of heart disease, loss of sight, impotence and, in worst cases, you could be banned from driving heavy vehcles, or face amputations.

Where can I to go to for more Information?

Diabetes UK is the leading organisation for information and advice. The online apps referred to in the Q & A section above can also provide you with loads of information at your fingertips.

Can I still eat chocolate?

Definitely – Dr Lenman is a chocoholic herself! She recommends sticking to dark chocolate since it contains less sugar and to go for Quality over Quantity.

General health reading suggestions

In Search of the Perfect Health System, Marc Britnell - for a stimulating view of recent NHS initiatives by a global economist and former NHS worker.

The Language of Kindness: A Nurses Story, Christie Watson – a book to make you laugh and cry.

What Dementia Teaches us about Love, Nicci Gerrard – a humane and informative book.

Somebody I used to Know, Wendy Mitchell – a personal account of one woman's struggle to live with dementia.

Why We Sleep: The New Science of Sleep and Dreams, Matthew Walker - a neurologist's compelling account of the vital importance of getting enough sleep.

Extra Time: 10 Lessons for an Aging World, Camilla Cavendish –well researched commentary on the demographics of aging with practical advice on how to enjoy the added years to the full.

NHS 70TH Anniversary Event

The Patient Group organised a weeklong event at the Surgery to commemorate the work of the NHS and the wonderful professionals who work tirelessly for us. There was a quiz, Guess the Number of 'Pills' in the jar and a caption competition. Prizes were kindly donated by local pharmacies and businesses. We are very grateful to ReCentre Fitness Centre who donated a token worth £70 for fitness classes, Day Lewis Pharmacy, 24 Hour Food Store and HealthChem Pharmacy. We are lucky to have such excellent health resource on our doorstep.

Memories

We asked patients to share their personal memories of the NHS . Here is the winning entry:

Winning Entry

As a type one diabetic it is thanks to the NHS that I am alive today. I am eternally grateful and I'm convinced it is the very best health service in the world given it is free and resources are strapped. Another memory, in 1999 I had a minor operation at St George's on the NHS; then in 2000 I had another minor operation and had private health care The experience I had with the NHS – the superb care and attention from the nurses, the speed with which I was seen, even the lunch (!) was as good, if not better, than the private care.

SURGERY NEWS

We welcome:

Dr Laura Seymour and Dr Akshala Gnansakulasekaran who have joined our team having finished their training as independent GPs.

Dr Jennifer Paris who has returned from time out to 8 sessions per week over 4 days.

Dr Oliver Mumby who trained locally with us returns for 8 sessions per week over 4 days.

Chandi Kalsa took up a post in Finance. She worked in Banking, overseeing vulnerable adults' accounts.

Julia Walker in personnel. Julia has extensive experience in working with charities in training roles overseas.

Jennifer Williams in her final year training as a GP has returned from maternity leave and will be with us until around September next year. Sangeeta will be her trainer.

Rosemary Lockyer, who has three years' experience as a registrar and is now training as a GP. Dr Shital Shah will be her trainer.

We say goodbye to:

Dr Aisha Yahaya who left to gain experience further afield

Dr Lowri Baily who was working only on Mondays who left to work closer to home due to long commutes.

Dr Timothy Tully who left to work in Australia as his wife was posted there.

Dr William Laird accepted a two year posting in Qatar He had reduced his time with us to one session per week for continuing professional development as he had a full time GP post in Wandsworth Prison.

We are seeking to recruit more GPs. Dr Lizzie Marston will be reducing to 1 session per week for 1 year as she takes up the prestigious Darzi Fellowship which will train her to become a clinical leader.

Women in particular need to keep an eye on their physical and mental health, because if we're scurrying to and from appointments and errands, we don't have a lot of time to take care of ourselves. We need to do a better job of putting ourselves higher on our own 'to do' list.

Michelle Obama

THANKS TO MONEEB AT CREATIVE DESIGN AND PRINT CENTRE, 6 THE BOULEVARD BALHAM HIGH ROAD SW17 7BW FOR HIS GENEROUS SUPPORT IN PRINTING THIS NEWSLETTER.