

Huthwaite Medical Practice

Summer Newsletter 2011



INTRODUCTION...

Firstly I would like to thank the HIP group and all those of you who attended the Public Consultation for the new building in May. The event was very well attended and I hope the developers answered all your questions. We are currently waiting for the final go ahead from the PCT and we should know by the beginning of August - so fingers crossed!

A couple of issues arose whilst meeting some of you at the Public Consultation. Firstly your concerns regarding the provision of a male doctor. We do have a regular male doctor, Dr Jerry Alderson who works every Tuesday (Dr Ewbank only worked 2 days a week), as well as ensuring we always use male doctors to cover any holiday that any of the female partners take. We aim to start the recruitment of a male doctor shortly and would be hopeful that a regular male doctor will be starting by the end of the year. I'm sure you will agree that the most important thing is that we get the right doctor with the right skills and not just someone because they are male.

Secondly there seems to be some confusion regarding the provision of minor ops and well woman/well man checks. Minor ops are regularly performed by myself for most lumps and bumps and if you have any lesions you would like to have removed please make an appointment with me. Well woman/well man checks have been replaced in the main with the NHS health check. For this check you will automatically be called by us every 5 years between the ages of 40 and 74 years. It has been running for 2 years now so not everyone has been called yet. For other health screening such as smear tests, blood pressures etc please make an appointment with the nurses or HCAs (Health Care Assistants). Any other queries on these issues can be dealt with by Lorraine (the Assistant Practice Manager).

Finally enjoy your summer! Dr Lucy Genillard

Huthwaite Involving Patients

The plans for the new Huthwaite Health Centre are well under way and as I write they are about to be submitted to the Ashfield District Council planning office, doesn't time fly, it seems as if it was only yesterday when the HIP group were doing patient surveys and asking you all what you would like to see in the new building, let's hope we all get what we want, up-to-date facilities and good doctors, nurses and staff.

The HIP group were present at the plan open day session with the developers, doctors and patients when the plans for the new building were unveiled and I had a chance to meet with some other patients and hopefully we were able to inform and allay some of your concerns.

I know that many of you thought that parking might be an issue having got used to the nice spacious car park on New Street, but this is only leased and the lease runs out in Dec 2012 then it could be back to on street parking again, not very nice for the local residents.

The new surgery will have 29 car park spaces and benefits from a pedestrian crossing and a bus stop immediately outside and with a pharmacy incorporated into the building, it should be a one stop shop - let's hope that the build can start soon.

Can you spare a couple of hours per month and would like to get involved in shaping the future of your practice, acting as a representative of the local patient population, please contact Lorraine on 01623 513147 for time and date of next meeting.

Please note this groups function is only to help with patient/practice running and relationships on a general basis and cannot help resolve individual issues which should be taken up directly by calling to see the Practice Manager.

R Allen

Requesting travel advice

When booking your annual holiday, please bear in mind you may require vaccines and, or malaria tablets. Malaria can be life threatening so it is important to check if you need these. Vaccines can take up to 3 weeks to give full protection and for some vaccines such as yellow fever and rabies you may need to go elsewhere. So plan well in advance.

Firstly, ask for a travel form from reception. Please fill in all the detail, including where you are going and for how long. Try to be specific about what area or region of a country you are going to as this can be important. Take your completed form back to reception where they book an appointment for you with the nurse. If you are travelling in less than 2 weeks book an appointment **as soon as possible**. You will not have full protection, but some protection is better than nothing.

Please fill in a new form every time you go away, as recommendations change and not all vaccines last the same amount of time. Just because you didn't need any last year doesn't mean you won't need any this year.

Always consider that you may need some vaccines even if your travel agent doesn't tell you. It is your responsibility to check. Many popular holiday destinations such as Tunisia, Bulgaria and Turkey recommend travel vaccines.



Ovarian Cancer-The Facts.

The ovaries are 2 small organs that are part of the female reproductive system that contain and release an egg each month (ovulation). They also produce the female hormones oestrogen and progesterone. After the menopause they stop releasing an egg each month and produce less female hormones. Ovarian cancer is created by the abnormal and uncontrolled growth of cells in the ovaries. The cancer can spread to the surrounding area (womb, vagina and stomach) as well as through the bloodstream or lymph system.

How common is it?

- Ovarian cancer affects approx. 5,500 women in England every year
- It is the 5th most common cancer among women after breast cancer, bowel cancer, lung cancer and cancer of the womb
- It is more common in women over 65 years but can affect women at any age
- It can be difficult to recognise the symptoms of ovarian cancer and it is sometimes called the 'silent killer'. Your doctors are however, much more aware of the early symptoms and there has been recent national guidance to help them detect it even earlier

Women should be aware of the symptoms because if caught early 95% of women will live for more than 5 years after diagnosis

Symptoms

Women can mistake their own symptoms for those of other relatively minor conditions such as irritable bowel syndrome and pre menstrual syndrome. Other conditions such as ovarian cysts and non cancerous growths can also mimic the same symptoms as ovarian cancer.

Symptoms include:-

- Pain in your pelvis, lower stomach or side
- Full bloated feelings in your stomach
- Difficulty eating or feeling full quickly
- Needing to pass urine more urgently or frequently
- Swelling of your tummy
- Pain during sex
- Change in your bowels (constipation, excess wind or diarrhoea)

If you have any of these symptoms and they are persisting or worrying then please make an appointment to see one of the doctors.

NEW, IMPROVED ON LINE PRESCRIPTION REQUESTING SERVICE

We have introduced a new service to request repeat prescriptions online. It is linked to your clinical records held at the surgery, making it easier and more efficient for you to view and request prescriptions, whenever you want and wherever you are. **The old system will cease to be in use from Monday 11th July 2011.**

Please call into the surgery to request your new login name and password for use with the new system. Please check it out – just go to the repeat prescribing page on the website, and click on the logo as above, and go to 'current prescriptions'.

You'll be able to request medications up to 7 days before they are due. If you require them earlier, then please put details in the comments box and submit enquiry.

We promise that you will find this new system very user friendly – but if there are any problems, please don't hesitate to contact one of our staff members for help.

Causes

Doctors do not know exactly what causes ovarian cancer and research is ongoing. However there are certain factors that seem to make it more likely:-

- Significant family history (BRCA and BRCA2 genes)
- HRT (1.2 increase in risk, especially if taken for >5 years)
- Being overweight or obese
- Endometriosis
- Smoking
- Starting your periods early and having the menopause late
- Not having any children

Ovarian cancer appears to be less common in women who have:-

- Used the combined contraceptive pill
- Had children (the more children the lower the risk!)
- Breastfed
- Had a hysterectomy

(Fertility treatment is no longer considered a risk)

Diagnosis

- Your doctor will ask you about your symptoms, past history and examine you
- If you have a family history of cancer please think about which family members have had cancer, what types of cancer they have had and how old they were when diagnosed prior to your appointment.
- You may need a blood test for a protein called ca125 that can be high in ovarian cancer (although it can be high for other reasons)

You may also need an ultrasound scan and may need to see a gynaecologist

Treatment

- Almost all women will need surgery for the best chance of successful treatment
- Most women will also need chemotherapy to ensure all cancerous cells have been removed

Prevention

- Stop smoking
- Eat a healthy balanced diet
- Maintain a healthy weight

Screening

- There is no method for national routine screening at present

If you think you are at high risk of ovarian cancer (i.e. you have several family members with breast +/- ovarian cancer) you may need screening so please make a telephone appointment with one of the doctors to discuss.



Text Messaging

The Surgery has set up a new service for text messaging. We can now confirm by text message when booking appointments and a reminder will be sent 48 hours before the appointment. We also send DNA (Did not attend) text messages for appointments that have been missed. We have a high DNA rate and hopefully this service will reduce the amount of appointments that are missed.

If you would like to sign up for service please contact the surgery to update your records and consent for the text messaging service.