



Frithwood Surgery

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FRITHWOOD SURGERY PPG NEWSLETTER

SPRING 2018

PPG FUNDRAISING

Frithwood Surgery's Patient Participation Group is a bunch of people who volunteer to help keep the surgery in good health.

One of the functions of the PPG is to support the work of the doctors, nurses and other healthcare professionals by raising funds for equipment that might not be otherwise affordable, given the current funding issues in the National Health Service.

In recent years the PPG has supplied the surgery with a dermatoscope to help with the diagnosis of skin cancer and a CRP (C Reactive Protein) machine that helps distinguish viral from bacterial infections through a simple blood test.

PPG fundraising activities range from the Frithwood Lottery to sponsored events and talks.

At the same time donations from patients are always welcome: please speak to reception if you would like to make one.



PPG AGM

Make a date to come to the annual meeting of the Frithwood PPG at the surgery at 7.30pm on Wednesday
April 11

PPG HEALTH WALKS

Spring is here and there's no better way to enjoy the warmer weather, bird song and sight of trees bursting into leaf by joining a PPG health walk.

These resume on Wednesday April 11 and will take place every other week throughout the summer and autumn.

They begin at Frithwood Surgery at 2pm and last about 45 minutes. The route is mainly flat.

The health walks are open to all and designed for those who need to improve their mobility, people recovering from an illness or surgery and those who just want to get out in a group and get some fresh air.

Tea, coffee and the opportunity to have a chat will be available at the Chalford Parish Rooms afterwards.

FEEDBACK - We would love to hear from you on any aspects of the Newsletters or the services you receive from the surgery. If you have questions or ideas that could benefit our readership, please use the 'Suggestion Box' at the surgery reception or 'e' mail frithwood.enquiries@nhs.net or call 01453 882868.

ADVANCE CARE PLANNING

They say there are only two certainties in life: death and taxes, yet while we openly discuss Her Majesty's Inland Revenue, this is not true about the end of our lives.

Many of us do not like to think about death, let alone discuss it, but there are many good reasons to do just that. We need to make our wishes understood by others, especially those who care for us leading up to the time of death, and make life much easier for loved ones once we have died.

If we suffer from a problem that impairs our communication or ability to make decisions, such as a stroke, Parkinson's disease or dementia, the situation is more complicated. The Mental Capacity Act covers such situations and has five strands:

- A presumption of capacity
- Individuals being supported to make their own decisions.
- Unwise decisions.
- Best interests.
- Less restrictive option.

So what should we do when we first get a glimpse of the big red traffic light at the end of life's great highway? Ideally we need to act while we still have the capacity to do so. The following information is worth considering:

- **Make a Will:** This may sound obvious, but if you die without a will there is untold and expensive mayhem for your relatives and your wishes may not be followed. A will needs to cover your possessions, such as savings and property. It needs to list the beneficiaries and arrangements for dependants. An executor must be appointed to carry out the wishes laid down in the will. It is useful to have your affairs in order and that relatives know whom to contact in the event of death.
- **Advance Care Planning:** this can help you prepare for the future. It gives you an opportunity to consider, discuss and write down your preferences for future care at the end of life. This can be helpful for family, friends and medical professionals to understand your wishes and care for you accordingly. However this is not legally binding.

- **Advance Decision Making (Living Will):** This differs from advance care planning in that it is legally binding. It allows an individual to refuse certain treatments such as resuscitation when the likelihood of any meaningful quality of life is negligible. It is important that the person preparing an advance decision document has capacity and has discussed the matter with a health professional or solicitor.
- **Lasting Power of Attorney:** It is difficult to predict if capacity will be lost leading up to death and it's possible to appoint a relative, friend or professional to make decisions on your behalf in that event. The nominated person is given Lasting Power of Attorney. This is divided into two categories: property and affairs and personal welfare. The former relates to financial and property matters. The latter relates to health and personal welfare.
- **Organ Donation:** you need to register online at www.uktransplant.org.uk or call 03001232323.

If capacity to make a decision concerning financial or health matters is lost without an Advance Decision or Lasting Power of Attorney in place and there is an issue with the management of the affected person's affairs then the case will be referred to the Court of Protection who will decide about what should happen.

Death and dying are topics no one really likes to think about. Having made plans will make it so much easier and less stressful for relatives already having to cope with grief..

NHS Gloucestershire has produced the useful booklet "Planning for Your Future Care". This is available at reception. The web site www.endoflifecareforadults.nhs.uk is another useful resource.

AU REVOIR RUTH!



Staff and patients have bid a fond farewell to practice manager Ruth Henney.

Ruth joined Frithwood Surgery in 1996 as an IT manager before being promoted in 2001.

Running a practice is not easy and during her 17 years at the helm, Ruth has built up a comprehensive knowledge of the NHS and its fickle ways. She has both a head for business and an understanding of the individuals she is working with.

Dealing with all of these things in an efficient, calm and reliable way have been the hallmarks of Ruth's role as practice manager. She has been instrumental in the development of the practice and made it a great place to work.

Frithwood Surgery could not have hoped for a better manager and we all wish Ruth well in retirement and hope that she will enjoy her new found freedom.

TAKE CARE OF YOURSELF

An evening dedicated to taking care of yourself will be held by the PPG on Thursday June 21. There will be useful hints and tips on how to deal with minor illness and injury, and what preventative measures that can be taken to keep well.

Doctors and nurses from the practice will be giving presentations and there will be question and answer sessions.

We look forward to an enjoyable and informative evening. Make a note in your diary and look out for more information closer to the event.

FRITHWOOD FACE



Name: Trevor Davison **Job:** Frithwood's new practice manager

What I do and why it is important: I am responsible to, and at the same time, for the doctors, patients and staff. I ensure the clinical and support services provided are run as efficiently and effectively as possible.

Top health advice: As told to me by my dad, who loved his exercise: 'Look after your feet as they take you everywhere!'

Most frequent thing you hear: "We all do the same thing but slightly differently!" is a familiar refrain from practice managers. At the last count there are 7,600 general practices in England and they are all run slightly differently depending on the skill sets within practice and the patient list requirements. We all strive to run a first class service within the constraints of the NHS.

Favourite way to exercise: Football and long distance running are behind me; I now favour two wheels and pedalling the hills instead.

When I'm not working: Supporting Gloucester Rugby Club and taking the opportunity to get out and get some fresh air with country walks.

Favourite sport: Was football now a rugby convert.

Most surprising thing about me: My first time on a horse was a Ranch Holiday in the Rockies – if you are going to do something once, make it memorable!

Favourite music: David Bowie

DRUG WATCH ...

Anti-coagulants

When bleeding occurs due to a wound or a haemorrhage in an internal organ, a biochemical chain reaction takes place to form a clot to stop it. In abnormal circumstances, clots can form in an artery or vein, or within the heart, and this can be very dangerous. At such times, a piece of clot – an embolus - can break free and pass through the circulatory system and lodge in the lungs, causing severe breathing problems, or lodge in the brain, leading to a stroke.

There are two major causes of clots: Atrial fibrillation occurs when an erratic heart beat causes blood clot formation in the main chamber of the heart. This is a major cause of strokes. They can also occur within the deep veins of the leg and this is a major cause of a blood clot in the lung.

The treatment is an anticlotting agent, or anticoagulant. Traditionally this has been done by injecting a fast acting drug called heparin, followed by oral doses of warfarin. This works by reducing vitamin K, which is essential for the factors controlling blood clotting. However, warfarin doses for any individual may vary considerably and there is a need for regular blood tests to monitor the dosage – something that can be inconvenient for the patient.

Newer anticoagulants have been developed which act by direct inhibition of one of the clotting factors, Xa (10a). Dabigatran and rivaroxaban are examples. They are much simpler to use in that standard doses work evenly in nearly all cases and thus there is no need for blood tests to monitor dosage.

The major side effect of both these drugs is bleeding and bruising. With this in mind there are significant differences between these two types of drugs. Bleeding due to a wrong dose of warfarin can be reversed by the use of vitamin K. In the case of rivaroxaban there is no reversal agent and in the case of major bleeding the patient needs to be supported by whatever means until the drug is out of the system, which should be less than twelve hours. However, a reversal agent has been developed for dabigatran and so from the safety and convenience point of view this drug is increasingly used.

With these drugs it is essential that surgeons and dentists are aware that the patient is taking an anticoagulant, as to embark on an operation would risk major haemorrhage.

THANK YOU KAREN



Karen Winstanley has retired s Frithwood's practice nurse for the over 75s after 28 years of devoted care.

The post was created in 1990 when the Department of Health decreed all over 75s should have an annual check up. This was sensible, but at the time GPs at the practice were so busy that they decided to take on a nurse to fulfil this requirement – and what a gem Karen turned out to be..

Over the years her role expanded to be the first point of contact with the over 75s who were at risk in their homes, or who were struggling with their day to day life. She became an expert in the difficulties that the elderly experience and, as such, was an enormous help to the practice and always completely reliable in the way that these matters were dealt with. As a result there are many patients who were able to remain in their homes rather than face hospital admission.

We wish Karen well, as will the many patients who benefitted from her devoted care.

MISSED APPOINTMENTS

There were 135 missed appointments in January, causing 1,638 minutes of lost time, and 110 in February, which equates to 1,577 minutes.

As well as being frustrating for surgery staff and GPs, missed appointments represent time slots that could be given to other patients.

While the surgery would prefer a little notice if a patient isn't able to make an appointment, it can re-allocate time slots even with half an hour's notice. Please call and cancel if you can't make an appointment.

