Newsletter for our patients

October 2024

Riverside Surgery Bovey Tracey 01626 832666

Tower House Surgery Chudleigh 01626 852379



Scan to go to our website

Staff News

Dr Martin Rolph left the Practice at the end of July to move to the Cotswolds. Martin joined the Practice in September 2018. He will be missed by the team and his patients. We wish him all the best for the future.

Flu and Covid clinics

Please support the Practice by booking in for your flu and/or Covid vaccinations. In addition to our regular clinics, the Practice will be holding vaccination clinics on Saturday, 5th October at Riverside and Saturday, 12th October at Tower House.

Please ensure that you are eligible for vaccination before asking to be booked into a clinic.

Covid testing

GP Practices, including ours, are no longer able to assist with booking or sourcing Covid-19 tests. Testing for covid is no longer conducted within GP practices as Covid is now classed as a common virus and is now managed in the same way as other common viruses.

If you would like to have a lateral flow test for Covid, you will need to find a pharmacy offering free or paid for testing.

Weight Management

The Practice is receiving many requests from patients asking

to be prescribed *Mouniaro* or Ozempic. The NHS will not allow us to prescribe these medicines for weight loss.

If you need help to lose weight, we can refer you to the NHS weight management service (subject to your meeting certain criteria) or you can ask your GP about a referral to our Social Prescribing team.

GP 'Collective action'

You may have heard about, or seen in the press, the results of a recent ballot held by the BMA (British Medical Association). We set out here what the ballot's call for 'collective action' by GPs means for you as a patient and for the future of General Practice.

Tasks not in GPs' contracts

For many years, GP's have been doing work that is neither funded by the NHS nor part of GPs' contracts with the NHS. This situation has come about because of gaps in commissioned services and pressures in secondary care services. Nevertheless, GPs have been doing that work, out of concern for their patients and to ensure that patients continue to receive the care they deserve. However, with chronic underfunding of GPs and increased demand, this way of working is no longer sustainable.

More patients; fewer practices

Since 2015, more than 1600 GP practices have closed or merged, there are 6 million more registered patients, and 2000 fewer full-time equivalent GPs across the country. General practice funding levels are significantly lower than they were in 2018: this means we have to focus on the future to ensure the safety and stability of the GP service.

The 'collective action' that GPs have agreed upon is about working legitimately within our contracts. You may have heard this referred to in the press as 'industrial action'. This is not correct: we will not be doing anything that compromises your safety, and we will not currently be going on strike.

Preserving General Practice

Our GPs are doing their best to ensure that General Practice, locally in Devon and across England, will be here for patients in years to come: we hope for your forbearance and understanding.

SystmConnect

On the next page, there's very important news for all patients. Please be sure to read it.

Our changeover to SystmConnect

You'll probably know by now that over the last few months our Practice has been moving towards the complete adoption of **SystmConnect**. This change has become essential to allow us to continue to improve the way we work so that our patients can interact fully with the Practice when they need to, and get the answers and services they require.

Please note that SystmConnect replaces EConsult.

The aim is to make the most effective use of the resources we have in the Practice, and to give our patients much more effective access to the Practice's services.

Already being used

Since we began our changeover to **SystmConnect**, we have been using it very successfully over recent weeks to manage all our appointments and clinical requests.

As with any new way of working, it will take a little while for everyone to get completely used to it.

How it works

In essence, **SystmConnect** is an extremely effective triage service. 'Triage' means that patients' interactions with the Practice are ranked in gradations between the extremes of "very urgent and important" to "important but not urgent".

Using an online form

This triage system is used on the **SystmConnect** page you can find on our website at https://systmonline.tpp-uk.com/2/ lineConsultation?OrgId=L83045

The form is also available on your personal NHS app.

The online form requires you to answer a series of questions. These start off in very general

terms, but further queries become successively more 'granular', down to real detail about what the problem is, allowing it to be assessed and then dealt with appropriately.

You'll be able to see how the questions take you through a progression of narrower questions to enable the Practice to arrive at an assessment of what is needed from us.

Similar to 111

If you've ever used the 111 service, you'll already be familiar with the concept.

You can still use a phone

If you haven't got online access, you'll still be able to phone us as usual, and one of our receptionists will go through the process with you, filling in your answers on your behalf.

GP makes the final decision

All clinical triage requests are sent automatically to a GP for evaluation, together with background information about the patient concerned. The GP makes the final decision about what action is necessary,

If you are assessed as needing a same-day appointment, one will be offered.

Alternatively, you may be offered a future appointment, a phone call from a GP or one of our staff, or be put in touch with a pharmacist, an advanced care practitioner, a paramedic, an advanced nurse practitioner, or other NHS departments or services.

If appropriate, you may be referred to our Wellbeing Team.

If you are offered a GP appointment, its duration will be determined by the GP, as some appointments will need more time than others.

Continuity of care

Continuity of care is important, so when we offer you a GP appointment, we will always try to make it with your usual GP. This applies too to any follow-up appointments or telephone calls.

Benefits to the Practice and to our Patients

Triage is important in all interactions with the NHS, and has been employed in A&E for decades. Bringing effective triage to our GP Practice makes the best use of our GPs' abilities, our staff's knowledge, and our facilities, all to the great benefit of our patients.

Phone calls

As the new system makes it very easy and convenient for patients to contact us via an online form or their NHS app, there will be fewer patients phoning us. Those patients who do have to use the phone to contact us will find they will get through to a receptionist much more quickly.

Timing

We aim to have **SystmConnect** fully implemented from Monday, 7th October.

Moving to the new system

So that we can have a smooth transition to the new system, in the two weeks prior to 7th October, we will not be offering pre-bookable appointments but we will, of course, be providing same-day GP appointments for any urgent health and medical concerns.

The Practice has conducted thorough research and training into SystmConnect so that we can deliver a much more efficient and safe service for our patients.

Our Practice email address <u>contact.btcp@nhs.net</u> is reserved solely for non-urgent queries such as Practice information, compliments, complaints, etc.

EConsult superseded

As set out on page 2, **EConsult** has been replaced by **SystmConnect**, which patients can use to make requests for appointments, medication changes, medical related and urgent queries, etc.<u>https://systmonline.tpp-uk.com/2/lineConsultation?OrgId=L83045</u>

Our Practice email address contact.btcp@nhs.net

is for **non-urgent** queries such as Practice information, complaints, blood pressure readings, etc.

Our waiting rooms

Brian Tucker, one our our patients, has kindly donated a beautiful piece of artwork which was made and completed by his mother when she was 78. She was also a patient of ours.



The artwork is now exhibited in a prominent position in the Riverside waiting room.

We're looking for pictures

We would like to brighten up our two waiting rooms by adding pictures of the local area—moors, woodland, wild life, and so on.

If you're a keen photographer or artist and would like your work to appear on our walls, please submit your images to contact.btcp@nhs.net

If we select a picture, we'll get in touch with you and then arrange for it to be framed ready for inclusion in one of the waiting rooms.

Dehydration

Dehydration happens when your body loses more fluids than you're taking in. If it's not treated, it can get worse and become a serious problem.

Symptoms of dehydration in adults and children include:

- feeling thirsty
- dark yellow, strong-smelling pee
- peeing less often than usual
- feeling dizzy or lightheaded
- feeling tired
- dry mouth, lips and tongue
- sunken eyes

You can become dehydrated from vomiting, diarrhoea or fever (high temperature, sweats, shaking).

If you vomit or have diarrhoea once and recover from it quickly, then you are unlikely to become dehydrated. However, having two or more episodes of vomiting or diarrhoea, or having a prolonged fever, perhaps with sweats and shaking, can lead to dehydration. If this happens to you or a child, it's very important to get advice from a medical professional. This may be your GP, a nurse, a pharmacist, or the 111 service.

You may be told to discontinue for a short time taking any of your medications which lower your blood pressure.

A blood test will be arranged to check your kidney function.

Remember to keep drinking small amounts of fluid regularly, on your sick days too.

Need for action

If you are passing only small amounts of urine, you may need urgent admission to hospital. You should contact your GP or phone 111 for guidance.

Some medicines make dehydration more likely

Taking certain medicines when you are dehydrated can result in

Signs of dehydration in a baby may include:

- a sunken soft spot (fontanelle) on top of their head
- sunken eyes
- few or no tears when they cry
- not having many wet nappies
- being drowsy or irritable

If you're concerned your baby might be dehydrated, get urgent advice from your GP, a nurse, a pharmacist or the 111 service.

you developing a more serious illness.

Here's information on some commonly prescribed medicines which can cause problems if you're dehydrated:

Diuretics, sometimes called 'water tablets': for example, Furosemide, spironolactone, bendroflumethiazide.

Medicines that can stop your kidneys from working properly if you are dehydrated are:

ACE inhibitors—medicine names ending in'pril', for example, Lisinopril, Perindopril, Ramipril

ARBs—medicine names ending in 'sartan', for example, Losartan, Candesartan, Valsartan

DRIs—Medicines working on the kidneys, for example, Aliskiren

NSAIDs—Anti-inflammatory pain killers, for example, Ibuprofen, Diclofenac, Naproxen

Unwanted side effects

Medicines that make you more likely to have a side effect called diabetic ketoacidosis (DKA) if you're dehydrated are:

SGLT2s—medicine names ending in 'gliflozin' eg Canaglifozin, Dapagliflozin, Empagliflozin.

Metformin, a medicine for diabetes, makes you more likely to have a side effect called lactic acidosis if you're dehydrated.

Don't delay asking for advice

If you think you're dehydrated. don't wait about, ask your GP, a nurse, a pharmacist, or the 111 service for the help and guidance you need. They will tell you whether you should temporarily stop taking some of your regular medicines. Don't stop any of your medications unless you've been given advice to do so from a medical professional.

Mental health support from the 111 service

People of all ages in Devon can now call 111 when they need mental health support. Those in crisis can dial 111 and select the 'mental health' option.

Specially trained staff will speak to callers, discuss their urgent needs, and assess the best way to support them, depending on their symptoms.

Many people in a mental health crisis didn't know which number to call or who to turn to for help. People often need someone to talk to and advice on what help is available and which services they can access. The 111 service will now provide that information.

Emergencies

If people have physically harmed themselves, or if their life is at risk, then they, or anyone caring for them, should call **999** or go to **A&E**.

More help for mental crises

Overall, the aim is to give mental health crises parity of esteem by making help more easily accessible and available, as well as easing pressure on A&E departments.

NHS Long Term Plan

The 111 service is being developed with the aim of supporting patients to access quickly the correct service for their needs by dissolving the historic divide between primary and community healthcare.

You can see details of the planned improvements by viewing:

https://www.england.nhs.uk/ urgent-emergency-care/nhs-111/next-steps-for-nhs-111/

The aim of the changes

The Long Term Plan says
"Through a single Clinical
Assessment Service (CAS),
healthcare professionals working
outside of a hospital setting, staff
within care homes, paramedics
and other community-based
clinicians will be able to make
the best possible decision about
how to support patients closer
to home, potentially avoiding
unnecessary trips to A&E."

Devon Partnership NHS Trust

This trust provides a wide range of NHS services to people with mental health and learning disability needs—in Devon, the wider South West region and nationally.

You can learn more about the Trust at:

https://www.dpt.nhs.uk/about

The Trust's frontline teams include psychiatrists, psychologists, nurses, social workers, physiotherapists, occupational therapists, pharmacists, support workers and administrative staff.

The Trust is continually striving to recruit people who have personal experience of mental health and learning disability issues as peer support workers.

The Trust supports staff who are members of, or who wish to join the Volunteer Reserve Forces and has a Bronze award from the Armed Forces Covenant Employer Recognition Scheme, which acknowledges the Trust's commitment.

The Trust's budget is £250m a year and it employs around 3,700 staff. The Trust also has a large number of volunteers working for it. During the course of a year, it receives more than

66,000 referrals and makes contact with around 36,000 people every month.

If you are interested in finding out more about voluntary work with the Trust, please email dpn-tr.DPTVolunteers@nhs.net

Services

The trust offers many sources of information together with specialised help. Have a look at https://www.dpt.nhs.uk/ourservices

Talkworks

This is the name given to Devon's NHS Talking Therapy Service.

It's a free confidential service, part of NHS Talking Therapies, aimed at people aged 18 and above, helping them feel better and giving them tools and techniques to improve mental and physical wellbeing: https://www.talkworks.dpt.nhs.uk/

Talkworks can help with:

- Low mood and depression
- Sleep difficulties
- Stress (including workrelated stress)
- Low self-esteem
- Panic attacks
- Excessive worry
- Phobias
- Anxiety in social situations
- Health anxiety
- Obsessive Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Mild to moderate binge eating disorder or bulimia
- Prolonged and unresolved grief
- Difficulties coping with a long term physical health condition

- Stress, anxiety or low mood related to pregnancy or after having a baby
- Stress related to the menopause

Help in a crisis

Talkworks is not a crisis response service. If you need help urgently, please go to: https://www.dpt.nhs.uk/ and click the "I need help now" button.

Silver Cloud On-line Treatment and Support

You can access therapy and 24/7 support via **SilverCloud**. This is an online cognitive behavioural therapy (CBT) programme that is used at **Talkworks** as part of the therapy offering.

SilverCloud is both informative and interactive, and will equip you with a range of tools and techniques so that you can make helpful changes to your lifestyle. It's also completely free for Talkworks patients to access; and comes with a wide range of modules around managing anxiety, improving sleep and reducing stress, to help you to feel better.

It is accessible through your phone or laptop, and enables you to access flexible therapy discreetly, from the comfort of your own home.

Therapy can be accessed at any time of the day or night, conveniently fitting around your home and working life.

You won't be on your own when you complete online therapy – an accredited NHS therapist will be with you every step of the way.

Your therapist will set up the programme and allocate modules tailored to your specific needs, based on your difficulties. They will also schedule regular check-ins with you to find out how you're getting on, and to see if they can provide any additional support or guidance.

If you have been experiencing low mood, worry or stress, **SilverCloud** can help you manage these difficulties in a number of ways. These include:

- Challenging unhelpful thoughts contributing towards low mood
- Problem solving
- Managing worry, stress and panic attacks
- Improving your sleep
- Supporting you to overcome a phobia
- Helping you to feel motivated and get back on track

Signing up with SilverCloud

In order to access SilverCloud you will need to self-refer to Talkworks and have an assessment with one of their therapists. You can do this by completing an online self-referral form at:

https://gateway.mayden.co.uk/ referral-v2/c90ecb55-3c73-4848-a3c7-2f9dd102d2ec or by calling **0300 555 3344**.

Once this is complete, your therapist will discuss more about the treatment options that are available to you, which may include access to **SilverCloud**, depending on your needs.

Your therapist will then work with you to help you to reach your goals and get back to feeling more like yourself again.

The number of sessions with your therapist will vary depending on the difficulties you are experiencing, but you will have access to **SilverCloud** for up to a year after you complete treatment.

Respiratory Syncytial Virus (RSV)

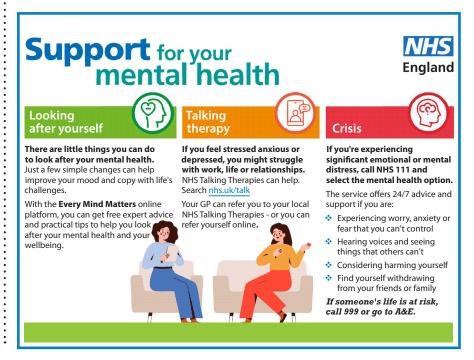
The UK is the first country in the world to offer a national vaccination programme that uses the same vaccine to protect both infants and older adults against Respiratory Syncytial Virus (RSV)

The vaccine will protect infants and older adults, easing winter pressures on the NHS

Eligible people are urged to take up the offer of vaccination.

Programme has started

The rollout, which started on 1st September in England, includes a vaccine for pregnant women over 28 weeks to help protect their newborn babies, a routine programme for those over 75, and a one-off campaign for people aged 75 to 79.



Eligibility

Women who are at least 28 weeks pregnant will be contacted by their maternity service or GP surgery to get the vaccine to protect their baby.

People aged 75-79 years old on 1st September 2024 will be invited to receive their RSV vaccination with their GP, and those turning 75 after that date will also receive an invitation from their GP once eligible.

RSV is a common infection

Despite infecting around 90% of children within the first two years of life, RSV is relatively unknown among the public. It typically causes mild, cold-like symptoms. However, it can lead to severe lung infections like pneumonia and infant bronchiolitis and is a leading cause of infant mortality globally.

Each year in the UK, RSV accounts for around 30,000 hospital admissions in children aged under five and is responsible for 20 to 30 infant deaths. Up to 50% of hospital admissions for children under one year old relate to RSV. It also causes around 9,000 hospital admissions in those aged over 75. The RSV programme could free up thousands of hospital bed days and help to avoid hundreds of deaths each year.

Talking about Suicide

Our Practice has patients who have lost a loved one to suicide, and they all say they wished that suicide would no longer be a 'taboo' subject so that we could talk about it and help prevent it.

With increasing awareness of why suicide happens, families can learn to spot warning signs and then do something to reduce the risk.

If we promote awareness and play a small part in education, then it's a good start.

A very informative leaflet is available from: https://www.dpt.nhs.uk/download/fp8OBUM9hk

What can you do?

It is completely understandable that when the person you care for is feeling suicidal, you will do everything in your power to keep them safe.

- Reach out and start the conversation 'you don't seem like yourself', 'How are you?' Ask twice as you may get a more honest response. Don't worry about saying the wrong thing. People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing.
- Ask questions to understand more and reassure them that they matter and you don't need to rush off. Tell them you have time to listen.
- Ask about suicide 'Are you having thoughts about suicide?' 'Are you thinking about ending your life?'
 Be prepared that the answer may be yes. Evidence shows asking someone if they're suicidal can protect them.
- Giving your full attention and listening is extremely powerful and helpful. You don't have to have all the answers, or know how they feel.
- **Empathise** with them and avoid blame. Try not to judge or give advice.
- Validation Acknowledging and accepting another person's emotions, thoughts and experiences. The most important thing in moments of crisis is to have someone alongside them.
- Reassure them that it will not always be like this, and that intensity of feelings can reduce in time. Many suicide attempts are impulsive. Delaying allows time for those intense feelings to subside.
- **Get help.** Encourage them to seek help that they are comfortable with. For example, help from a doctor or counsellor, or support through a crisis charity such as the Samaritans.

You can only do the best you can with the information you have at the time. You can try and hold hope with them.

One section of the leaflet is shown above and will give you an idea of how helpful it would

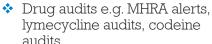
be to read the leaflet in full so that you can learn more about suicide prevention.

The Practice Pharmacist

We're often asked what are the responsibilities of our Practice Pharmacist, Kobe Addai and his colleagues. Some of the duties are:

- Medication reviews with patients, including deprescribing medicines (i.e. taking items off a repeat list).
- Setting up prescribing processes to reduce the Practice's administrative burden, e.g. repeat dispensing of medicines. This might include arranging for all a patient's medications to come up for renewal at the same time, making it easier for the patient to request repeats.
- Reviewing medication and repeat prescription governance e.g. checking on repeat medicines not ordered in the last 6 months.
- Advice to patients on medicine uses and interactions
- Answering general gueries about medicines.

- Processing hospital discharge letters and secondary care letters requiring medicine updates/monitoring.
- lymecycline audits, codeine audits.
- Liaising with community pharmacies in the locality on behalf of the surgery to ensure smooth operational processes, e.g. dealing with dosette box gueries, out-ofstock medication queries and other urgent medicinerelated matters.
- Training and support for wider surgery staff, with reference to medicine governance and legalities.
- Chronic disease management of hypertension and lipids.
- Review of shared care agreement requests/ monitoring.
- Involvement in setting up medicine-related policies, e.g. opiate policy, valproate policy, Amiodarone prescribing





Dosette box

A dosette box is a tablet

compartments labelled for

different times of the day. Each

box contains a week's worth of

for a person to remember to

medication. This makes it easier

organiser with small

take their medications correctly, and to know that they have taken them when they see an empty compartment.

Under the Equality Act (2010), if you find taking medication difficult, community pharmacy services have to provide alternatives to try to make this easier for you.

Help is available

Your local pharmacy service may provide them free of charge but you can buy dosette boxes online or in a shop. They are sometimes called 7-day pill organisers or calendar boxes.

Variations

Standard boxes with 28 slots start from around the £5 mark. Other variations are available to purchase as well, such as boxes in different shapes and sizes and with varying numbers of slots.

Maternity Services

There's a new way of engaging with Torbay and South Devon Maternity Services. There's now an online form you can use to refer yourself to the service. Just fill in your details and the team will soon be in touch with you: https://www.

torbayandsouthdevon.nhs.uk/ services/maternity-services/selfreferral-form/



Acute sore throat	Conjunctivitis	Coughs, colds and nasal congestion	
Cradle cap	Dandruff	Diarrhoea (adults)	
Dry eyes / sore tired eyes	Earwax	Excessive sweating	
Haemorrhoids	Head lice	Indigestion and heartburn	
Infant colic	Infrequent cold sores of the lip	Infrequent constipation	
Infrequent migraine	Insect bites and stings	Mild acne	
Minor burns and scalds	Mild cystitis	Mild dry skin	
Mild irritant dermatitis	Mild to moderate hay fever	Minor pain, discomfort and fever (e.g. aches and	
Mouth ulcers	Nappy rash	sprains, headache, period pain, back pain)	
Oral thrush	Prevention of tooth decay	Ringworm / athletes' foot	
Sunburn	Sun protection	Teething / mild toothache	
Threadworms	Travel sickness	Warts and verrucae	

Rules for NHS Prescriptions

Your GP, nurse or pharmacist will generally be unable to give you an NHS prescription for certain medicines that are available to buy in a pharmacy or supermarket, even if you qualify for free prescriptions. Some of the ailments for which this policy applies are shown above.

Exceptions

You may still be prescribed a medicine for a listed condition:

- If you need treatment for a long-term condition, e.g. regular pain
- If you need relief for chronic arthritis or inflammatory bowel disease.
- If you need treatment for more complex forms

- of minor illnesses, e.g. migraines that are very severe and where over-thecounter medicines do not work.
- If you need an OTC (over the counter) medicine to treat a side effect of a prescription medicine or symptom of another illness, e.g. constipation when taking certain painkillers.
- If the medicine has a licence which doesn't allow the product to be sold over the counter to certain groups of patients. This could include babies, children or women who are pregnant or breast-feeding.
- If the person prescribing thinks that a patient cannot treat themselves, for example, because of mental health problems or severe social vulnerability.

Pharmacy First

The **Pharmacy First** service, enables community pharmacies to complete episodes of care for common conditions.

The benefits

The **Pharmacy First** scheme enables patients to get certain prescription medications direct from a pharmacy, without needing a GP appointment.

This frees up GP appointments for patients who need them most, and gives people quicker and more convenient access to safe and high quality healthcare.

The service includes the supply of appropriate medicines for seven common conditions including earache, sore throat, and urinary tract infections.

GPs and other Practice staff may refer you to **Pharmacy First** so that you can get speedy treatment for these seven common conditions.

Community pharmacies offer a very convenient way to access healthcare, including support with healthy eating, exercise, stopping smoking, monitoring your blood pressure, contraception, flu and Covid vaccinations.

Local pharmacies

Our local pharmacies in Bovey Tracey and Chudleigh are registered for **Pharmacy First**.

Clinical pathway	Age range	
Acute otitis media (ear ache)*	1 to 17 years	
Impetigo	1 year and over	
Infected insect bites	1 year and over	
Shingles	18 years and over	
Sinusitis	12 years and over	
Sore throat	5 years and over	
Uncomplicated urinary tract infections	Women 16-64 year	

Distance selling pharmacies will not complete consultations for acute otitis media (ear ache)