***Crunch Time!*** 

 ***Health Bites from Cadbury Heath Healthcare***

***Hello and welcome:*** 

**Hello** and welcome to the second addition of Crunch Time! In this issue, we have introduced a new feature – the Manager’s Message. This will allow for the Practice Manager to highlight information which is of particular importance. Alongside this are the usual features, including the Quarterly Focus, written this month by Diabetic Nurse Specialist, Sharon Tovey and the Practice News.

As the nights begin to draw in and the cold starts to bite, it is important to ensure that you are able to take steps to protect yourself from the increase in bugs and viruses this season brings. Autumn is a time of change as nature settles down to sleep through the winter. This can provoke memories of time spent indoors with loved ones, snuggled up together, safe and warm. Cosy scarfs, hats and gloves, dimmed lighting and steaming plates of food, all add to the magic this time of year brings. Sadly, for many, it can also be a time for increased bad health and increasing loneliness as the weather changes forcing people to spend more time apart. Please enjoy all that this and the coming seasons bring, whilst ensuring that, when we can, we look out for and reach out to each other too.



 *** Message from the Practice Manager:***

Whilst we have tried to create additional appointments in order to accommodate demand, we are currently experiencing a high number of patients not attending for their appointment. Unfortunately, in August 2023 we had 405 patients that did not attend for their appointment, that is 405 appointments that were wasted. Please can I ask that if you have an appointment that you attend and if you are unable to attend for your appointment that you cancel it in order that your appointment can be allocated to another patient. We will be regularly writing to patients that fail to attend for their appointments.

***Cadbury Heath Healthcare - Practice News:***

 **This equates to 67.5 hours of missed appointments in August 2023**

 **Total number of telephone calls for August 2023 = 9909**

 **Practice closed**: In accordance with the scheduled bank holidays, the Practice will be closed on Monday, 25th and Tuesday, 26th December 2023. Then again on Monday, 1st January 2024.

***PLEASE*** ***ensure*** you have ordered enough medication to see you through this period. It is recommended that orders for prescriptions are placed before Friday 15th December to ensure time for the collection of medications before the 4-day Bank Holiday weekend.

**Huddle**: Each morning, around 8.20am, the staff get together at the back of Reception. This allows for a short briefing about what is happening at the Practice that particular day. It also gives staff the opportunity to address, where possible, any concerns which may have arisen over night. The Practice likes to start each day well and this time enables it to do so. During these times, the Practice may appear to be unstaffed or there may be more of a delay in answering phone calls. However, we ask that you remain patient at these times, so that we can support each other in providing the service patients deserve.

**Welcome:** We would like to extend a very warm welcome to several new members of staff who have joined our fabulous team. Jackie has joined the prescription team, Jackie welcome to the team! A very warm welcome back to Ella who has joined us as Clinical Pharmacist – welcome Ella! Welcome to Sharon who has joined our nursing team as a Phlebotomist.

**Flu/Covid Clinics:** As you are aware we started providing Flu and Covid vaccinations from the end of September and will continue with clinics throughout October. If you haven't already done so, please book your appointment.

**Patient online access:** From the 1st November 2023 NHS England is giving people access to their GP health records via the NHS App and other GP online services. Better access enables patients to become partners in managing their health. This will help reduce queries to practices, such as those regarding negative test results and referral letters.

This means that patients will be able to see notes and documents related to all face-to-face, telephone and video GP appointments occurring from the switch on date, (1st November 2023). They will also be able to see test results and letters from other health and care professionals that have been added to their health record.

In some cases, such as positive test results, patients will not be able to see the information until it has been checked and filed, giving GPs the chance to contact and speak to patients first.

We thought it would be helpful to include a section on how to read your medical records written by one of GP's:

**Introduction**

You now have access to your medical notes.

This is a guide to help you understand what you are reading. It is a very positive change for patients to read their notes, but we also have concerns that patients could be worried for no reason because of the way their notes are written, or the language used. Doctors use a lot of abbreviations and jargon which is confusing enough but they can also use common words in different ways. We hope this guide will help you but if you do have questions, please put them in writing and we will respond when we can.

**Consultations**

**1.** Clinicians have a short time to carry out surgery appointments as well as record everything in the notes. Spelling mistakes are common so please forgive these.

**2.** Doctors may consider a number of diagnoses before coming to a conclusion and may write about this. They may therefore mention malignancy (cancer) or liver disease, but you may not have these conditions. They may not have discussed these possibilities with you at the time because they want to be more certain before worrying you about serious illnesses.

**3.** Doctors often use terms such as “patient declines” or “patient refuses”. These phrases may sound critical, but this is not the intention. They are just records of facts.

**4.** Words: e.g., use of the word “obese”. This is a description of a fact – not an opinion, so is not intended to be critical. Doctors frequently need to talk about difficult things, such as having sexually transmitted infections or causing illness through drinking too much. Seeing such things written down can be a shock. You should be prepared for this.

A very common cause of worry is the abbreviation CKD which stands for Chronic Kidney Disease.

\*Chronic Kidney Disease is a label most people will have at some time in their life. For the majority it makes little difference to their health. It does not mean your kidneys are about to fail so do not worry if you see this in your notes.

**5.** Templates, these are used in certain consultations. They require standard answers and allow us to make sure that all relevant points are covered. Their use can make a consultation feel a bit disjointed.

**6.** If you disagree with what has been written in your consultation, you should tell us your concern. **Be aware**, however, that we are legally not allowed to change records that have been written. We can only add a message to state your account and reasons for disagreeing with what was originally written.

**7.** Missing consultations: Sometimes we will not let you see all of your notes. This can be to protect other people who may be mentioned in your notes and preserve confidentiality. An example would be: if you are adopted but we do not know if you are aware, we might remove any information about the adoption in case you do not know about it.

**Results**

**1.** Blood results are usually normal or abnormal, but some do not have this distinction – for example cholesterol levels.

Some abnormal results seem to be ignored. This happens for several reasons – you might have had the same abnormal result for years so we know it is normal for you, or the abnormality may be very slight.

When we look at results, we always look at the original problem that prompted the test and how ill the patient is. It is this overall picture that we use when looking at blood results.

**2.** Other Tests: Some scans are full of things we ignore – such as liver and kidney cysts which are common and normal. The person giving the result has to report everything they see even if it is irrelevant. We will often not mention these things when discussing results because they are irrelevant, but they will be there when you look at your notes.

***Conclusion***

Reading your medical notes is not as straightforward as you might have thought. If you have questions, read everything again and ask opinions of friends and family if you can. If you have questions for us, we will try to answer them. As yet we are unsure how much this new change will add to our workload, so we cannot promise a quick response.

**Jargon Buster**

Below is a table of abbreviations commonly used within the NHS and therefore, which you may come across when reading your notes. To help you understand your notes better, we have added the meaning alongside the abbreviation:

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| --- | --- |
| **Abbreviation/Word** | **Meaning** |
| Acute | Sudden onset of the condition |
| AF | Atrial Fibrillation |
| Arrythmia  | Abnormal heart rhythm |
| \*Chronic | “on-going in time” (unrelated to the severity) |
| COPD  | Chronic Obstructive Pulmonary Disease |
| CVA  | Stroke |
| CXR  | Chest X-Ray |
| DNA | Did Not Attend – missed the appointment |
| Dx | Diagnosis |
| EUA | Examination Under Anaesthetic = operation |
| GA | General Anaesthetic |
| Hypertension | Raised Blood pressure |
| Hypothyroidism | Underactive thyroid |
| INB  | If No Better |
| LA | Local Anaesthetic |
| LABA/LAMA/SABA | Different asthma inhalers |
| LFT | Liver Function Test – blood test |
| LRTI  | Chest Infection/Pneumonia |
| MI  | Heart Attack |
| NAD | Nothing Abnormal Discovered  |
| NSAID | Non-Steroid anti-Inflammatory Drug |
| SOB  | Short Of Breath |
| STI  | Sexually Transmitted Infection |
| TFT | Total Thyroid Function – blood test |
| TIA | Mini Stroke |
| TPR | Temperature, Pulse and Respiration measured |
| U & E | Urea and Electrocytes – blood test measurement |
| URTI  | Throat Infection |
| UTI  | Urinary Tract Infection |

**Health Awareness dates for the coming quarter:**

**October**: Breast Cancer Awareness Month; 21st is ‘Wear it Pink Day’

 Stoptober: talk to your GP about the support available to help stop smoking

 3rd-9th – Dyslexia Awareness Week

**November**: Movember; grow a moustache during November and raise money for Prostate Cancer Research

 14th – World Diabetes Day; during the morning of the 14th, there will be a stand within the Practice where you can get further information about diabetes as well as speak to Diabetic specialists. This will be a good opportunity to ask any questions you may have about on this topic, so pop in and see them, even if you are not due to have an appointment that morning.

**December**: DecemBeard – grow a beard to raise money for Bowel Cancer research

 1st – World Aids Day

** QUARTERLY FOCUS: Type 2 Diabetes**

**National Diabetes month – November**

**National Diabetes day – 14th November 2023**

Diabetes UK have a number of videos in BSL and with subtitles for people who are deaf, the link is as follows:

[Understanding diabetes for people in the Deaf community | Diabetes UK](https://www.diabetes.org.uk/other_languages/information-in-british-sign-language)

**What is type 2 Diabetes?**

There are two main types of diabetes: Type 1 and Type 2.

Type 1 diabetes means that your body cannot make any insulin at all**.** Type 2 diabetes is just as serious, but it is the result of a different problem within the body. The insulin made either cannot work effectively or is not produced in sufficient quantities. Your insulin not working effectively is called *insulin resistance*. Insulin resistance is usually due to the excess build-up of fat around your pancreas and liver, so they do not work as effectively.

**Diagnosis**

This is done on a blood test taken at your surgery called a HbA1c, it does not need to be fasting. The test measures how much sugar is attached to your red blood cells. Your red blood cells are remade every 12 weeks, so this tells you what has happened over the last 12 weeks.

Pre- diabetes is HbA1c 42-47mmols - the is an early warning that you are at risk of diabetes.

Type 2 diabetes is 2 measurements above 48mmols, however if you have symptoms, its only needs 1 measurement of 48mmols and above to confirm diagnosis.

It is important that these measurements are taken regularly so that you know what your levels are and therefore can be given realistic treatment targets to aim for. Please ask your Doctor or Diabetes Nurse for further information about your specific situation.

**Treatment**

At the start of diagnosis if your HbA1c is not too high, we will see what you can do with lifestyle and diet changes. Please go to the Diabetes UK website, ( <https://www.diabetes.org.uk> ), for further information, they do an excellent free guide to Type 2 diabetes, as well as a useful recipe booklet.

You will also be offered an education course on diabetes.

Early in diagnosis is the best time and opportunity you will get to put your diabetes into remission, research shows that this is more likely within the first 2-3 years. The strongest evidence we have at the moment suggests that [Type 2 diabetes](https://www.diabetes.org.uk/type-2-diabetes) is mainly put into remission by weight loss.

There is no such thing as a special diet for people with diabetes, it is just simply a healthy balanced diet. There are a lot of different ways to lose weight – but there’s no one-size-fits-all diet. We do know that some people have put their diabetes into remission by losing weight through following the [Mediterranean](https://www.diabetes.org.uk/guide-to-diabetes/enjoy-food/eating-with-diabetes/meal-plans-/mediterranean) diet or a [low-carb diet.](https://www.diabetes.org.uk/guide-to-diabetes/enjoy-food/eating-with-diabetes/meal-plans-/low-carb) Try to focus on making small changes that you think are achievable, then in a couple of months add in another change. Increasing your activity is also good at helping you manage diabetes as it can make your body more sensitive to the insulin that you are already producing.

You may need medication for your diabetes, if you are not achieving a HbA1c below 53mmols. Type 2 is progressive and the longer you have it, more medication might need adding in, including insulin further down the line. We only add in medication when absolutely necessary and will discuss it in detail with you first.

Any worries, please ask at your annual review or sooner if concerned.

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***Wishing everyone a Merry Christmas and a Happy New Year!!!!! See you again in 2024* 😊**