

LONGSHORE SURGERIES

www.longshoresurgeries.co.uk



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Surgery News Issue 9, Spring 2017

PATIENT PARTICIPATION GROUP REPORT

As Dr. Johnson has reported in his article (see later pages), 2016 was a year of considerable change both within the NHS and in our Practice.

We have also had several changes in the Patient Group. Pam Calver and Pat Padfield have had to step down due to family pressures and the Rev. Oddy has also left us to concentrate on her other work. Most sadly I have to report that Christie Stewart died in February. She will be greatly missed and we send her family our heartfelt condolences. We have been working to find replacement representatives and have several irons in the fire so we will keep you posted.

There are lots of changes afoot in the NHS particularly with regard to hospital waiting times and also the Mental Health Service, both of which seem to be constantly in the news. These are issues that are obviously not going to be resolved quickly or easily. Services to our own community are also affected by changes to the way in which care is delivered. If you have any issues which you wish to air please feel free to contact me in confidence through the surgery. The Group is doing its best to represent your interests at our regular Forum meetings.

Stella Goodall, Chair

CONNECTING COMMUNITIES/INFORMATION ABOUT TRANSPORT SERVICES FOR RURAL WAVENEY

A new 'Connecting Communities' transport service commenced in June of this year. Each rural district has one phone number to ring to access transport services that include the former Dial a Ride, Community Cars and Demand Responsive Transport (DRT), also known as Suffolk Links.

The changes have been made because some County Council contracts were coming to an end and there was a patchwork of services that was difficult for residents to understand. The new services are still run by local people (in many cases the same people who provided the previous services) who understand the local needs.

These services are for anyone who needs to travel but has no public transport available to them locally. Booking needs to be in advance and ideally you will be picked up and connected with an appropriate bus route or train link for onward travel. For journeys where connecting to other services is inappropriate, end to end journeys may be possible. Connecting Communities services are charged like a bus fare and are available to young or old.

The contractor for Waveney is BACT and can be contacted on 01986 896896. For information on how to use the services see <http://communities.suffolkonboard.com/about/> There is also a specific promotional film for the Waveney area produced by BACT available on YouTube, BACT – New Connecting Bus advert.



Meet Dr Ashdown-Nichol

I grew up in the Waveney valley and went to school in Norwich, the daughter of a country vet. It took me a while to get to medical school via a degree in biomedical science in Brighton, teaching secondary science, corporate training in civil engineering and working for a ski company in the Austrian mountains. I have a husband who works for the ambulance service and two lovely daughters.

I studied medicine at Norwich Medical School, UEA and carried out my post graduate training at the James Paget and Norfolk and Norwich University Hospitals. I have a special interest in palliative and end of life care. One day a week I work at the hospital for the Specialist Palliative Care Team and I am currently studying for a post graduate diploma in palliative medicine.

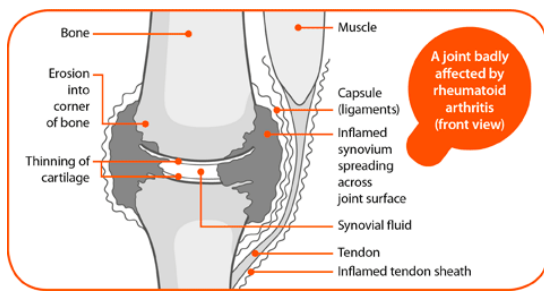
I am thrilled to have joined Longshore Surgeries as I have always dreamed of being a rural GP and being by the Suffolk coast is a bonus.

I like to keep active with walking (especially at the beach), gardening and skiing in the winter.

RHEUMATOID ARTHRITIS AND THE WONDERS OF MODERN MEDICINE

It all began whilst preparing lunch Christmas Day 2004. The knuckles of my right hand became painful. I assumed it was due to some kind of strain. The next day my left hand was also painful. A blood test in January showed nothing untoward but my doctor had an idea what the problem might be and referred me to the Rheumatology Dept. at James Paget University Hospital.

In February my husband and I met the Rheumatologist, an enthusiastic young lady, who obviously loved her work. We



both took to her immediately. At the first appointment she informed me I had a mild form of rheumatoid arthritis. I was given a steroid injection, medication and an appointment for a later date. However, I soon began to experience increased pain alternating from one joint to another which inhibited my normal routines. By mid-April I could no longer bear my weight on my feet and resorted to using a make-shift crutch (an upturned broom) to get from one room to another. I spent more time in bed. Each morning before going to work my husband

prepared lunch for me and left it in the fridge which I would later reach after painfully negotiating the stairs.

Eventually one day I had to phone my mother, 2 miles away, and ask her to come to take my lunch out of the fridge and bring it to me upstairs.

Crunch time had arrived and I called the doctor. When she saw my plight she arranged for an ambulance to take me to J.P.U. Hospital. I was then transferred to N & N Hospital for observation by the Rheumatologist and her team. I spent three weeks undergoing tests, biopsies and questions about allergies, insect bites, lifestyles etc but all tests proved negative and the medical team could only assume I had acute rheumatoid arthritis. I was discharged early in June with a large bag of pills - but still in pain.

All this coincided with the development of a relatively new drug that was very expensive but proving to be very effective. *Now the scientific bit* - in a nutshell rheumatoid arthritis is when the immune system which usually protects us from infections, starts to attack the joints causing pain, stiffness and swelling. It is a disease that stays with you all your life – there is no cure. The new drug is a TNF inhibitor, a monoclonal antibody prescribed for treating autoimmune inflammatory diseases such as rheumatoid arthritis. The Rheumatologist wanted to prescribe the anti-TNF drug for me but before she could do so she needed proof that I did not respond to any other drugs over a period of three months. For three months I did not respond to any of the drugs prescribed.

In August 2005 I was given an intravenous infusion of the anti-TNF drug and within a few days the pain was easing and a week later I was mobile. It was like magic. Family and friends marvelled at the progress. Since then I have received infusions at 6 week intervals. I responded so well the intervals were extended to 8 weeks, 9 weeks, 10 weeks and in 2012 to 12 week intervals with no ill effects.

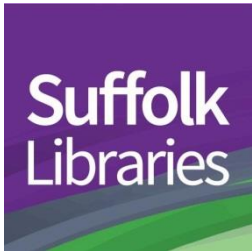
On 10th February 2015 I had my last infusion. At the time I was in need of replacement hip surgery and could not have the operation within six weeks of an infusion so it was decided to cancel the one due in May, have the hip replaced in June and see how I responded. The hip operation was a great success and with the Rheumatologist we decided to discontinue the infusions.

I am fully aware that the symptoms may return but I know that in the event there is a note on my medical files with instructions for what treatment I should be given. At present I am in remission and very thankful to everyone in the medical profession for enabling me to lead a normal life of happy retirement.

February 2016

Reading Well/Books on Prescription

As the name above suggests, the aim of this self-help project is to help people learn more about those issues which impact upon their lives; to enable you to cope with “the pressures of life, feel better about yourself and boost your confidence using books.”



At Kessingland Library you can borrow books covering a number of subjects chosen by young people and health experts. The books include self-help techniques, personal stories and fiction all aiming to help you understand issues affecting your health and well-being and include the following:

Anxiety; Stress; Bullying (including cyber-bullying); Depression; Autism & Asperger’s Syndrome; Addictions; Self Harm; Eating Disorders

Titles of books for both teenagers and their families can be viewed and borrowed from the teenage section of the library.

I am qualified in community work, youth work, social work, a trained counsellor and well-being practitioner with over 40 years of experience in social and health care. As the co-ordinator of the this project at the Kessingland Library I am happy to be contacted at the library to have initial discussions about any matters arising from your reading and very willing to help and support you towards referring to other professional services via the surgery appropriate to your expressed needs.

Frances Peebles
Member of the Longshore Surgery Patient Participation Group &
Volunteer at Kessingland Library



PODIATRY SERVICE BACK!

At long last the podiatry service has returned to Longshore surgery at Kessingland. After an excellent refit the surgery unit has been declared ‘fit for purpose’ and we are sure the new facilities will be appreciated by all using them. If you qualify for nail and/or foot treatment under the NHS you can arrange for an appointment using the self-referral form available at the surgery. When completing the form it is recommended that a preference is shown for treatment at Field Lane Surgery (Kessingland) or you may be referred to Kirkley Mill. Appointments are available on alternate Fridays.



HOW CAN WE IMPROVE SUPPORT FOR CARERS? Department of Health Survey.

Informal carers (also called unpaid carers) are people who look after family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or care needs related to old age. This does not include any activities as part of paid employment.

Carers freely give their time and energy to support friends or family members and many rightly take pride in providing essential support to those close to them. Caring for others should not be to the detriment of the carer's own health and wellbeing and carers can receive support in a number of ways including from social services, the NHS or the benefit system.

The Dept. of Health think that we need a new strategy for carers setting out how they (The D.O.H.) can provide more support. One which reflects their lives now, the health and financial concerns they have, and gives them the support they need to live well whilst caring for a family member or friend. To help develop this strategy they want to hear from carers, those who have someone care for them, business, social workers, NHS staff and other professionals that support carers.

IF YOU ARE A CARER A WANT TO GET INVOLVED AND HELP SHAPE THE FUTURE go straight to the survey at <https://consultations.dh.gov.uk/carers/how-can-we-improve-support-for-carers/consultation/subpage.2016-03-08.6836342440/view>. If you want to talk to someone about what options are available to you, you can also call the Carers Direct helpline on 0300 123 1053.

MIDLIFE APPROACHES TO REDUCE DEMENTIA RISK

Action in midlife can reduce the risk of developing dementia in later years.

Alzheimers and other forms of dementia affect some 850,000 Britons and cost the economy £26billion per year. The latest edition of Health Matters, a resource for health professionals and local government, shows that dementia is not an inevitable part of ageing. What is good for the heart is also good for the brain. Modifying cardiovascular risk factors has contributed to a large decline in deaths from heart disease and stroke over the past 50 years. The same could be the case for dementia.

Research has shown that dementia is caused by a complex mix of genetic and lifestyle factors but by maintaining a balanced diet, exercising regularly, not smoking or drinking to excess and keeping blood pressure and cholesterol in check, the risk of dementia can be lowered in some cases.

It is important to be aware that age is still the biggest risk factor for dementia, and as there is not yet a sure-fire way to prevent the condition it is vital people do everything they can to reduce their risk of developing this condition by taking on board the recommended lifestyle factors, e.g. diet, exercise, no smoking, etc., and by checking blood pressure and cholesterol levels regularly. Prevention is always better than cure so a proactive approach to improving health across the population must be the way forward.

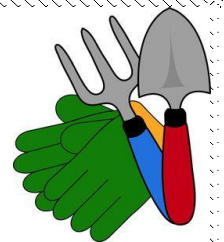
(information from Public Health England press release)



FEELING DEPRESSED?

Time to get out into the garden - According to research at the UK Faculty of Public Health, just one 30 minute session working in the garden or on the allotment improves self-esteem and general well-being.

There are a number of community farms providing opportunities for people with mental health issues to get 'hands-on' with nature – both plants and animals. Benefits have been experienced by people in many age groups and with a wide range of disorders. You may not have access to these facilities but if you have a garden – go and commune with nature and reap the benefits.



Changes at Longshore Surgeries

Longshore has seen significant changes over the last year, both internally and externally. Great Yarmouth and Waveney CCG decided to close Southwold Hospital, which has been a great loss to our patients, particularly in view of the Practice's demography and high elderly population.

In October 2016 Dr Scott left the Practice to move with her family to New Zealand and we wish her the very best for the future.

At the same time I reduced my Practice commitment and now work four sessions a week.

We have been most fortunate, particularly in the current climate, to have recruited two new GP's to the Practice; Dr Lie-Critchley, who was previously our GP Trainee and Dr Ashdown-Nichol. Both are excellent GPs and have brought new skills and energy to the practice and we are delighted they have become part of Team Longshore.

The Practice seems to be settling down once again and continues to operate a personal list system with the aim of providing patient centred, personal care, with continuity. All our Practice staff work extremely hard to provide the best possible service for our patients for which the Partnership is extremely grateful. The Practice constantly strives to improve the service it delivers to our patients and if you would like to provide the Practice with feedback, good or bad, then you can do this either via the Patient Participation Group or by contacting the Practice directly.

Please bear with us as we continue to do our very best to provide high quality care for our patients, despite the external challenges General Practice as a profession is currently facing.

Dr Johnson

SUFFOLK FAMILY CARERS

If you are one of the millions of unpaid Carers in the UK you may be interested to learn of the services available through Suffolk Family Carers.

Our Patient Group was fortunate in having a visit and talk by Sarah McPherson recently and we were all very impressed at the wide range of services and support on offer. Their aim is to help find the right support for the individual whatever their age and circumstances. They listen to the problem, discover what is important to the Carer and then help find the right solution for them. They cover a wide range of problems including Mental Health where, amongst others, they offer Family Carer Sessions, one-to-one support via telephone appointments, e-mail or by meeting in person. These services are arranged on an appointment basis.

Caring for someone who is affected by substance abuse is very challenging and S.F.C. help to navigate the road to recovery. Caring for those with Dementia or Autism have their own problems and challenges and again S.F.C. can support and help you. Their 'Wellbeing for Me' programme is particularly helpful for those who are feeling anxious, stressed or depressed.

The important thing is to realise that someone is there for you. They treat all Carers as individuals and through their links with many other services will try and direct you to the most relevant organisation for you.

There is a mass of information available at the surgery so do pick up a leaflet and, if you need some help and support, contact them.

AMBITIOUS PLAN FOR THE FUTURE OF HEALTH CARE

Health and social care organisations and councils which serve Gt. Yarmouth and Waveney have joined forces to develop an ambitious plan which will transform the way local services are delivered while helping people lead healthier lives.

The Sustainability and Transformation Plan (STP) will set out how services will work more closely together over the coming five years to improve health, wellbeing, quality of care and finances. The plan is designed to show how health and social care will introduce the NHS Five Year Forward View and sets out a future vision based around seven new models of care.

The initial plan for Gt. Yarmouth and Waveney has identified six priority areas which will make the greatest difference to local people. They are: -- healthy old age – provision of cancer services – urgent and emergency care – primary care - mental health and wellbeing – empowered communities/prevention and self-help

These priority areas will be developed further over the coming weeks, along with actions explaining the changes which will be made to narrow the gaps in health and wellbeing, care and quality and finance and efficiency which exist across Gt. Yarmouth and Waveney.

FRIENDS AND FAMILY TEST AWARDS SHOWCASE NHS IMPROVEMENTS

From maternity wards to GP practices, from emergency departments to dental practices, the results of the Friends and Family Test Awards demonstrate that NHS providers are listening to patient feedback and that services are continuing to improve because of it. More than 100 entries were shortlisted in the finals of the awards with results announced during NHS England's Insight and Feedback Conference in Leeds.

PARTNERS SURGERIES From 1st OCTOBER 2016

		Monday	Tuesday	Wednesday	Thursday	Friday
Dr Johnston	A.M	Wangford	Kessingland	OFF	OFF	OFF
	P.M	Kessingland	Kessingland	OFF	OFF	OFF
Dr Coleman	A.M	Kessingland	OFF	Kessingland	Kessingland	Wrentham
	P.M	Kessingland	OFF	Wrentham	Kessingland	Kessingland
Dr Ho	A.M	Kessingland	Wrentham	Kessingland	OFF	Kessingland
	P.M	Wrentham	Kessingland	Kessingland	OFF	Kessingland
Dr Lie-Critchley	A.M	Kessingland	OFF	Wangford	Kessingland	OFF
	P.M	Kessingland	OFF	Kessingland	Wangford	OFF
Dr Ashdown-Nichol	A.M.	OFF	Kessingland	OFF	Wangford	Kessingland
	P.M.	OFF	Kessingland	OFF	Kessingland	Kessingland

LONGSHORE SURGERY PARTNERS

Dr David Johnston (m)
BSc (Hons) MB ChB MRCP DHSc
Qualified Dundee University

Dr Robert A Coleman (m)
Mb ChB MSc MRCP DFFP
Qualified Manchester University

Dr Alex Lie-Critchley (m)
MBBS, MRSGT
Dr Catherine Ashdown-Nichol (f)
MBBS, MRSGT
Dr Peter Ho (m)
MBBS MRCP MRCP
Qualified Cambridge University

GP TRAINING SCHEME

This practice is involved in training fully qualified doctors who wish to gain further experience in General Practice. These doctors work with us as Registrars, usually for 6 months or 12 months. These doctors are fully qualified and have experience of working in hospital medicine. They are gaining experience to make the transition to General Practice. Video recording of consultations will be taken on occasions for educational purposes. No recording will be taken without the written consent of the patient. No recordings will be taken of intimate physical examinations.

Currently we have Dr Katie Pryce (f)
one Registrar:-