



# Patient Newsletter – Issue 4 Summer 2011

**Welcome to Pine View Practice's fourth patient newsletter. The newsletter has been jointly produced by the practice and the newly formed Pine View Practice Patient Participation Group (PPG).**

## PREMISES UPDATE

Our reception area has now been fully refurbished and we have a new entrance to reception.

The car park will remain closed to patients from now on, except for disabled patients.



**The sun has got his hat on....**

## SUN SENSATION.....

We love the sun! Sunny weather improves mood and our sleep-wake cycle is controlled by it. We also NEED some sunshine to make Vitamin D required for healthy bones.....but TOO MUCH sun can cause problems.

## SUN SAFETY.....

**Love the shade-** Keep out of the sun as much as possible between 11 am & 3 pm.

**Cover up-** Protect skin with hats, baggy clothes & UV filtering sunglasses.

**Use Factor 15+ sunscreen liberally** - Cover all exposed areas. Re-apply frequently, at least every two hours, and always after swimming (even those that say they are waterproof).

## SUN SORROWS.....

### Sunburn and sunstroke

Sunburn is caused by short-term over-exposure to UV light. The skin becomes red, hot and painful. After a few days the burnt skin may peel. A cool shower or bath & soothing creams such as calamine lotion will help. Paracetamol will help with pain. If vomiting, fever and headaches occur this may be due to sunstroke. If this happens make sure you have plenty of water to drink to prevent dehydration.

### Skin damage and skin cancer

Repeated exposure to too much sun can cause skin damage including: premature skin aging & wrinkling, brown spots, benign warty growths & skin cancer. Everyone should protect their skin, but it is even more vital to protect children. Babies should be kept out of the sun completely. **Episodes of sunburn, especially in childhood, greatly increase the risk of skin cancer.**

### Did you know?

- Sunscreen takes a short time to work, so apply 20-30 minutes before going out.
- Sunscreen goes off - check 'use by' date & throw away if open 2-3 years.
- Even in the shade, sun can reflect onto your skin especially off sand, water & concrete, and still burn.
- Clouds give a false sense of security- you can still burn if it's cloudy.
- Wet & thin fabrics let through more UV light.
- Sunbeds are just as damaging as sunshine - so avoid them.
- The UV index - the higher the index (from 1 to 10), the greater the risk from the sun. See
- [www.met-office.gov.uk/weather/uv/](http://www.met-office.gov.uk/weather/uv/) or TV weather forecasts.

## PRESCRIPTION FLOW CHART

PATIENT/NOMINATED CHEMIST DROPS REQUEST INTO THE BOX AT RECEPTION OR POSTS IN WITH A STAMPED ADDRESSED ENVELOPE (EITHER A TICKED LIST OF REPEATS AND/OR A NOTE FOR A NON-REPEAT ITEM. FORMS FOR NON-REPEATS ARE AVAILABLE AT RECEPTION)



PRESCRIPTIONS ARE ISSUED AND PRINTED BY STAFF; QUERIES ARE HIGHLIGHTED FOR THE GPS. ALL PRESCRIPTIONS ARE CHECKED DURING THIS PROCESS



**EACH WEEKDAY MORNING AFTER THE GPS HAVE FINISHED THE MORNING SURGERY,**

PRESCRIPTIONS ARE CHECKED, AUTHORISED AND SIGNED



SIGNED PRESCRIPTIONS ARE CHECKED BY STAFF TO ENSURE ALL MEDICATIONS REQUESTED HAVE BEEN ISSUED



PRESCRIPTIONS FOR COLLECTION ARE KEPT AT RECEPTION. PRESCRIPTIONS COLLECTED BY CHEMISTS ARE SIGNED FOR BY CHEMIST STAFF. PRESCRIPTIONS TO BE POSTED BACK ARE RECORDED IN A BOOK AND SENT FOR MAILING

NB PRESCRIPTIONS WILL BE READY THE FOLLOWING WORKING DAY AFTER 4.30PM

## An average day in the life of a GP.....



- 0700** Arrive at surgery. I like to make use of this 'calm before the storm' time to get ahead on the avalanche of paperwork. I go through checking and actioning all the test results which have come in overnight, read and action emails and try to make a start on filling in forms and any outstanding referrals.
- 0800** Phone lines open and the next half hour is a constant barrage of calls for the admin girls to manage. I answer queries and check my pigeonhole for the next heap of requests for reports and letters for insurance, housing, travel cancellation, benefits. These all take between 20-60 minutes to complete and have to be fitted in when possible around NHS work.
- 0830** I call my first patient of the day. We are faced with a new person and a new problem (or list of them!) every 10 minutes for the next 2 and half hours. The problems range from coughs and colds to high blood pressure to depression and occasionally to life threatening emergencies...and everything in between. It is interesting and stimulating but intellectually demanding and potentially stressful. By the end of surgery I have dictated 3 referral letters, filled in a couple of referrals for physio and numerous forms for blood tests.
- 1100** Surgery usually finishes around now assuming I've managed to run to time and there are no emergency appointments tagged on – more often than not there are one or two. Next it's checking, reauthorizing and signing prescriptions (between approximately 20 and 80), reading and actioning all the letters from the hospitals and taking/making telephone calls to patients booked in for phone consultations.
- 1200** The GPs try to meet for few minutes to discuss any difficult or very ill patients and divide up the visit requests. We usually end up with between 1 and 3 visits each. Visits take 3-4 times longer than a surgery consultation and so are reserved for those truly housebound or severely ill patients who cannot get to the surgery. No lunch breaks for years now, I eat fruit (or biscuits!) on the go.
- 1430** Hopefully back from visits by now. Lots of time often spent sorting out social services or palliative care or nursing needs for patients visited. Many days we have to fit in maternity clinics, clinical team meetings and meetings to discuss administrative and business issues affecting the practice and increasing bureaucratic issues relating to commissioning and government targets. Any gaps are filled with trying to tackle the non-NHS form filling. More telephone consultations before evening surgery.
- 1600** Evening surgery starts. This is often calmer as it is mostly pre-booked slots but management of long-term conditions can be more complex and take longer. Thankfully there tend to be fewer interruptions from staff with patient queries in the evening.
- 1830** Evening surgery usually finished by about now, emergency appointments allowing. Sort out any referrals generated from surgery and tie up loose ends.
- 1900** Go home! Usually manage to get out the door around now taking non-patient related work home to do in evening or on day off.



Now that the weather seems to have taken a turn for the better, here is a quick, light meal for you to try. Serve it with a large mixed salad and if, you can afford the calories, some crusty bread.

### **Asparagus and Courgette Frittata.**

1lb//454g courgettes  
5oz/142g asparagus tips  
3 Spring onions  
Small handful of fresh parsley  
6 eggs  
Salt and black pepper (optional)  
2 tablespoons olive oil (or Fry light)

Prepare the ingredients:  
Cut the asparagus tips into 1in//2 ½ cm pieces,  
chop the spring onions, chop the parsley.  
Beat the eggs.

Blanch the courgettes and asparagus tips in boiling water until just tender. Drain, transfer to a bowl, add the spring onions and parsley and season to taste.

Heat a large frying pan, add oil and add the vegetable mixture, then pour over the eggs.  
Gently stir through to combine the mixture. Reduce the heat to low and cook for about 6 minutes, or until the base is set.

Remove the frying pan from the hob and place under a medium grill. Cook until the top is set. Serve hot or cold cut into wedges.

Please send in your favorite recipe!