

HERRINGTON MEDICAL CENTRE  
PATIENT NEWSLETTER  
[www.herringtonmc.nhs.uk](http://www.herringtonmc.nhs.uk)

September 2017, 25



Hello, Welcome to another edition of the Patients Newsletter.

### Staff Changes

During July we said goodbye to Dr Katie Owles - we wish her the very best.

During August we said goodbye to our apprentices - Gabrielle and Francesca - we wish them the very best of luck.

During August we welcomed a new Medical Receptionist - Megan Anderson.

During August we also welcomed a new GP - Dr Andy Devlin who is with us for 7 sessions a week. In addition we say hello to 2 new GP Registrars, Dr Farhang Hessami and Dr Jo Coyne.

### **Dr Farhang Hessami writes.....**

I joined Herrington Medical Practice as a GP Registrar for August 2017 - April 2018. I graduated in Germany and worked in accident and Emergency then moved then to the UK. I have work experience from Germany, Canada, Australia and I have worked as an Emergency doctor in A&E for many years in the UK. I am now training to be a General Practitioner.

### **Low back pain, Dr Hessame writes.....**

I have prepared an article about lower back pain that briefly shows the most common causes of low back pain and the initial treatment and when we might refer you to hospital.

Perhaps you bent the wrong way while lifting something heavy? Straining a muscle after lack of activity is probably the most common cause of this

type of low back pain. Occasionally, you may have other painful or stiff joints, then you might talk to your doctor to see if we should do any tests. But for routine and mild low back pain, here are a few simple tips to try at home.

Low back pain is extremely common. 15% of adults have some low back pain at any time and 60% will have it sometime in their life. It is the commonest cause of long-term sickness. Usually you should not rest when you have back pain. We would encourage you to be active and minimise time off work. 52 million working days are lost each year from back pain. This is no longer the recommended treatment for back pain. X rays are rarely helpful and may be harmful.

### Some definitions:

Acute low back pain: less than 6 weeks

Subacute low back pain 6-12 weeks

And chronic low back pain 3 months or longer

80-90% of patients with low back pain recover spontaneously within 3 months.

### Goals of management:

Identifying early the small minority with serious pathology needed urgent treatment. That's our job but you should see us if it's clearly serious. If you were badly injured, or you feel numbness, weakness or tingling in the legs. We should also be concerned if you are unable to pass urine or you have numbness in your back passage area or you cannot control your back passage motions. If any of these symptoms happen we need to see you urgently.

Reduce pain and the length of sickness

However, if you don't have any above danger symptoms or signs, then here are a few simple tips to try at home:

**Chill it. Then warm it.** Ice is best in the first 24 to 48 hours after an injury because it reduces inflammation, however if you want a fast recovery then warm the area, the warmth feels good because

it helps cover up the pain and it does help relax the muscles, the muscle relaxes by increasing the blood circulation and there are two ways to do it 1-

Exercise 2- Warm it. Whether you use a warm water bottle (with a cover) or ice (in a protective bag and towel) - take it off after about 20 minutes to give your skin a rest. Please don't let your skin burn. Be patient with your pain.

**Keep moving.** "Our spines are like the rest of our body -- they're meant to move. Keep doing your daily activities. Make the beds, go to work, walk the dog. Once you're feeling better, regular aerobic exercises like swimming, bicycling, and walking can keep you - and your back - more mobile. Just don't overdo it. There's no need to run a marathon when your back is sore.

Your doctor can offer pain killers. However, these are the same over the counter medications like Paracetamol and Ibuprofen (an anti-inflammatory drug). However, avoid anti-inflammatory drugs if you have stomach pain, a history of peptic ulcer, kidney problems or Asthma. Ibuprofen and anti-inflammatory drugs increase the risk of ulcers and stomach bleeds. This risks goes up with commonly used medicines for anxiety and depression, including fluoxetine, citalopram and sertraline. Anti-inflammatory tablets with these antidepressants is a dangerous combination. Talk to your doctor if you have to use both.

Opiates like Codeine are not helpful in long term, neither for acute nor for chronic low back pain. Because of this tendency for addiction this means you have to increase the dose gradually so that you can get the same pain relief initially however the increased dose is associated with more side effects, like constipation.

#### Conclusion:

Exercise and keep moving, painkiller.

Remember to see a Doctor if:

- Your low back pain is severe, doesn't go away after few days, or it hurts even when you're at rest or lying down.
- You have weakness or numbness in your legs, or you have trouble standing or walking.
- You lose control of your bowels or bladder or you are unable to pass water.

#### ***Fibromyalgia, Irritable Bowel Syndrome and the problems that medical tests don't show up, Dr Birrell writes.....***

Some problems are not caused by a structural illness. When you see your doctor with one of these problems, your doctor will make a diagnosis based on the pattern of your symptoms rather than from test results.

These "functional" problems are more common than you would think. Examples of this type of functional problem are fibromyalgia, tension headaches, a globus sensation in the throat (throat tightness), some types of persistent pain after a painful problem such as sciatica or cervical brachialgia (a painful disc problem in the neck) Non epileptic seizures (dissociative attacks), irritable bowel syndrome, non cardiac chest pain after a heart attack, excessive breathlessness in patients that have COPD (chronic obstructive pulmonary disease) are all functional problems too.

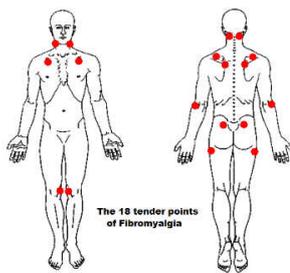
Functional illness is not "all in your mind". Rather, it affects the way that your brain understands the signals that it gets from the body. A software problem rather than a hardware problem. It is not your fault. You do not have direct control of the symptoms, but understanding the illness will usually make a big difference to how much the problem troubles you. And each problem can be much improved and sometimes cured by the types of treatment details below.

Knowing that there is nothing nasty behind your symptoms can really make a big difference. Our emotions, worries and problems can make bodily symptoms more troublesome. This can lead to muscle tension, adrenaline release and fast or deep breathing, which in turn causes more anxiety. On top of that when we feel low, we are much more likely to focus on our bodily symptoms and worry about them more.

Understanding these patterns by keeping a diary can help. Particularly because it can show you that distraction with enjoyable activities helps. Slow breathing exercises, looking for solutions to some of your problems and being more active help many, depending what the problem is. Dealing with negative thoughts and activity patterns through Cognitive Behavioural Therapy will often make a big difference. Your doctor may also need to help you with anxiety, or depression, or other psychological problems, that may prevent you from carrying out healthy habits.

## **Fibromyalgia**

Fibromyalgia is an example of a functional illness. 3-5% of people in the UK may have fibromyalgia in the UK. People with fibromyalgia have widespread pain. They also usually have a disturbed sleep pattern and are often tense, stressed or anxious. Low mood or depression may be a factor. The poor sleep pattern contributes to the pain, and may make depression and fatigue worse. "Fibro fog" can be an issue, where it is more difficult to think clearly.



One in 4 people with fibromyalgia get a decent amount of pain relief with a small dose of amitriptyline. Drowsiness with using amitriptyline is often helpful, but can be hazardous for certain patients. A dry mouth is a common side effect that can be limited by minimising the initial dose. Amitriptyline is not addictive, but some people are reluctant to use it, because it used to be used to treat depression. It is now used more to treat chronic pain and promote healthy sleep patterns.

There is a similar benefit in doing regular Tai chi. Twice weekly Tai Chi, for 1 hour over 12 weeks, seems to be very effective for pain, fatigue, quality of life, mood and sleep. There is some trial evidence that it halves many of these symptoms. There are no apparent risks. Continuing activity with a Tai Chi DVD is sensible.

Cognitive Behavioural Therapy is a good option for people who could do with changing their negative thinking, and the way that their thinking makes them behave. Six sessions of Cognitive Behavioural Therapy helped 1 in 4 participants compared to standard care. It is safe and often helpful for emotional health problems and dealing with negative thinking.

There is a poorly understood link between vitamin D deficiency and fibromyalgia. Studies have failed to show that vitamin D supplements help people who have long standing fibromyalgia. But it is reasonable to ensure that you have plenty of vitamin D. High dose supplements for 10 weeks from your doctor is a reasonable option followed by a regular over the counter supplement for vitamin D (Valupak vitamin D) when you can't get enough sunshine. If you don't get enough sunshine, or have dark coloured skin I suggest

you take supplements rather than having a vitamin D blood test.

## **Irritable Bowel Syndrome**

Just because a problem is functional, does not mean that there are not treatments that can cure or make a massive difference. Irritable bowel syndrome, or IBS, is another example of a common functional problem. More than 10% of people in the UK are affected by IBS. Understanding irritable bowel syndrome can ease your symptoms. Knowing that it is not caused by a serious condition, such as cancer, can help enormously. Make sure that your doctor has ruled out coeliac disease (with a simple blood test). It's also helpful to know that it's not your fault, nor is it all in your mind. However, stress can make it worse, and tackling anxiety can improve it too.

The Low FODMAP diet helps 25% of people with irritable bowel syndrome. For this to work most people need to see a dietician. Cognitive behavioural therapy also helps 25% of people with IBS and hypnotherapy can help 30-50%.

Depending on your symptoms there are some medications that are available over the counter (or on prescription) that you may like to try:

- Soluble fibre such as ispaghula can help reduce IBS symptoms. 17% of people find it helpful - it is more likely to help if you're prone to constipation. This is available on prescription, or in oats, nuts and linseeds, and in some fruit and vegetables. (Check if the fibre is soluble or not.)
- Change your eating habits. Eat as regularly as possible. Avoid eating too much fruit, caffeine, and avoid sorbitol in sugar-free gum and drinks (sweeteners). Try yoghurt's containing probiotics. Increase your exercise levels (an app on your phone or a pedometer might help). These changes can also help you to lose weight and help to lower your cholesterol.
- If pain is a problem - this often feels like spasms or bloating - consider using: Peppermint oil. 40% of people find Peppermint oil helpful; Hyoscine (buscopan) helps in 30%. You can either take these regularly, if you get pain most days, or just when you get pain.
- Drugs that work on nerves, to reduce pain and gut movement, can help. For example: amitriptyline 5 to 30 mg works for 25% of people. It may also help you to sleep.
- Loperamide may help if diarrhoea is a problem.

- Avoid lactulose in constipation.

As you can see: it is not always easy to figure out, on your own, which treatment might work best for you. If you would like some helping in deciding which option might work best for you: I will shortly be posting some audio recordings of me sharing these decisions with patients. These audios will be available via patient.info. You could also ask Dr Birrell to send you an email link to download the relevant audio file. At present I have audio files that help patients make decisions about options for managing fibromyalgia and irritable bowel syndrome.

For those of you who have health problems that are not thought to be predominately functional I have audio files that may help you to make informed decisions about your own healthcare. I currently have audio recordings in which I support patients to make their own decisions about the following conditions: insomnia, polycystic ovarian syndrome, stopping smoking, acne, type 2 diabetes, blood pressure and cardiovascular risks. They will be available shortly via patient.info, but can be requested if you provide me with an email address.

**Sexual Health during September - Michelle Rogerson, Practice Nurse, writes.....**

The family planning association will this year be "talking about porn" for sexual health week.

They are working with parents, teachers and young people to support people to have more open discussions about subjects related to porn, such as body image, consent, communications, safer sex.....and difference between fantasy and reality. Information is available on-line at [www.fpa.org.uk](http://www.fpa.org.uk)

A great YouTube clip is available which discusses consent and sex which is called "sexual consent and tea". This is funny but also gets across the importance of consent.

The doctors and nurses at the surgery are trained to provide confidential advice regarding sexual health and offer services such as contraception (pills, implant, depo injection and coils), emergency contraception (the morning after pill), condoms (including the c-card scheme for under 25's), as well as sexual infection screening. We are part of the "You're Welcome" scheme which encourages young people to attend the surgery.

For patients with learning disabilities support is available around relationships and sexual health. Please see Michelle Rogerson about this.

The sexual health clinics (GUM) also provide a free and confidential service and appointments can be organised on 0191 5699021.

Services at the surgery and GUM clinic are open to all aged 13 years and over.

**Breast Cancer Awareness - Michelle Rogerson, Practice Nurse, writes.....**

October is breast cancer awareness month, with national mammography day held on the 20<sup>th</sup>.

As one in eight women in the UK are diagnosed with breast cancer during their lifetime, all women should be checking their breasts regularly and attend for mammograms when eligible.

The earlier breast cancer is detected, the better the chances of surviving it.

Women are encouraged to be "breast aware" and report anything abnormal to their GP.

Guidelines on breast examination are available at [www/nhs.uk](http://www/nhs.uk) "how should I check my breasts?"

Mammograms are offered to women aged 50-70, although you may receive your invite from the age of 47 years.

**SHARP - Sharp Advice & Resource Project:**

Do you need advice on benefits? Have you got problems with debt or managing your money? Sky high energy bills? SHARP can help.

SHARP offer free independent advice and appointments are available in a range of community settings within Coalfields, Washington and Sunderland East.

They are based at 17 Beatrice Terrace, Shiney Row, Houghton-le-Spring DH4 4QW

Telephone: 0191 385 6687  
[www.shineyadvice.org.uk](http://www.shineyadvice.org.uk)  
[enquiries@shineyadvice.org.uk](mailto:enquiries@shineyadvice.org.uk)

Advice Line: 0300 123 1961  
 Advice E-mail [advice@sineyadvice.org.uk](mailto:advice@sineyadvice.org.uk)

SHARP centre is open Monday - Friday 9am - 5pm

### **Calling all Ex-military Personnel**

We are currently dating our practice records and encouraging those who have served in the military for at least one day, reservists and families of those serving to let us know. This is so we can help ensure that we aren't missing any opportunities to correctly signpost to advice and services, either now or in the future.



We would appreciate you completing a short questionnaire available from Reception. *Please note: the information obtained will be kept confidential*

### **Samples**

We have had incidents recently when sample bottles have been left on Reception desk with no name or date-of-birth on them. These samples will not be sent off for testing as we don't know who they belong to. Please do not leave your sample unlabelled on Reception and ensure your details are clearly marked on them.

### **Zero Tolerance**

Our staff are here to help you and they should be able to do their jobs without being physically or verbally abused. They have the right to be treated with dignity and respect at all times. Most people respect this.

Any patient, or their representative, found to be abusing our staff in person or on the telephone may be asked to leave the practice and may be removed from the practice list.

Abusive and offensive behaviour will NOT be tolerated.

### **Patient Participation Group**

The practice is keen to hear your views about the services we provide, and also any thoughts or ideas you may have for possible future plans and initiatives. These are discussed at our quarterly meeting and due to recent retirements we have a small number of vacancies available.



If you are interested, would you please leave your name and contact details at the Reception desk and the Practice Manager will be in touch.

### **Self-check-in**

This is situated on the left wall as you come into the waiting room. If you would like to use this method and are unsure how to, just ask at reception and we will assist.

### **Can't get an appointment?**

If you found it hard to get an appointment recently, you may be interested to know that during June, July and August 465 people did not turn up for their appointments - this is 77½ hours of valuable clinical time which was wasted and that could have been given to others needing to see a doctor or nurse. 182 of these missed appointments were by men, the remaining 283 by women.

If you cannot attend your appointment, please let us know so that we can give it to someone else.

### **Text Messaging**

During September 2017 we will begin to use a text message appointment reminder service. Could you please ensure we have your up-to-date mobile phone number. If you do not wish to receive texts from us please let one of our receptionists know.

### **Hearing Loop**

If you need to use a hearing loop, please ask at Reception - we have this facility available for our patient's use.

### **Opening times**

Our doors open at the following times:

8.20am - 12 noon, 1.30pm - 6pm Monday - Friday  
Saturday - closed  
Sunday - closed

### **Prescription ordering**

You can order prescriptions over the telephone at the following times:

9.30am - 12noon, and 1.30pm - 6pm Monday - Friday  
Saturday - closed  
Sunday - closed

### **\*\*Important Prescription Information\*\***

We get thousands of prescription requests each week. Each medication request needs to be checked and signed by one of the GPs. This takes a long time.

If you forget to order your medication and request them to be signed for the same day, it means that

the GP who is dealing with emergencies that day has to take time to check your prescription and sign it.

**This can delay important and clinical urgent treatment for very ill patients.**

There are many ways to order your prescription to make sure you get it on time - by phone, at the front desk, through your pharmacy, by post or online.

**Please be respectful of the surgery staff, also patients who need urgent clinical care. Please order your prescription 48 hours in advance.**

**Dr Birrell writes**.....

Dear Patient

I'm sure that you can appreciate that doctors are busy people. Occasionally we are dealing with life and death decisions. Our jobs are made more difficult by last minute urgent prescription requests. We are turning urgent requests around by 8.30am the following day. The only prescriptions that we are happy to turn around by 5pm on the same day are listed below:

- Salbutamol (Ventolin)
- Contraceptives
- Morning after pill
- Palliative care drugs
- Insulin
- Epilepsy drugs
- Epipens (adrenaline)

Thank you for your patience.

**Flu**

It's that time of year when you may be called in for your flu jab - if you are one of the patients identified via the NHS as needing a jab, we will be ringing you soo.....

**On-line facilities through our website**

We are pleased to announce that you are now able to book a GP appointment, request repeat medication, amend your personal details, view your immunisation history, and view your allergies/adverse reactions.



To be able to do this you can go to our website [www.herringtonmc.nhs.net](http://www.herringtonmc.nhs.net) and click on one of the

buttons which are down the right-hand side of the homepage. This will then take you to the "Patient Access" page where you can register to be able to use the on-line facilities.

There is also an app which is now available for patients who already have an account.

**Ringling for test results**

If you have investigations or tests carried out during a hospital attendance it is their responsibility to inform you of the result. We are responsible for tests and investigations done at our request.

We will try, where possible, to provide the result on behalf of the hospital if they are unable to but results can take longer to reach the Practice. Please do not get upset with Staff if the result is not returned within the timescale suggested by the hospital.

**Sunderland GP Extended Access Service**

This is a service ran by your local GPs accessed from 5 health centres by appointment only (appointments are booked by your usual GP practice). The 5 health centres are Southwick, Riverview, Houghton, The Galleries, Pallion.

The service opening times are Monday - Friday 6pm-8.30pm, weekends 9am-5.30pm, bank holidays 10am-2pm.

**Future Closures**

The practice will be closed during the following for essential staff training:

- Wednesday 18<sup>th</sup> October: 12noon - 6pm
- Wednesday 6<sup>th</sup> December: 12noon - 6pm

For medical attention during this time please ring NHS 111.

**Bank Holidays:**

- Monday 25<sup>th</sup> December: CLOSED
- Monday 26<sup>th</sup> December: CLOSED
- Monday 1<sup>st</sup> January 2018: CLOSED



For medical attention during these times please ring NHS 111.