

# Crown Medical Centre

## Staff news

There are some significant staff changes to tell you about, some of which have taken place already – but we were keen to know exactly what was happening before putting anything in print.

## Nurses

Both Terese Davison and Penny Mabley, 2 of our senior nurses, have left during the past few months to take on new challenges in different surgeries. We know they will be sorely missed and wish them both every possible success and happiness in their new roles. Penny was with the practice for 18 years while Terese joined us about 9 years ago, left very briefly and returned.

We are delighted to welcome Caroline Harding as our new “lead nurse” for the practice and Sharon Henderson as part of the team as well. If you have not yet met Sharon or Caroline we know you will find them both extremely friendly and helpful when you do, and we hope they are both starting to feel “at home” in The Crown.

## Admin

Chloe Worth has been with us for the past 6 months as part of the reception and secretarial team, and seems to have settled in well. Chloe is on a business apprentice scheme.

## Doctors

It is with much sadness that we announce the departure of 2 of our most senior doctors, Dr Justin Harrington and Dr Karen Manning.

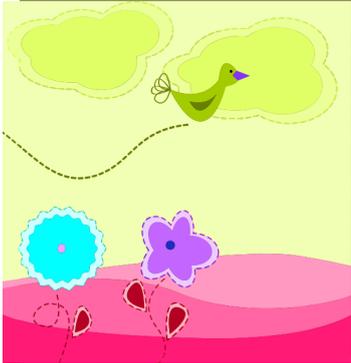
They have been partners in the practice for 25 and 22 years respectively, and have witnessed many changes in that time. They were both part of the team which originally worked out of the Cheddon Road and Silver Street surgeries, long before we moved to this building in 2002. They both worked alongside Dr Ian Barrie who retired some years ago and Dr Richard Eve who sadly died in 2011. They will both be greatly missed by all who work in the surgery, not to mention the many patients they have cared for with expertise and compassion over so many years. We know that you will join us in wishing them all the very best for the future. Dr Manning is retiring and Dr Harrington is going to pursue other aspects of his professional career, particularly in the field of IT. They both leave at the end of August 2016.

In September we will also be losing Dr Kate Foot, but fortunately only for a year, while she goes on Maternity Leave.

We are delighted to announce that we have managed to appoint 2 new partners to replace Dr Harrington and Dr Manning and they will begin on September 1<sup>st</sup>. They are Dr Ed Hayes and Dr Tom Langston, both of whom have trained locally and we very much look forward to welcoming them to the team.

Dr Foot’s maternity locum will be covered by Dr Rachel Winter.

Many of you will have met Dr Alka Patel, who is with us for 6 months (until August.) Dr Patel is a GP “registrar” which means she is a fully qualified doctor but is in the process of specialist GP training. We are very much enjoying having her with us.



CROWN MEDICAL CENTRE, VENTURE WAY,  
TAUNTON, SOMERSET, TA2 8QY

Summer 2016 Newsletter



## Medicines for Self Care

Somerset Clinical Commissioning Group supports any GP practice that decides to reduce their prescribing of medicines which have limited clinical value or are more suitable for patients to buy for themselves:

- Pain killers for minor aches and pains
- Soluble pain killers (because of high salt content)
- Hay fever preparations
- Cough and cold remedies
- Nasal decongestants (and Sterimar)
- Tonic, vitamin, and health supplements
- Antiperspirants
- Homeopathic remedies
- Treatments for non-serious constipation or diarrhoea
- Ear wax removers (a few drops of olive oil is just as good as anything on prescription)
- Treatments for minor facial spots
- Threadworm tablets
- Lozenges, throat sprays, mouthwashes, gargles and toothpastes
- Slimming preparations (except within national guidelines)
- Creams, gels, oils and dressings for minor sprains, sports injuries and scars
- Indigestion remedies for occasional use
- Creams for bruising, tattoos, varicose veins and scars
- Nappy rash barrier creams
- Hair removing creams
- Head lice lotions and shampoos (wet combing is recommended)
- Athletes' foot creams and powders
- Topical treatments for vaginal thrush
- Treatments for fungal nail infections
- Moisturisers and bath additives for minor dry skin conditions
- Travel medicines
- Foods and toilet preparations except where clinically indicated e.g. gluten-free cakes, cake mixes & luxury biscuits; sip feeds; ready-made thickened juices; soya milks and sun creams

### Why? This decision has been taken because:

- Many of these products are cheap to buy and are readily available along with advice from pharmacies, as well as shops and supermarkets (which are often open until late)
- Some of them do not actually work very well, e.g. cough syrups
- In Somerset we spent almost £4million last year on these medicines. This money could be better spent on treating more serious conditions such as cancer and heart disease

In some circumstances your doctor can still prescribe these medicines on the NHS if they believe a true clinical need exists. <http://www.selfcareforum.org/>

For more information from the National Health Service on conditions, treatments, local services and healthy living please visit the NHS Choices website: [www.nhs.uk/Pages/HomePage.aspx](http://www.nhs.uk/Pages/HomePage.aspx)



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**Please make sure we have up to date contact details for you!**  
**If we need to contact you about an appointments or results we need to have your up to date contact details. A landline and mobile number are useful.**

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## Third Party Consent

All patient information is confidential. We are not able to give information to family or friends, about anything, including upcoming appointments, results and medication. If you are happy for your medical information to be shared, then please sign a third party consent form next time you are here. They are available from reception, and do need to be signed by the patient in the presence of a staff member.

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## Patient Participation Group.

We are always looking for new members to join. There is more information about the group on the notice board in the foyer., If you are interested, please ask at reception.

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## On line access and repeat prescriptions

Don't forget that you can order your repeat prescriptions on line, and book GP appointments if you register for on-line access. Just bring 2 proofs of ID, one with your photo and one proof of address, such as a driving licence card or passport (photo ID) and a utility bill (proof of address within last 3 months)

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## New calling board

You will have noticed the new screen in reception. This is the new calling board so do keep an eye out for your name on there. It also has lots of useful information, such as dietary and health advice. You may have noticed more recently that it broke down, but we hope that the problem is now resolved!



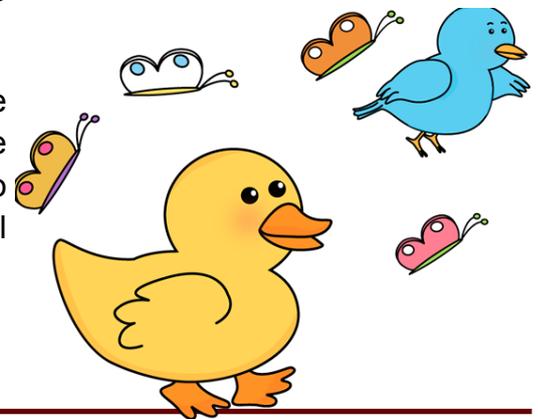
## Appointments

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We are hoping that since we have “firmed up” patients’ registration with a named GP the issue of appointments and appropriate follow up may have become a bit more streamlined. In addition, if “your” GP has no available appointment for you, then you can ask for a telephone consultation instead. He or she will then decide, by speaking to you, whether they can help you over the ‘phone or they may be able to fit you into a slot to be seen. If you are waiting for a doctor to ring you do please keep your ‘phone to hand (you would not believe how many “missed calls” are made by doctors each week trying to make contact with patients.) Remember that a call from the surgery will come up as a “withheld” number, so please do not let that put you off answering your ‘phone.

If your problem is URGENT then the appointments system above does not apply, and you will probably be seen or spoken to by the “duty doctor” on the day. They will only be able to deal with the urgent matter, and not with other ongoing issues. The part about staying close to your telephone does apply, even more so under these circumstances.

Please do not be offended if the receptionist asks the nature of your problem. This is to help place you in the most appropriate appointment however there is no obligation to let them know the details if you feel uncomfortable doing so.



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## Race for Life

The usual group of stalwarts is entering this 5k run again this year, raising money for cancer charities (particularly breast cancer). There will be a collection container on reception in due course, should anyone want to support their cause. The run takes place on July 17<sup>th</sup>.

Last year's runners!



## How I changed my life—by David MacAuslan



I am 64. Six months ago I was, and had been for many years, obese, dependent on alcohol, suffering from depression, sedentary and had diabetes type 2. I felt negative and unmotivated. Due to those factors, making any changes was, I thought, nigh on impossible.

I thought I was locked in to diabetes. I have already done irreparable damage to the soles of my feet, and further damage to my body seemed inevitable. But, as I have discovered, it is possible to escape from diabetes and make very positive changes. If I had known what I know now, I might have followed the course I am on sooner. But, due to my mindset then, maybe not.

One evening, six months ago, for some reason, I thought 'I can't go on like this. I need to do something about my problems'. So the next day, I decided to give up alcohol, control my eating, and start exercising. I didn't stop to think about these decisions because I knew that if I did, I would find excuses not to do it.

The next day, I signed up to a local gym. It was the first time I had ever been into a gym, and it seemed very daunting, but the staff have been very helpful, supportive and encouraging. I started off doing the most that I could, and now go there six days a week and have progressed to exercising very strongly. I have discovered that the more I do, the more I can do.

Six months on, I haven't had any alcohol. I thought that this would be very difficult, but actually, for me, it hasn't been. I don't miss it at all. I now limit my daily eating to three carefully calorie controlled (fairly) healthy meals. Again, this hasn't been as difficult as I imagined. I even enjoy the taste of the smaller quantities much more than when I was eating excessively.

After Christmas, I went for my quarterly diabetic check up. Much to my amazement, all my measurements, including cholesterol, blood glucose and blood pressure, are now completely normal. I no longer have diabetes. I didn't know that this was possible, but the numbers don't lie.

My life has been turned around, in a very positive way. There have been so many side benefits that I wasn't expecting. My eyesight had been deteriorating, and when I felt that it wasn't, again, quite right I visited my opticians. My eyesight has changed, but much to my delight, it has changed for the better.

I enjoy dressing in a way I consider to be good, but due to my obesity, I was restricted to 'big man' websites and their rather narrow and dull ranges. Now I am free to buy anything I want from normal shops and websites – and I do!

Since I started, I have lost nearly six stone and I am no longer obese, diabetic or depressed. I feel, and am, fit and healthy. I no longer have depression and all that entails. I feel alert and positive. It is a wonderful feeling to know that I am in control of my health and life.

I really thought I was the last person who could do what I have done. I hope that my experience can encourage other people with similar problems to improve their lot.

The **Accessible Information Standard** is a new 'information standard' for implementation by all organisations that provide NHS or adult social care. The Standard aims to ensure that people who have a disability or sensory loss receive information that they can access and understand, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter. The Standard requires organisations that provide NHS or adult social care to:

1. Ask people if they have any information or communication needs, and find out how to meet their needs.
2. Record those needs clearly and in a set way.
3. Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. Share people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.

Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

Although not exhaustive, the standard is likely to apply to people who are blind and/or deaf, those who have some hearing or visual loss, and people with learning disabilities.

Full compliance with the Standard is a legal duty and required by 31 July 2016.

Successful implementation of the Standard aims to lead to improved outcomes and experiences, and the provision of safer and more personalised care and services to those individuals who come within the Standard's scope.

At practice level we will be making sure that we amend our commonly used forms to ask patients if they have any special communication needs. We will then record any on the patient's medical record so that anyone seeing the patient is aware that the patient may need assistance with communication. We will make sure that all our forms are available in larger print for patients.

**Please make sure that if you do have any special communication needs, you speak to reception so that they can record this and help make information more accessible for you.**

## Useful telephone numbers

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Reception	01823 282151
Prescription desk	01823 250150
Pharmacy	01823 337888
District Nurses	0300 323 0026
Podiatry service	0303 033 3003
Chiropractor	01823 333 973
Health Visitor	0300 323 0115
Physio Department (Musgrove)	01823 344 028
Musgrove Park Hospital	01823 333444

