

Newsletter for our patients

April 2022

Riverside Surgery

Bovey Tracey

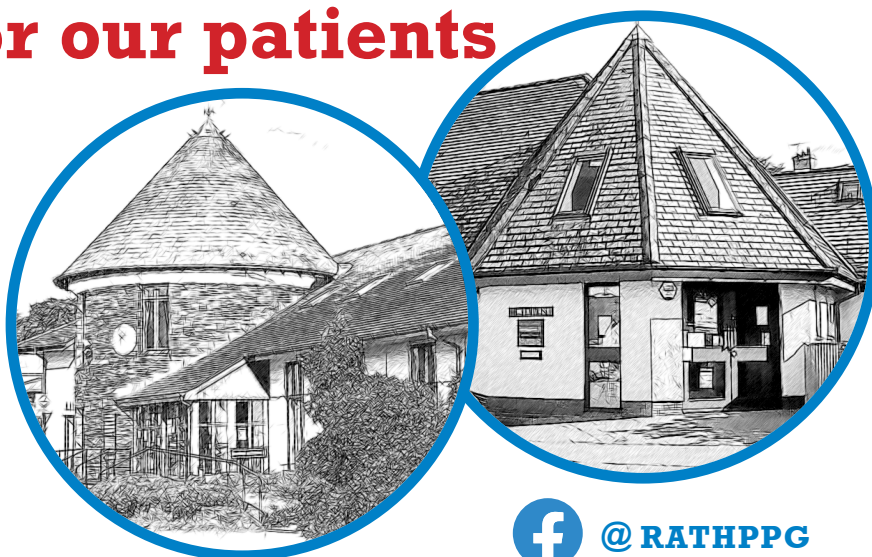
01626 832666

Tower House Surgery

Chudleigh

01626 852379

<https://towerhousesurgery.co.uk>



@ RATHPPG

Practice Staff News

Last November we welcomed Becky Sharp, pharmacy technician, to the Pharmacy Team. Becky is working Mondays, Tuesdays, Thursdays, and Fridays 8:00am - 6:00pm at Riverside and is supported by Rosie, Adrian and Anna.

We would like to congratulate Dr Deborah Hughes on becoming a New GP Trainer. This means that Dr Hughes will now be able to take aspiring GPs under her wing.

Jane re-joined us in January and took up her previous role as one of our admin team leaders. She has settled back nicely into her role. She works Mondays and Wednesdays from Riverside, and Thursdays and Fridays from Tower House.

We said goodbye to Rachel Moore who left us in February. She has moved back to the ambulance service and we wish her all the best.

At the end of April, we will be saying goodbye to one of our HCA's, Kay. She is going to Marie Curie to further her career. We wish her all the best for the future.

Vacancies

We are currently advertising for an additional salaried GP, and a practice nurse.

No doctor is leaving us, so no need to panic! It's just that

we have a few members of our team who are looking to reduce sessions, and we are trying to get ahead of the game.

If you know of anyone who may be suitable, please direct them to our look at our Practice Website News Page, or they can follow the link:

<https://www.towerhousesurgery.co.uk/News>

Alternatively, they can contact our Practice Manager, Ben Bishop, via email benjamin.bishop1@nhs.net or by phoning 01626 397020.

Masks

Mask wearing is still required in medical settings, so our patients and staff need to wear masks while in our practices (unless the

person is exempt for medical reasons).

We do realise that many people find mask wearing difficult or uncomfortable, but we nonetheless ask that you respect this policy and the staff enforcing it.

Acceptable behaviour

As a practice we aim to provide a high standard of health care in a friendly and caring manner, while respecting your personal wishes and dignity.

In return we ask that you treat our staff with respect and courtesy at all times.

Any form of verbal or physical abuse will not be tolerated, and patients causing any member of our staff to feel harassed,

Practice Opening Hours

Mondays	8:30 – 1:00pm & 2:00 – 6:00pm
Tuesdays	8:30 – 1:00pm & 2:00 – 6:00pm
Wednesdays	8:30 – 1:00pm & 2:00 – 6:00pm
Thursdays	8:30 – 1:00pm & 2:00 – 6:00pm
Fridays	8:30 – 1:00pm & 2:00 – 6:00pm

Please note, our phone lines are staffed continuously from 8:30am until 6:00pm, including lunch times.

On the days when we are closed, you can phone our usual telephone numbers and you will be redirected to 111 or Devon Doctors.



alarmed or distressed will be asked to leave the premises immediately and may be removed from the practice list.

The use of threatening, abusive or insulting language is not acceptable.

We are pleased to say that nearly all of our patients are very polite and friendly to all our staff and doctors. However, from time to time, we do encounter patients who are aggressive, intimidating, abusive, threatening, insulting or just rude. We will not put up with such behaviour.

If a patient fails to treat any member of our staff with respect and courtesy, whether in person or by phone, they will be removed from our practice list and will need to register with another practice.

Please be patient and kind

Our health services are under huge pressure, but we are open and here when you need us.

You can help us and yourself by making sure you get the right care, for your needs, in the right place, and at the right time.

Please continue to be kind to our staff. Please use social distancing where possible, and do wear a face mask in healthcare settings.

Friends and Family

The *Friends and Family Test* is a very simple feedback tool used to support the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. This enhances our knowledge of how our patients view our Practice.

Take part in our survey

Please let us know how likely you are to recommend our Practice to your friends and family by following this link: <https://www.towerhousesurgery.co.uk/FriendsAndFamily/>

Phone lines and appointments

Due to staff shortages, our phone lines can become very congested at times. We appreciate how frustrating it is to have to wait to get through, but we are doing our best with the resources we have.

If you are calling due to a collapse or life-threatening injury, please dial **999**. Please do not hold on in our telephone queue waiting to speak to a receptionist.

Phone early if urgent

Patients who need urgent care are advised to phone as early in the day as possible to get an urgent same-day telephone call with our duty team—our nurse practitioners, pharmacy team, GPs and paramedic. The receptionist will not be able to confirm who will be calling you back.

In order to book an urgent same day call, you must give the receptionist some details regarding the urgency. This is because the duty team need to clinically triage everyone asking for an urgent call back.

If you do not wish to give any details of the problem, the receptionist will advise you to pre-book an appointment rather than use an urgent call back. You will not be given a time frame for receiving an urgent, same day call and you'll therefore need to be available all day.

If you wish to book a routine appointment, please try to avoid times between 08:30 and 09:30, as this is our busiest time.

From 11th April we will be phasing out our triage-first system that was put into place over the pandemic. Patients will be able to pre-book face-to-face appointments with the GPs.

We will also introduce more pre-bookable telephone calls for appointments with any of our clinical staff.

Remember, we can usually pre-book anything routine up to four weeks in advance.

eConsults

If you want to beat the queue, we suggest doing an eConsult.

For clinical safety reasons, the eConsult service is suspended at weekends and bank holidays.

If you need assistance during those times, please use the **111** service.

An eConsult is a consultation where you fill in an online form about a health issue. It allows patients to get medical help without making an appointment or calling the practice.

To start an eConsult please visit our Practice Website at <https://www.towerhousesurgery.co.uk/>

Follow the link below to find information and advice on many common medical problems <https://towerhousesurgery.webgp.com/>

After an eConsult has been submitted, a clinician will review the request and decide on the most appropriate care. This may come in the form of an email reply, a prescription, a sick note, a follow up phone call or a face-to-face appointment.

The great thing about eConsults is that they provide us with very detailed information about your symptoms and the effect that they are having on you.

Covid Vaccinations

You can check your eligibility for a vaccine dose at <https://www.nhs.uk/covid-vaccination> or you can phone **119**.

First, second and third doses and booster vaccinations are being done at Newton Abbot Racecourse.

Please keep an eye on our Facebook Page for the most up to date information on walk-in clinics.

You can book your COVID-19 vaccination appointments



online for an appointment at a vaccination centre or pharmacy <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/>

Alternatively, you can check for a walk-in COVID-19 vaccination site to get vaccinated without needing an appointment

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/find-a-walk-in-coronavirus-covid-19-vaccination-site/>

MyHealth Devon

The MyHealth Devon website <https://myhealth-devon.nhs.uk/> has been created by Devon Referral Support Service (DRSS) and local clinicians to provide local information including waiting times, referral pathways and information on how patients can manage their specific symptoms or conditions.

Frequently visited pages include those on mental health, pain management, ADHD, autism, hip pain as well as those on waiting times and 'my referral'.

Benefits of the MyHealth service include:

- ❖ Enhanced patient self-management
- ❖ Directing patients to other appropriate services
- ❖ Minimising consultation times by showing patients how to find trusted clinical information
- ❖ Answering frequently asked questions that may require additional patient contact
- ❖ Providing patients with information on current waiting times
- ❖ Helping to manage patient expectations

Research studies

There are currently three different research studies active in our Practice. If you wish to find out more information about

WEIGH YOUR BABY AT THE LIBRARY



Devon Public Health Nursing have teamed up with Libraries Unlimited to offer free baby self-weigh facilities in private areas of 16 libraries across Devon during the libraries' popular Bounce and Rhyme sessions.

Parents and carers will be given safe guidance around weighing and noting down babies' and children's growth and can contact a Health Visitor if they have concerns around any aspect of their baby's growth or feeding.

Have a look at <https://www.eventbrite.co.uk/d/united-kingdom--devon/bounce-and-rhyme/>

any of the studies, please see the practice website or ask at reception for more details and posters.

SHAPE study

SHAPE study: An online Self-management and HeAlth Promotion in Early-stage dementia (with E-learning for carers). SHAPE is a new group-based online educational programme that combines approaches of self-management and health promotion to improve quality of life, well-being, and health outcomes in people with dementia and their care partners. Look at the website: <https://shapeproject.eu>

Who can take part: people with mild to moderate dementia, over the age of 65, with a care partner who is willing to participate.

STREAM trial: Screen and TREAT for Malnutrition (STREAM)

About 20% of older people living at home are at risk of malnutrition. In particular poor appetite is an important risk factor for malnutrition and for weight loss, which is in turn a risk factor for the development of infections, hospital admissions and even longer-term mortality. This may be because they are not getting enough to eat, or because they are not eating enough of the right food.

Intervention study

An intervention ('Eat well, feel well, stay well') has been developed, to help doctors and nurses in general practice to check if older adults who live at home are at risk of malnutrition. They can then offer support to those who need it. This includes booklets and other materials for older adults, and a support tool for health professionals. The support tool includes guidance about when to see patients, and, for those more severely at risk, when to use oral nutritional supplements.

This study aims to assess the effectiveness of the intervention. All patients get a brief intervention with patient booklets and follow-up, but individuals who are at much greater risk will have the brief intervention plus oral nutritional supplements (ONS) for short spells when they are unwell. The study will also follow a group of patients who have the usual care that is provided by their doctor.

If you are eligible for this study, you may have received an invitation already.

Immune defence study:

Immune Defence is a research study designed to see if nasal sprays, getting active and reducing stress help people get fewer and less severe infections such as flu, colds, and similar respiratory infections.

If you are eligible for this study, you may be selected to take part and receive an invitation.

Our Receptionists

Our receptionists are specially trained to suggest the best way of dealing with your problem. Sometimes they will direct you to a source of help available elsewhere than in the Practice, but, often, you will be given an appointment with an appropriate clinician without having to see a GP first. This direct referral saves your time and our GPs' time.

Our Clinical Staff

Here is an introduction to our clinicians to give you an idea of who you might be seen by during your appointment

Registrars

Our Practice is approved as a training practice for doctors who wish to become general practitioners. We usually have one or two such doctors attached to the Practice.

Doctors training to become GPs are called registrars.

A registrar is a fully qualified doctor who has had several years of hospital experience and is gaining further experience of family medicine before finding their own practice.

Most patients like to see a 'skilled' GP who listens to you carefully, takes notice of what you say, conducts any examination required by your symptoms, and then gives you appropriate advice and treatment.

Gaining GP skills

The difficulty is that the skills of a good GP cannot be taught solely by lecturers and consultants in universities and hospitals. That is why registrars need to be taught by GPs who are working in practices such as our own.

Our practice currently has two registrars, one at Riverside, Dr Heather Brook and one at Tower House, Dr Jo Howell.

Each registrar is mentored by one of our doctors.

If you are seeing a registrar, you will receive the same quality of service you would receive from your own GP.

If you have any concerns, please mention this to a member of staff.

Assessments

For the registrars to successfully complete their training they need to be assessed on their consulting skills. This is done by their appointed trainer viewing

a video of the registrar's consultations. You may be asked for your permission to have your consultation recorded in this way. If you agree you will be asked to give your written permission on a consent form available at the reception desk.

The recording will be used for educational purposes only.

For further information about this process and the confidentiality of it please ask to speak to a the reception team.

Medical Students

Sometimes we have medical and nursing students attached to the Practice as part of their training. You will be advised of such an occasion and your consent obtained for the student to be present during your consultation.

You can change your consent at anytime during your consultation and this will have no effect on your care.

When might I be seen by a medical student?

Students may be sitting in with doctors or nurses while they do their clinics.

You might be asked if the student can do the consultation while your GP or nurse watches. The student may be asked questions by the supervising doctor or nurse.

If something is said that you do not understand, please ask for clarification.

You might be asked to see a student before your appointment or attend a student surgery. If you are asked to attend a student surgery, a doctor will always be in charge and will see you to make sure your problems are dealt with appropriately

You might be asked if you're willing to come into the surgery to talk to a student about a problem which has been dealt with by the practice on an earlier occasion.

If you have a long-standing problem, you might be asked



to see a student so that they can better understand its effects on your life

You might be asked if a student can visit you at home.

For further information please click here to view our Practice leaflet about Medical Students.

<https://www.towerhousesurgery.co.uk/mediafile/78279a02-f140-4c6b-9c4c-f6bfd983387c>

Advanced Nurse Practitioners

Our Nurse Practitioners' Rachael and Sally are Registered Nurses who, for some ailments, are qualified to examine patients, diagnose illnesses, prescribe medication and provide treatment much like a GP can do.

Our Nurse Practitioners can see a multitude of problems experienced by adults and children.

Our Nurse Practitioners have 'on the day' telephone appointments, which means you will be phoned back on the day you ring in.

If you need to be seen face-to-face, they will arrange a time for you to come in. These appointments are usually 15 minutes long which gives sufficient time for advice and any required blood tests, swabs, ECGs (heart monitoring), etc.

Ailments that our Nurse Practitioners can look after:

- ❖ Minor injuries
- ❖ Sinusitis
- ❖ Eyes—infections and other eye problems
- ❖ Respiratory problems—chest infections and respiratory illnesses
- ❖ Asthma or COPD (Chronic Obstructive Pulmonary Disease)
- ❖ Skin problems such as rashes, itching or acne
- ❖ Headaches
- ❖ Earache or ear infections
- ❖ Glandular problems

- ❖ Fatigue or tiredness
- ❖ Female health problems—breast or gynaecological
- ❖ Female contraceptive advice
- ❖ Urinary problems
- ❖ Abdominal discomfort
- ❖ Gastric problems such as reflux
- ❖ Musculoskeletal problems—back, hip or knees
- ❖ Legs—cellulitis or phlebitis
- ❖ Blood pressure
- ❖ Diabetes

If a Nurse Practitioner feels that a GP should be involved with your consultation, she will arrange this for you.

Paramedic

We are very lucky at our practice that we have a paramedic, Lynne, within our clinical team.

Lynne joined primary care after 21 years in the ambulance service. She is based mainly at Riverside and is currently studying an MSc in Advanced Clinical Practice.

Lynne runs her own clinics on a Monday, Tuesday and Friday, triaging and managing minor illnesses in adults, and providing continuity for patients with complex health needs.

She is able to carry out assessments and the management of requests for same-day urgent home visits, as well as regular visits to homebound patients having long-term health conditions.

Ailments that Lynne can look after:

- ❖ Heart conditions—coronary heart disease, angina, heart attack, heart failure, heart palpitations or irregular heartbeat, blood pressure problems or deep vein thrombosis
- ❖ Nervous system—stroke, transient ischaemic attacks (TIA) carpal tunnel, tumours, headaches, epilepsy,

dizziness, concussion, tremor, nerve pains, vertigo, Parkinson's disease and Alzheimer's

- ❖ Respiratory conditions—asthma or COPD (Chronic Obstructive Pulmonary Disease), cystic fibrosis, chest infections and respiratory illnesses, pneumonia, shortness of breath,
- ❖ Abdominal issues—discomfort, pain, swelling, cramps, diarrhoea, changes in bowels, hernia, inflammatory bowel disease (IBS), Crohn's disease, gallstones, appendicitis, kidney stones, diverticulitis
- ❖ Musculoskeletal problems—tendonitis, osteoarthritis, rheumatoid arthritis, fibromyalgia and pains following injury
- ❖ Urinary problems—blood in urine, urine infections, change in urine colour, cloudy urine, difficulty emptying bladder
- ❖ Endocrine (glandular) problems—sore throat, swollen lymph nodes, glandular fever, diabetes, pancreatitis, Grave's disease, thyroid problems
- ❖ Gastric problems—reflux, constipation, haemorrhoids, colitis
- ❖ Falls

Pharmacist

As a practice we are also very lucky to have an inhouse pharmacy team. Our pharmacists are Rosie, Adrian, Anna, and our pharmacist technicians, Becky and Lindsey. They are highly qualified experts in medicines and can help people in a range of ways.

Our pharmacists work as part of the general practice team to improve safety, value and outcomes from medicines and consult with and treat patients directly.

This includes providing extra help to manage long-term



conditions, advice for those on multiple medicines and better access to health checks. Their role is pivotal to improving the quality of care and ensuring patient safety.

Having a pharmacy team in-house means that our GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with more complex conditions.

Our pharmacy team can deal with:

- ❖ Any medication changes or queries
- ❖ Medication recently given to patients following discharge from hospital
- ❖ Organising alternative medications for any that are currently unavailable
- ❖ Yearly medication reviews
- ❖ Side effects/interactions of medications
- ❖ Synchronising of medications

Social Prescribers

Social prescribing empowers people to take control of their health and wellbeing through referral to Social Prescribing Link Workers such as our own team: Andrea, Ashleigh, Hannah, Joanna, Catherine and Wendy.

Link Workers connect people with community groups and statutory services for practical and emotional support. They also support existing groups to be accessible and sustainable and help people to start new community groups, working collaboratively with all local partners.

Social prescribing can help Primary Care Networks and GPs to strengthen community and personal resilience as well as helping to reduce health and wellbeing inequalities by addressing the wider determinants of health.

You can refer to our social prescribing team if any of the following apply to you:

- ❖ One or more long-term conditions
- ❖ A history of mild to moderate mental health conditions which interfere with daily life
- ❖ Loneliness or isolation
- ❖ Complex social needs which affect your wellbeing such as family and relationship issues, debt, poor housing, being unemployed or caring responsibilities.

For more information, pick up or download our social prescribing leaflet or speak to Reception, a GP or a nurse.

My Planned Care— Patient Platform

My Planned Care is a national workstream as part of the Elective Recovery Programme focused on empowering patients while they are on a waiting list. This platform is due to go live on 24th February 2022.

This will give patients the opportunity to see, by acute trust, information specific to a range of conditions to enable a better understanding of supporting their own health while on a waiting list. It will also provide waiting list information to enable people to better understand how long they may be waiting.

You can find information on your local services at <https://www.myplannedcare.nhs.uk/>

Cervical Screening

Cervical screening is a free health test available on the NHS as part of the National Cervical Screening Programme.

What is it for?

Cervical screening is not a test for cancer, but it helps to prevent cervical cancer by checking for a virus called high-risk HPV (human papilloma virus) and cervical cell changes.

You should be invited for cervical screening if you have a cervix. Women are usually born

with a cervix, and trans men, non-binary and intersex people may also have one.

In the UK you will automatically be invited for screening if you are aged between 25 and 64 and are registered as female with a GP.

Do have a test if it's offered.

Saving lives

Cervical screening prevents at least 2,000 cervical cancer deaths each year in the UK.

It's important for you to take up the offer of a test, even if your last test was normal.

Appointments for screening

We are still offering a cervical screening service here at the Practice and appointments can be booked via reception or via SystmOnline.

You can book a cervical screening appointment at any time. It is, however, best not to book a screening when you have your period as it can be harder to get a result.

Cervical Screening Tips

Talk to your nurse if you feel embarrassed or worried, or if you have had a bad experience before, or have experienced anything that makes the test difficult for you.

If you have any worries, tell the person doing the test about them. Our staff will always try to give you the right support.

Ask for the first appointment of the day if you feel uncomfortable in waiting rooms.

If you find a standard size speculum too uncomfortable, you can ask to try another size.

More information and support

A lot of people are worried or unsure about cervical screening, but we are here to support you and give you any information you need.

A very helpful website is available:

<https://jostrust.org.uk>



On that website, you will find information for:

- ❖ Under 25s
- ❖ Over 64s
- ❖ People with a learning disability
- ❖ Survivors of sexual violence

If you have questions, you can phone the website's helpline on **0808 802 8000**—check the opening hours at <https://www.jostrust.org.uk/get-support/helpline>

Contacting other people

If you want to talk with others going through a similar experience, you may like to join Jo's Cervical Cancer Trust Online Forum: <https://www.jostrust.org.uk/forum>

They have an *Ask the Expert* service for general medical queries: <https://www.jostrust.org.uk/get-support/ask-expert>

Keeping fit as we age

There's a lot more interest from gyms in attracting older people to use their services and it's not unusual now to see older people exercising.

Some gyms have special sessions for certain age groups so the elderly won't feel embarrassed

Exercising at home

A trainer at a gym, or a physiotherapist, can suggest a lot of simple exercises you can do at home, either with small weights, or with an exercise band (a long strip of rubber which you can stretch between your hands). There's lots on the internet on how to work with the bands (search for "using exercise bands").

Monitoring your blood pressure at home

In previous Newsletters, we've mentioned how taking blood pressure readings during a GP consultation might not give ideal

readings because most patients' blood pressure will then tend to be somewhat higher than normal.

If we need to keep an eye on your blood pressure we'll probably suggest you monitor it at home if you possibly can.

Monitoring devices

Blood pressure monitors, like the one pictured below, are now commonplace. You can buy approved devices from local pharmacies.



If you do decide that you'd like to do your BP monitoring at home, we have a comprehensive leaflet available which will guide you through the whole procedure, and will make it all very easy.

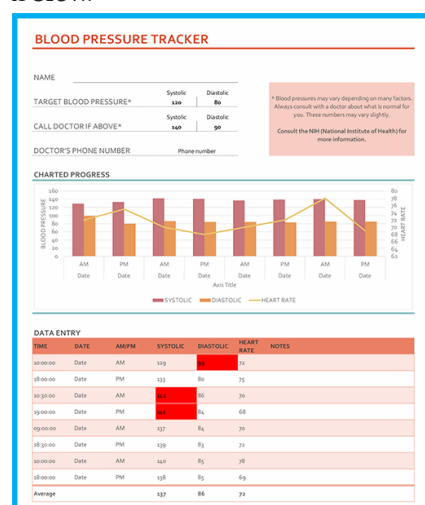
Our leaflet, shown below, contains a chart on which you

can record your readings for submission to the Practice.

Recording your readings on a computer

If you're into computers and spreadsheets, you'd probably like the idea of keeping all your results on your computer. To make it easier to do that, you can download a spreadsheet template for BP monitoring from: <https://templates.office.com/en-gb/blood-pressure-tracker-tm03986884>

The template will produce a results sheet like the one shown below.



Riverside Surgery Bovey Tracey 01626 832666
Tower House Surgery Chudleigh 01626 852379

Monitoring your blood pressure at home

Some of our patients have to have their blood pressure monitored at regular intervals, by attending for a consultation with a nurse. Many of these patients find having to make regular visits to the surgery a bit of a nuisance and a bit of a worry, especially while Covid is still active.

We now can recommend home monitoring of blood pressure for most of these patients. Equipment to do the monitoring at home has come down in price and makes purchase attainable for many such patients.

Why home monitoring of BP is better for patient health

Readings taken in the Surgery by a nurse or GP tend to be different from your actual day-to-day figures. On the other hand, readings taken by you in the relaxed environment of your home give us a much better picture of the true situation.

It really is easy

Home monitoring is very, very simple once you've done it a few times, but, at first, you might find the procedure a little intimidating or difficult.

When it's set out as a series of instructions, the procedure can seem rather complicated, but, please do persevere and you'll very soon get the hang of it.

We've tried to make home BP monitoring as easy as I have prepared this leaflet and report form for patients to use.

Just remember that after the first few times of monitoring your BP at home, you'll rapidly get used to from then on.

Machines to monitor your BP

There are many devices on the market, with a wide range of prices, and it may be difficult to know which to purchase. The best way of buying one is probably to visit a local pharmacy and see what they have in stock or available, or recommend.

The machines we suggest our patients should use consist of a unit with an air pump and a digital display powered by internal batteries. The air pump tube is connected by a flexible rubberer device to a flexible rubberer or a finger cuff, but these devices are not considered suitable for reliable clinical monitoring. The same applies to digital wrist watches or fitness monitors.

Readings are remembered

Most blood pressure machines for home use have an internal digital clock which you set to the correct time and date when you switch on the machine for the first time.

Every time you take a blood pressure reading, the machine will remember the reading, and the time and date on which they occurred, though it's a good idea to write down in a note book your dates, times and readings, just in case the machine 'forgets' the readings, perhaps when you have to fit new batteries.

Fill in a form

There is an on-line form available at <https://towerhousesurgery.co.uk> which you can fill in with your readings. Your filled-in on-line form will be sent to the practice automatically.

A paper form

If you haven't got internet access, you can use the form on the last page of this leaflet. You can fill it in and return it to your Surgery so that we can have a look at your readings.

Your readings

Blood pressure readings need to be interpreted in the light of your age and your state of health, especially if you have ongoing health problems. We will look at your readings to see if they are 'normal' for you.

What is 'normal' for someone else might not be 'normal' for you so we will take many factors into account when assessing your readings.



Help Overcoming Problems Effectively (HOPE)

The HOPE programme is a free course that supports you to manage your health and wellbeing and to explore what is important to you.

In Devon the course is delivered three ways, face-to-face, virtually using Microsoft Teams or digitally using an online platform.

What can you expect?

The programme covers a variety of topics including:

- ❖ Mindfulness
- ❖ Goal setting
- ❖ Gratitude diaries
- ❖ Stress management
- ❖ Health eating
- ❖ Dealing with setbacks
- ❖ Fatigue management

Face-to-face HOPE:

- ❖ Available to anyone in living in Devon
- ❖ Small groups of 8–20 people
- ❖ In-person course (set venue, dates and times)
- ❖ Commitment of 2 hours per week for 6 weeks (times may differ eg, 2 × 1 hour slots per week)
- ❖ Delivered by at least two facilitators

Virtual HOPE:

- ❖ Available to anyone in living in Devon
- ❖ Small groups of 6–15 people
- ❖ Delivered online using Microsoft Teams
- ❖ Live course (set dates and times)
- ❖ Can only access course at set times

- ❖ Commitment of 2 hours per week for 6 weeks (times may differ, eg 2 × 1hr weekly)
Delivered by at least two facilitators

- ❖ Live communication using audio and webcam

Digital HOPE:

- ❖ Available to anyone living in the Southwest of England
- ❖ Delivered via iHOPE
- ❖ Self-paced over 6 weeks
- ❖ Access 24/7 for the 6 weeks
- ❖ Recommended commitment of 2 hours per week
- ❖ Delivered by at least two facilitators
- ❖ Online chat, group forums and private messaging
- ❖ Option to upload media

To help participants get the best out of the programme, courses are designed around

a specific condition or group of people. For example, people living with chronic pain or parents with young children.

How do I book?

For information on all HOPE courses, please contact the HOPE Programme coordinator on:

Phone: **01803 320600**

Email: hope.devon@nhs.net

Website: HOPE Programme
<https://www.torbayandsouthdevon.nhs.uk/services/hope-programme/>

You can refer yourself

HOPE welcomes self-referrals from people who feel this would benefit them.

Note that the HOPE programme does not replace medical care. The programme is not therapy but it is certainly therapeutic!

The Hope Programme by Torbay NHS: a participant writes

Those of us with a long-term health condition sometimes find it hard to cope with our day-to-day lives. It's to help people like us that Torbay NHS has started their Hope Programme. Remember that we all of us have times when we might be unhappy or not coping too well. We should always ask for help when we need it.

I found that the Help Programme made a tremendous difference to me when I put into practice what the group facilitators had told us about. I became more confident and much keener to get the best out of life. One example was keeping a 'gratitude diary' to make me more aware of things in my life that I was really grateful for.

If you are invited to take part in a Hope Course, or you put yourself forward to take part, don't hesitate. Everyone in my group got a lot out of the Course.

When you've taken part, you'll look back and be so pleased with yourself for having taken up the offer, especially if you were a bit nervous about what would happen on the course. Everyone, the facilitators who ran the course and the other participants, were all so supportive and helpful that no one on my course had anything but praise for it.

Remember too that everything you learn from the course will remain with you as resources to ensure you get the best out of your life and cope well with any difficulties you might experience in the future.



Latest news on Covid vaccination programme

Please note that GP surgeries, including ours, are now not involved with the Covid vaccination programme. **Please do not phone us about Covid vaccinations. If you do phone us, we can only direct you to the NHS 119 service or the information at <https://www.nhs.uk/conditions/coronavirus-covid-19/> or <https://www.england.nhs.uk/2022/03/nhs-bookings-open-for-spring-boosters/>**

Further down this page we set out the latest details of the Covid vaccination programme (the information was correct at the time of writing, 25th March)

Spring booster vaccinations

On 21st March, the NHS COVID vaccination programme started inviting eligible people to come forward for their life-saving spring booster jabs.

People aged 75 and over and those who are immunosuppressed are now able to book their spring booster—as the biggest and most successful vaccination programme in health service history enters a new phase.

The Joint Committee on Vaccination and Immunisation has advised that a spring jab should be offered to those most vulnerable to COVID-19, as a precautionary measure.

Booking your job

The NHS is inviting people to arrange a jab through the national booking service when it is their turn. It can be accessed online at nhs.uk/covidvaccine or by calling **119**.

Around five million people will be able to get a spring booster during the campaign and the NHS will be contacting over 600,000 people to invite them to book their jab.

Nikki Kanani, GP and Deputy SRO for the NHS COVID Vaccination Programme, said: "Sadly, we are still seeing large numbers of people seriously unwell in hospital with COVID so it remains vital that those most at risk come forward when they are invited to do so.

"The response so far from the public to the largest and most successful vaccination programme in NHS history has been incredible, with more than 9 in 10 people aged 75 and over getting their initial booster. "The NHS COVID vaccination programme is once again ready to get people protected, so when you are invited please do come forward for your spring dose".

Keeping people out of hospital

Recent research from the UK Health Security Agency has shown that the NHS booster programme has helped prevent around 157,000 hospitalisations since mid-December.

Despite this, NHS hospitals have treated more than 100,000 patients with COVID since the start of the latest Omicron wave of infections.

NHS health chiefs are expecting high uptake of spring boosters amongst people aged 75 and over after 4.5 million of them got their top-up jab over autumn and winter, and have recruited additional call handlers for the **119** service to help people book their vaccine appointment.

Free phone calls

Calls to **119** are free from mobiles and landlines. Lines are open every day from 8am to 8pm, and **119** can provide support in 200 languages.

All local NHS teams will be contacting all the care homes in their patch as they have done

previously. They will arrange spring boosters for people who are eligible and have been invited.

Hundreds of sites including community pharmacies, vaccination centres and hospital hubs are offering spring vaccination boosters to those most vulnerable to coronavirus.

Newsletters: help your friends and neighbours

Most readers of our Newsletters find the content relevant and interesting. However, there are many of our patients who don't have computers, tablets or smart phones, so they're unable to see our Newsletters unless they call into Reception to request a paper copy.

Print a copy if you can

If you are lucky enough to be computer literate and have access to a home printer, would you please consider printing out a copy of our Newsletter and making it available to someone who's a patient of ours who wouldn't otherwise see it.

Available in Bovey Library

From now on we will make sure that anyone can read our Newsletter by going along to the Library in the Riverside Community Centre.

Large print version

If anyone needs a large-print version of one of our Newsletters or one of our leaflets, please call into Reception.



NHS Bowel Cancer Screening Programme

Bowel scope screening used to be offered on reaching the age of 55, but scope screening is no longer offered as part of the NHS Bowel Cancer Screening Programme.

Extending the screening programme to screen more people

In August 2018, ministers agreed that bowel cancer screening in England should be offered to people from the age of 50.

NHS England and Improvement (NHSEI) began the 'age extension' process in April 2021, starting a gradual expansion of the programme to include 56-year-olds.

This is the first phase of a gradual roll-out to lower the screening age from 60 to 50 between now and 2025.

The table below shows the age ranges and timeframes.

Age at first invitation	Year invitations start from
56	2021/22
58	2022/23
54	2023/24
50 and 52	2024/25

NHS bowel cancer screening is offered every two years.

The starting age for the age extension programme was 56, so the first invitations went to those who would previously have been eligible for bowel scope screening.

As each screening centre started its age extension programme, they invited people within the relevant age group from that start date—and not before.

For example: a centre started age extension (inviting 56-year-olds) on 1st June 2021. They invited anyone who turned 56 from that date onwards.

Anyone who was aged 56 before 1st June 2021 would have

been invited when they became eligible as part of the next age cohort (at age 58).

When people become eligible for bowel cancer screening, they will get an invitation letter in the post, along with a leaflet explaining screening and its possible benefits and risks.

Symptoms

The symptoms of bowel cancer can be subtle and do not necessarily make you feel ill. It's worth trying simple treatments for a short time to see if the symptoms get better.

More than 90% of people with bowel cancer have one of the following combinations of symptoms:

- ❖ a persistent change in bowel habit—pooing more often, with looser, runnier poos

and sometimes tummy (abdominal) pain

- ❖ blood in the poo without other symptoms of piles (haemorrhoids)—this makes it unlikely the cause is haemorrhoids
- ❖ abdominal pain, discomfort or bloating always brought on by eating—sometimes resulting in a reduction in the amount of food eaten and weight loss
- ❖ constipation, where you pass harder stools less often, is rarely caused by serious bowel conditions

Most people with these symptoms do not have bowel cancer.

If you feel you have any symptoms of bowel cancer, you should speak to your GP, even if you've recently had a bowel screening or a colonoscopy.

Shingles

Shingles is an infection that causes a painful rash. **Get advice from 111 as soon as possible if you think you have it.**

Check if you have shingles

The first signs of shingles can be:

- ❖ a tingling or painful feeling in an area of skin
- ❖ a headache or feeling generally unwell
- ❖ a rash will appear a few days later.

Usually you get the shingles rash on your chest and tummy, but it can appear anywhere on your body including on your face, eyes and genitals.

The rash appears as blotches on your skin, on one side of your body only. A rash on both the left and right of your body is unlikely to be shingles.

Treatment

Get advice from **111** as soon as you suspect shingles. You might need medicine to help speed

up your recovery and avoid longer-lasting problems.

This works best if taken within 3 days of your symptoms starting. Go to 111.nhs.uk or phone **111**. They can arrange a phone call from a nurse or doctor if you need one.

Vaccination against shingles

If you're aged 70 to 79, you can be vaccinated against shingles. People over 80 are not eligible, because the vaccine is less effective for them.



Typical shingles rash: blotches become itchy blisters that ooze fluid. A few days later, the blisters dry out and scab.



The rash may be in and around your eye, making it sore and red. It can affect your sight or hearing and make it hard to move one side of your face.