

Newsletter for our patients

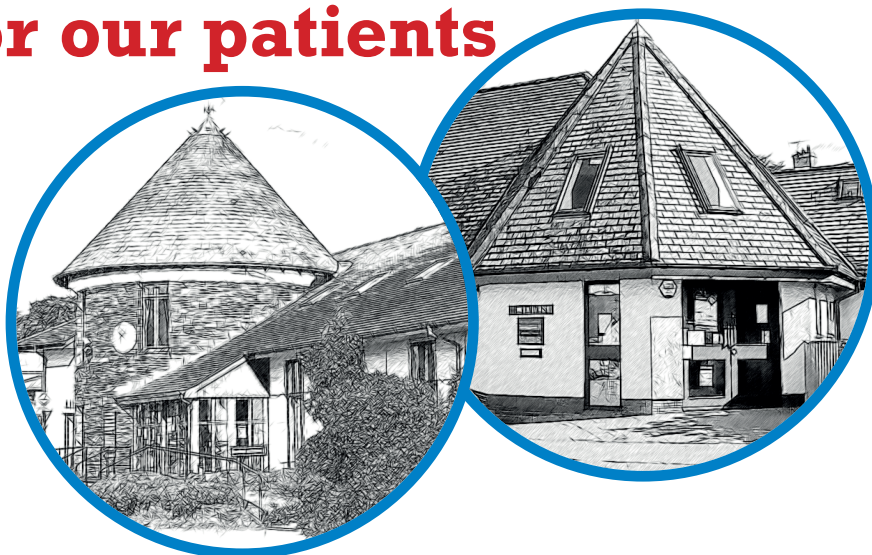
March 2023

Riverside Surgery
Bovey Tracey
01626 832666

Tower House Surgery
Chudleigh
01626 852379



Scan to go to our website



Moorlands Community Care Group

We have heard from Heather Manktelow who has taken over from Jayne Edwards in the Moorlands Community Care Group team. Her role is to support people in the community who have memory problems or dementia. Heather facilitates the Memory Cafe in Ashburton and she is inviting people with memory problems, and their carers, to join them there.

The Ashburton Memory Cafe operates at St Andrew's Church Hall in the centre of Ashburton (there is some parking there). They are there the first Tuesday each month, 10.30am to 12.30pm.

Formal diagnosis not needed

Unlike the Alzheimer's Society (who run Bovey Tracey Memory Cafe on the first Wednesday of each month from 2pm to 4pm in the Methodist Hall) people can join the Ashburton group whether or not they have had a formal diagnosis of dementia

Please contact Heather on **07535 516747** if you wish to refer yourself, or a cared-for person.

Moorland Community Care Group also run social events:

- ❖ Afternoon tea: 2nd and 4th Thursdays, 2.30 to 4pm, St Andrew's Church Hall Ashburton

- ❖ Afternoon tea: 1st and 3rd Tuesdays, 2.40 to 4pm, Phoenix Hall, Bovey Tracey
- ❖ Soup and pudding club: Lunch, 1st and 3rd Wednesdays, 12 noon to 2pm, St Luke's Church, Buckfastleigh

Moorlands Community Care Group have a team of volunteers to help people in the community, as well as volunteers who encourage people to become more competent and comfortable when using digital equipment, such as smart phones, tablets and personal computers.

Please don't hesitate to contact Heather or the Moorlands Community Care Group if you think their support would help.

New website

Moorland Community Care Group are in the process of updating their website to better reflect what their service offers, and they will be printing new leaflets soon.

Buckfastleigh

There is a new Community Interest Company based in Buckfastleigh which runs cognitive stimulation therapy groups for people in the early to mid-stages of dementia: *Conversation Works*. Call Kathrine Bailey on **07899 993134**

if you are interested, or email kathrine@conversationworks.co.uk

Kathrine is not part of Moorland Community Care Group but has lots of experience with people with dementia and their carers.

Ness Dementia Centre

In Chudleigh, The Ness Dementia Centre runs a day centre at Orchard House for people in early to mid-stage dementia.

They also provide a service in Teignmouth and other locations around Devon and can sometimes supply outreach workers to help people in their own homes and community.

There are also video-link one-to-one sessions for people with dementia and their carers. There are training sessions for carers too.

For more information, please call Jonathan Hanbury on **01626 774799** or email info@nesscaregroup.co.uk

Statins

Recent guidelines are encouraging GP teams to review the cholesterol-lowering medication patients are on, to ensure they are prescribed the most effective medication for lowering their cholesterol.

Current clinical guidelines advise that Atorvastatin (at least a

20mg dose) is the medication of choice closely followed by Rosuvastatin (10mg and above).

In time, we will be contacting all those patients who are on less effective cholesterol medication such as Simvastatin or Pravastatin to advise them to switch.

However if this change will apply to you and you are keen to consider a switch of medication, please contact the surgery and arrange an appointment to discuss this with our practice pharmacist.

New Out-of-Hours Service provider

Devon Doctors has lost its contract to run Devon's out-of-hours urgent care services. The services are now provided by

Practice Plus Group. The Devon out-of-hours service does not offer walk-in appointments. Access to the service is solely via the national NHS 111 helpline. Calls to NHS 111 are free when calling from a landline or a mobile, and can be accessed 24 hours a day, 365 days a year.

The NHS 111 team will assess your condition over the phone and if it is clinically appropriate, they will refer your case to our GP-led out-of-hours service. This may result in:

- ❖ further clinical assessment over the phone
- ❖ a face to face appointment to attend a primary care centre to see a clinician
- ❖ a home visit from one of the clinicians

- ❖ referral to an Urgent Treatment Centre (UTC).

When is our out-of-hours service available?

The Devon out-of-hours service is available Monday to Friday from 6.30pm to 8.00am, and 24 hours at weekends and bank holidays.

Prostate Cancer

You need a prostate gland to get prostate cancer, so although this disease mostly affects men, trans women and non-binary people who are born male (assigned male at birth) can also get prostate cancer.

Missed diagnoses

It has been estimated that there are probably about 14,000 men who have undiagnosed prostate cancer—undiagnosed because the pandemic caused them to delay reporting their worries or made it difficult to obtain a diagnostic consultation.

Prostate Cancer UK has joined forces with the NHS to find those 14,000 undiagnosed men who haven't started urgent prostate cancer treatment due to the pandemic.

Risk of getting prostate cancer

1 in 8 men will get prostate cancer.

You are at higher risk of prostate cancer if you:

- ❖ are aged 50 or older
- ❖ have a close relative, for example brother or father, who has had prostate cancer
- ❖ are of Black ethnic origin (double the risk)

Prostate cancer is not always life threatening. But when it is, the earlier you find it, the more likely it is to be cured.

Check your risk in 30 seconds at Prostate Cancer UK: <https://prostatecanceruk.org/risk-checker>

If you use social media, please share Prostate Cancer UK's

Are you lonely?

Do you know someone who is lonely?

The Department for Digital, Culture, Media and Sport has launched a new loneliness campaign activity as part of the **Better Health—Every Mind Matters** campaign.

The campaign primarily aims to reach 16-34 year olds by continuing to encourage them to '**Lift Someone Out of Loneliness**', knowing that this will likely help their own feelings of loneliness. This is based on recent research that shows that people in this demographic are at higher risk of feeling lonely compared to other age groups, but less likely to seek advice and support.

Something to think about

Here are some ideas to lift someone out of loneliness this winter.

Fancy a chat?

Why not check in with a family member or friend to help them

feel less lonely—it could help lift you up too.

Fancy a walk?

Invite someone to join you for a wander, to help yourself and someone else feel less lonely.

Fancy a cuppa?

Reaching out to someone for a catch up over a brew can help you or someone else feel less lonely.

Are you lonely?

If you're feeling lonely, you can search **Every Mind Matters** for support and advice, or go to <https://www.nhs.uk/every-mind-matters/lifes-challenges/loneliness/>

Twitter: @DCMS

Facebook: @dcmsgovuk

Instagram: @dcmsgovuk

#EveryMindMatters

30-second risk checker and help find those 14,000 undiagnosed men. #MenWeAreWithYou

What is the prostate?

The prostate gland lies just below the bladder. It helps produce healthy sperm. Problems with the prostate can affect urination and sexual function.

Prostate cancer is caused when some cells in the prostate start to grow out of control.

Prostate cancer is the second most common cause of cancer deaths in UK men. Each year about 50,000 men are diagnosed with prostate cancer and about 12,000 die from the disease.

More than 75% (3 in 4) of men with prostate cancer survive with the disease for 10 or more years.

Prostate cancer is rare in men under 50. The risk increases with age.

Slow-growing prostate cancers are common.

Prostate cancer will not always cause symptoms or shorten your life.

Symptoms

Most early-stage prostate cancers do not have any symptoms. If you do notice anything that is not normal for you, or you're worried, you should speak to your GP.

PSA test

Prostate specific antigen (PSA) is a protein that is made by prostate cells. The PSA test assists in the diagnosis of prostate problems by measuring PSA levels in the blood. Most men will not have a raised PSA level.

PSA levels can be raised in a number of conditions, such as a urinary infection, an enlarged prostate, prostatitis or prostate cancer.

The PSA test is not perfect: it will miss some prostate cancers, will detect some that would never go on to cause harm, and

can show a raised PSA level when there is no prostate cancer present.

Because prostate cancer is mainly a disease of older men, most research into PSA testing has been among men aged between 50 and 69.

Having a PSA test needs to be a personal decision: what might be important to one person may not be to another and having the test might not be the right thing for you.

Possible advantages

A PSA test can help pick up prostate cancer before you have any symptoms.

A PSA test can help pick up a fast-growing cancer at an early stage, when treatment could stop it spreading and causing problems or shortening your life.

Possible disadvantages

You might have a raised PSA level, without having cancer. Many individuals with a raised PSA level do not have prostate cancer.

The PSA test can miss prostate cancer. A small proportion of

men who have a low PSA level will later be found to have prostate cancer.

If your PSA level is raised you may need a biopsy (having a small sample taken from your prostate for microscopic examination).

Having a biopsy can cause side effects, such as pain, infection and bleeding. Not all men will need to have a biopsy.

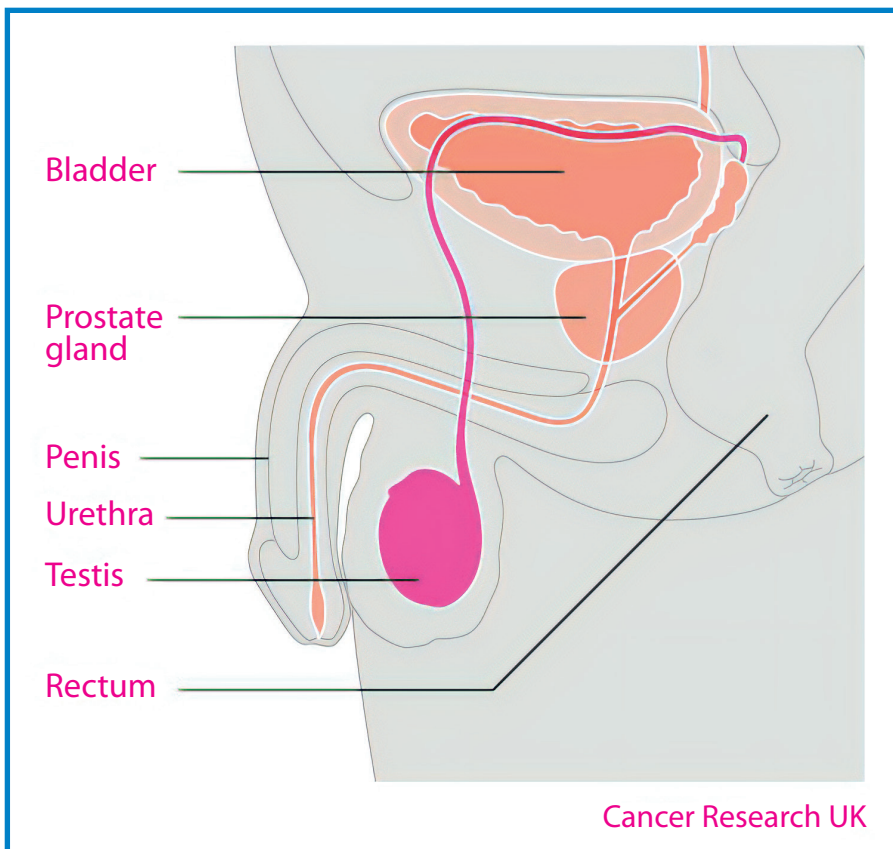
You might be diagnosed with a slow-growing cancer that would never have caused any problems or shortened your life.

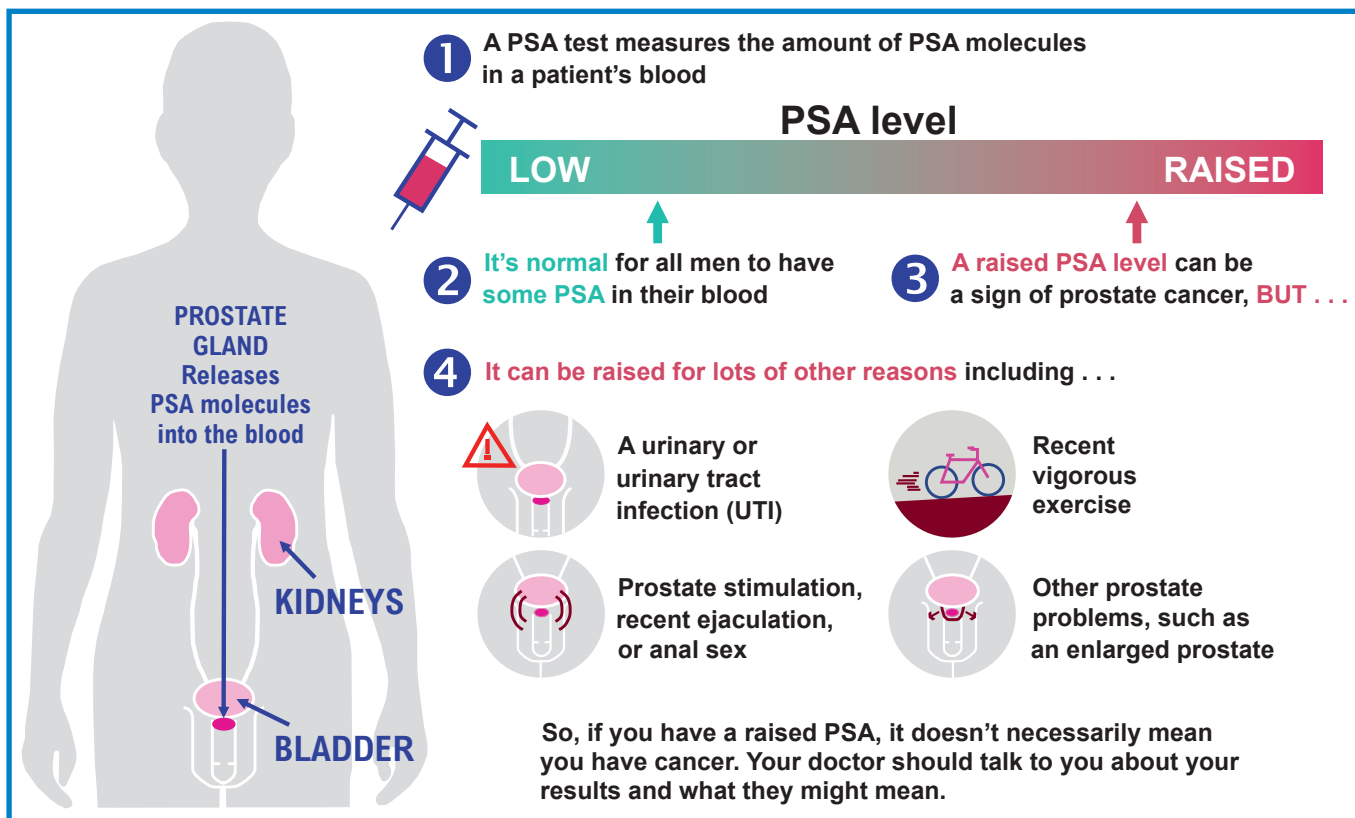
Being diagnosed with cancer could make you worry, and you might decide to have treatment you do not need.

Treatment consequences

Treatments can cause side effects which can affect you daily for the rest of your life, such as urinary, bowel and erection problems.

For more information, visit:
<https://www.cancerresearchuk.org/about-cancer/prostate-cancer/about>
<https://prostatecanceruk.org>
<https://nhs.uk/psa>





Have a look also at: <https://www.nhs.uk/conditions/prostate-enlargement/> where you'll find a video primarily about benign prostatic enlargement but which also includes a segment dealing with prostate cancer.

Deciding about having a PSA test

Before you decide whether to have a PSA test, talk to your GP about the possible advantages and disadvantages of having a test and about your own risk of prostate cancer.

You can visit <https://prostatecanceruk.org/media/fmqqnqlj/6216-prostate-cancer-uk-gp-questions.pdf> to download and print a form you can fill in ready to hand in to your GP when you have your consultation about any prostate worries you might have.

Your PSA test

If you're booked for a PSA test, then over the two days before the test you should refrain from all sexual activity and avoid vigorous exercise, such as cycling, as those activities can affect the PSA level.

If in the six weeks before the test you've had a prostate biopsy or cystoscopy (where a small tube is inserted into the bladder), those procedures could also affect your PSA level.

Benign prostate enlargement

As men get older, they may notice problems with urination, perhaps with difficulty in starting to pee, a frequent need to pee, or difficulty in emptying the bladder.

In some men, the symptoms are a minor inconvenience but for others they can be very troublesome.

These symptoms can be caused by an enlarged prostate gland pressing on the bladder, where urine is stored, and on the urethra, the tube that urine passes through.

The name of this problem is BPE (benign prostate enlargement) 'benign' meaning 'non-malignant'.

BPE is also known as Benign Prostatic Hyperplasia, or BPH.

BPE is common in men aged over 50. It's not a cancer and it's not usually a serious threat to health.

Many men worry that having an enlarged prostate means they have an increased risk of developing prostate cancer. This is not the case.

The risk of prostate cancer is no greater for men with an enlarged prostate than it is for men who don't have an enlarged prostate.

If you think you might have BPE, talk to your GP about it and find out if you need treatment or whether lifestyle changes might help you.

More information

Have a look at: <https://www.nhs.uk/conditions/prostate-enlargement/> where you'll find information on the condition. There's a short video showing what occurs in BPE, together with some extra information about prostate cancer.

Shared record system for Devon and Cornwall (DCCR)

The Devon and Cornwall Care Record is a secure computer system that brings together information about your health

and care and presents it as a single record.

Previously, it was difficult to share information about your health and care between different areas of the system. Now, healthcare staff can see the details held by GP practices, hospitals and other health and care organisations across Devon, Cornwall and the Isles of Scilly.

Saving time and improving care and treatment

Having a more complete view of your medical history helps healthcare professionals identify problems more effectively and make quicker diagnoses. For instance, they can see which allergies you suffer from, and any tests, treatment and

medication you have received. As well as making treatment safer, the care you receive will be more co-ordinated, giving you a smoother journey through the health system.

It also saves staff the time it takes to find information and spares you the frustration of having to answer the same questions repeatedly or undergo duplicate or unnecessary tests.

Transforming information flow

Dr John McCormick, GP and Chief Clinical Information Officer at Devon Clinical Commissioning Group, said: "The Devon and Cornwall Care Record has the potential to transform the way we care for patients in our region.

"By enabling information to flow more easily between the organisations that provide services, we will produce a more efficient system and improve the experience for patients. For example, it means an oncologist treating a patient for cancer in Plymouth can see the same information as their GP in Callington."

John Garman, Chief Clinical Information Officer at Kernow Clinical Commissioning Group added: "It's a common—and justified—grumble from patients that they have to repeat their stories and answer the same questions as they move through the system."

Aiming for efficiency

"This programme will go a long way to solving that problem, as well as cutting down on other inefficiencies – like calling patients for tests they've already undergone.

"Initially, some organisations will both contribute and use data (including GP practices, acute hospitals and social care providers), while others will just use data.

"However, in time, more and more organisations will come on board, expanding the programme's reach and improving the care of increasing numbers of patients."

Who is involved?

There are more than 760 health and care providers in Devon and Cornwall and, potentially, all of them can participate.

These organisations include GP practices, NHS hospitals, social care services, mental health services, hospices, community care services and out-of-hours services. If you would like to know whether or not one of your health or social care providers is participating in the programme, you can ask them direct. Alternatively, you can check the

WHAT WERE SOUTH DEVON GP PRACTICES DOING IN DECEMBER 2022?

APPOINTMENTS
There were over 220,019 appointments with GP's, Nurses, Healthcare assistants etc. 92,411 of these were GP appointments.

TEST RESULTS
58,070 lab results were received in December across South Devon GP Practices.
That's 177 for every thousand patients

PRESCRIPTIONS
564,529 prescription items were issued in December.
That's 1,726 for every thousand patients

CLINICAL LETTERS
85,076 clinical letters were received in December.
That's 260 for every thousand patients

REFERRALS
7,304 referrals were made in December to other services, for further care or investigations

BROUGHT TO YOU BY THE SOUTHERN PRIMARY CARE COLLABORATIVE BOARD

list of participating organisations at:

<https://www.devonandcornwallcarerecord.nhs.uk>

Personal data

Keeping your personal data safe is a key aspect, and all required measures are taken to keep your information secure and confidential.

Shared care records are subject to UK data protection legislation. They can only be viewed by people involved in your care, and those people all work under strict codes of conduct.

Where can you find out more?

For further details, visit the website: <https://www.devonandcornwallcarerecord.nhs.uk>

If you would prefer that your information is not shared, you can say so by filling in the objection form located on the

data security and privacy page of the above website.

Do you know how to do CPR if someone's heart suddenly stops?

There seem to be very frequent media reports about CPR being successfully used to save a life after a sudden collapse.

CPR—or Cardiopulmonary Resuscitation—is an emergency lifesaving procedure performed when a heart stops beating (cardiac arrest). Immediate CPR can double or triple the chance of survival after cardiac arrest.

Learn all about CPR

You can find out all you need to know about CPR by visiting: <https://www.resus.org.uk/>

Lifesaver learning

Resuscitation Council UK's interactive training tool *Lifesaver* is a great way to learn lifesaving skills anytime, anywhere.



An example of an AED on a wall in a workplace, ready for immediate use.

Image by Tanja-Denise Schantz from Pixabay

Through action-packed scenarios, you'll be thrown into the heart of the action as you make the crucial decisions and learn the essential skills needed to save a life.

Training products

The *Lifesaver* family of products includes an interactive game for the general public, a workforce training tool that meets the National standard for CPR and AED (Automated External Defibrillator) awareness training, and an innovative VR experience used by young learners and many first-aid trainers in the UK.

Sudden cardiac arrest is caused by something going wrong with the heart's electrical signals.

This is different from a heart attack, which is caused by something going wrong with the heart itself or the flow of blood to the heart.

Defibrillators

Devices called Automated External Defibrillators (AEDs) can be used to give a high energy electric shock to the heart of someone who has suffered a cardiac arrest to restore the heart's normal rhythm.

When combined with CPR, defibrillators give cardiac arrest patients the best possible chance of survival.

Very easy to use

Defibrillators are easy to use, provide audible instructions to



Practising how to perform CPR and use an Automated External Defibrillator, though, remember, you can use these devices without any training at all because they give you verbal instructions.

Image by Illya Alvarado Diaz from Pixabay

the user and will not deliver a shock unless it is required. **No training is required to use the equipment.** There are now thousands of defibrillators available in public areas

AEDs are often located in yellow or green cabinets in public spaces, are sometimes marked with a white heart symbol on a green background, or the devices could just be mounted in full view on a wall behind a bar, in gyms, leisure centres, offices, tourist information centres, schools, colleges, railway stations, restaurants—anywhere at all.

Locating a defibrillator

If someone has suffered a cardiac arrest and 999 is contacted while CPR is being carried out by you or someone else, and a defibrillator is needed, the **999** operator will give the location of the nearest device, and provide a code for gaining entry if the device is in a secure cabinet.

Register of defibrillators

Many defibrillators are never used because emergency service and the public at large don't know where they are or how to access them.

The Circuit, the national defibrillator network, provides the NHS ambulance service with vital information about defibrillators across the UK so that in those crucial moments after cardiac arrest, they can be accessed quickly.

If you've seen a defibrillator in your workplace, school or local community, **please do make sure it's been registered with The Circuit** so that its location and type of device are on the national list.

To register a defibrillator, or to find the one nearest to you, go to: <https://www.thecircuit.uk/>

GPs at Riverside and Tower House

Here are some biographical details of our GPs, listing their working sessions and their special medical interests.



Dr Keith Maybin

Dr Maybin is our Senior Partner and is also the Clinical Director of the Newton West PCN. He qualified in 1993 in London with an MB BS BSc DRCOG MRCGP. He is our QOF/IIF Lead, helping with our practice's interactions with the NHS's voluntary reward and incentive programme. Dr Maybin is a GP Tutor for the Peninsula Medical School.

Dr Maybin is based primarily at Riverside Surgery, working 4 sessions a week, on a Tuesday and Wednesday.

Dr Maybin's special interests include steroid injections.



Dr William Kinsella

Dr Kinsella is a Partner and our Health & Safety Lead. He qualified in 1998 in Cardiff with an MB BCh DRCOG MRCGP.

Dr Kinsella is based primarily at Riverside Surgery, and works 6½ sessions a week, on a Monday, Tuesday, Wednesday morning and Friday morning.

Dr Kinsella's special interests include palliative care and cancer care.



Dr Ben Ward

Dr Ward is a Finance Partner and our Clinical Governance Lead. He qualified in 2002 in Bristol with an MB ChB MRCGP.

Dr Ward is based primarily at Riverside Surgery, working 8 sessions a week, on a Monday, Tuesday, Thursday, and Friday.

Dr Ward's special interests include clinical research, minor surgery, steroid injections and hypertension.



Dr Francesca Vasquez

Dr Vasquez is a Staff Partner and our Social Prescribing Lead. She qualified in 2003 in London with an MBBS MRCGP DRCOG DFFP.

Dr Vasquez is based primarily at Riverside Surgery, working 8 sessions a week, on a Monday, Wednesday, Thursday, and Friday.

Dr Vasquez's special interests include women's health and mental health. Dr Vasquez is also a GP Trainer.



Dr Deborah Hughes

Dr Hughes is a Partner and our Caldicott Guardian, Information Governance Lead and Safeguarding Children’s Lead. She qualified in 1997 in Birmingham with an MRCGP (Dist.) MB ChB DRFP DRCOG.

Dr Hughes is based primarily at Riverside Surgery, working 6 sessions a week, on a Tuesday, Wednesday, and Friday.

Dr Hughes’ special interests include women’s health and children/young person’s health. Dr Hughes is also a GP Trainer.



Dr Tristan Oxenham

Dr Oxenham is a Finance Partner. He qualified in 2004 in London with an MBBS BSc DRCOG MRCGP.

Dr Oxenham is based primarily at Tower House Surgery, working 8 sessions a week, on a Monday, Tuesday, Thursday, and Friday.

Dr Oxenham’s special interests include minor surgery, injections, diabetes, learning disabilities and respiratory problems such as asthma/COPD. Dr Oxenham is also a GP Trainer.



Dr Paul Russell

Dr Russell is a Partner and our QOF and Mental Capacity/Deprivation of Liberty Lead. He is also our Safeguarding Adult’s Lead. He qualified in 2003 in Cardiff with an MB BCh MRCGP.

Dr Russell is based primarily at Riverside Surgery, working 7 sessions a week, on a Monday, Tuesday morning, Thursday, and Friday.

Dr Russell’s special interests include dementia and enhanced care in care homes.



Dr Rosalind Mills

Dr Mills is a Salaried GP and our Atrial Fibrillation and Anticoagulation Lead. She qualified in 2000 in London with an MBBS MRCGP DRCOG DFFP.

Dr Mills is based primarily at Riverside Surgery, working 4 sessions a week, on a Monday and Wednesday.

Dr Mills’ special interests include contraception and sexual health. Dr Mills is also a GP Trainer.



Dr Emma Williams

Dr Williams is a Salaried GP and our Depression and Rheumatoid Arthritis Lead. She qualified in 2004 in Bristol with an MRCGP MBChB DTM&H.

Dr Williams is based primarily at Tower House Surgery, working 6 sessions a week, on a Monday, Wednesday, and Thursday.

Dr Williams’ special interests include women’s health and tropical medicine.



Dr Martin Rolph

Dr Rolph is a Salaried GP and our Epilepsy Lead. He qualified in 1990 in London with an MBBS MRCGP MAiTh.

Dr Rolph is based primarily at Tower House Surgery, working 4 sessions a week, on a Wednesday and Thursday.

Dr Rolph’s special interests include family medicine, and theology.



Dr Paul Graham

Dr Graham is a Salaried GP and our Cardiovascular Disease Lead. He qualified in 2002 at the University of Brighton and Sussex with an MBBS MRCGP BM BS.

Dr Graham is based primarily at Riverside Surgery, working 8 sessions a week, on a Monday, Wednesday, Thursday, and Friday.

Dr Graham’s special interests include care of the elderly.



Dr Tessa Keeler

Dr Keeler is a Salaried GP and our Lipid Management Lead. She qualified in 2012 in Nottingham with an BM BS BMedSci DFSRH Loc S.D.I MRCGP PgCert Clinical Education.

Dr Keeler is based primarily at Riverside Surgery, working 4½ sessions a week, on a Monday morning, Tuesday, and Friday.

Dr Keeler's special interests include clinical education. She is also a GP Tutor for the Peninsula Medical School.



Dr Jonathan 'Forbes' Bialick

Dr Bialick is a Salaried GP and our Osteoporosis Lead. He qualified in 2014 at the University of East Anglia with an BSc MBBS MRCGP.

Dr Bialick is based primarily at Riverside Surgery, working 4 sessions a week, on a Tuesday and Wednesday.

Dr Bialick's special interests include care of the elderly.



Dr Charlotte Stanley

Dr Stanley is a Salaried GP and our Chronic Kidney Disease Lead. She qualified in 2015 in Bristol with an BSc BM BS PgCert MRCGP.

Dr Stanley is based primarily at Tower House Surgery, working 6 sessions a week, on a Monday, Tuesday, and Thursday.

Dr Stanley has wide-ranging interests at present.



Dr Natalie Lukeman

Dr Lukeman is a Salaried GP and our Stroke/TIA lead. She qualified in 2007 in Bristol with an MBChB MRCGP DRCOG DFSRH.

Dr Lukeman is based primarily at Tower House Surgery, working 4 sessions a week, on a Wednesday and Friday.

Dr Lukeman's special interests include women's health and contraception.



Dr Thea Collins

Dr Collins is a Salaried GP. She qualified in 2013 in Brighton with an BMBS DFSRH MRCGP.

Dr Collins is based primarily at Riverside Surgery, working 6 sessions a week, on a Tuesday, Wednesday and Friday.

Dr Collins' special interests include contraception, women's health and lifestyle medicine.



Dr Heather Brook

Dr Brook is a Registrar.

Dr Brook is based primarily at Riverside Surgery, working 4 sessions a week, on a Tuesday and Thursday.



Dr Jack Pothecary

Dr Pothecary is a Registrar.

Dr Pothecary is based primarily at Riverside Surgery, working 6 sessions a week, on a Tuesday, Thursday, and Friday.

Latest available graphs summarising GP activities in South Devon

