

Summer 2020

Balmoral Surgery Newsletter



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Domestic Abuse – How to get help and support

We know that some of our patients will be living with Domestic Abuse. The following telephone numbers may help you to find support. Our clinicians can offer more advice should you need it so please do get in touch.

- Dover District Council – 24 hr Domestic Violence Helpline – 0844 804 4999
- Refuge – 24 hr National Domestic Abuse Helpline – 0808 200 0247

If you are in immediate danger, call 999 and ask for the police.

Supporting the mental health and wellbeing of your family during coronavirus

We need to be honest with children and young people about the situation, but also be sensitive not to worry them too much and be aware that children and young people of different ages may need different support.

There is lots of information and advice available to help with being at home, talking to your family about coronavirus, dealing with children and young people's worries and help to look after yourself too. Please visit this website for further information;

<https://www.kent.gov.uk/social-care-and-health/health/coronavirus/looking-after-your-mental-health-and-wellbeing>

If you are worried about your child and need to get help now call [0300 123 4496](tel:03001234496) to get the right support.

Covid – 19 – How Balmoral Surgery has responded

We are now in what is being termed the Parallel Phase of the pandemic having passed through the Crisis Phase. This is likely to continue for some time. We need to start to resume routine workload but only as and **when it is safe to do so**. This means that we will gradually phase in different services whilst maintaining the social distancing in line with Government guidelines.

We have a new entrance and exit meaning patients enter through the main entrance as usual but exit via a new back entrance through the garden and into the main car park. This is to allow social distancing to be maintained and to avoid congestion at the main entrance door. Please make sure you follow the new directions for everyone's safety even if it is a bit further for you to walk.

We have changed the seating in the waiting room so have more single chairs and have also installed chairs outside, under the entrance canopy and are limiting waiting at reception to two patients with appropriate social distancing.

We are having the building fogged every 28 days. This kills viruses that land on surfaces for 28 days.

We have been using Golf Road branch surgery as the Deal Primary Care Treatment Centre 'hot site' for our Primary Care Network (Deal and Sandwich Practices). This was staffed by each of the 5 PCN Practices on a rota basis. The attendance there by patients triaged as possibly having Covid has been very low and so this closed on 30.6.20 however as we run this ourselves, we can restart at any time should the infection rate in our locality increase. We have converted a downstairs consulting room to have entrance from the garden that "zones" the building keeping possible Covid patients and non-Covid patients separated. We have also erected a tent in the garden which can be used if needed.

We have had three members of our team shielding and working from home but this has worked well with the IT and telephony systems we have installed. No services have been reduced as a result of this.

Triage will be expected to continue probably for 12-18 months until a vaccine is available. This means we will not have face to face appointments available for patients to book into direct. We will have telephone appointment surgeries for each GP and these will be booked by contacting the practice. If the GPs decide they need to see a patient face to face they might arrange a video consultation if appropriate or they might book the patient into a face to face appointment at the surgery. We will need to space out any face to face appointment availability to align with waiting room space and we are asking patients to wait in their cars. Patients should book in at reception and will be asked to wear their own mask or face covering. Patients cannot be seen without a face covering. They will be asked to use hand sanitiser on arrival and will then be told where to wait; in the waiting room, on the chairs outside or in their car.

We have to ask Covid-related questions of everyone booking in and so we cannot reinstate online bookings for the foreseeable future. We have introduced telephone consultation slots from which the GPs book face to face consultations if deemed necessary. Video consultations are also used when appropriate.

We are using eConsult as an online consultation provision. This means we will have fewer phone calls but more eConsults to help us to manage the workload without always needing GP input. eConsult is on our website and is a questionnaire patients work through answering the prompts about their symptoms. The summary of their online consultation is sent to their GP who will get back them with advice within 2 working days.

We are gradually re-introducing routine work including blood tests and chronic disease management. Patients will be contacted and invited for annual review as soon as we can facilitate this in a co-ordinated way.

Smears have been re-started and children's immunisations and vaccinations have continued.

Social Prescribing

In September 2019, the new **Social Prescribing service** began across the Deal & Sandwich PCN.

For those new to the concept of Social Prescribing, it involves helping patients of any age to improve their health, wellbeing and social welfare by connecting them to statutory and community services, run by district or county councils, NHS or charities and community groups locally where appropriate.

Social Prescribing aims to enable patients to break down barriers and empower them to tackle issues ranging from accessing housing, welfare and benefits, mental health services, health and social care support along with reducing social isolation and working with the statutory and voluntary sector to build local services and community support networks further.

Since March '20, Social Prescribing has been at the forefront of coordinating the Deal & Sandwich PCN support service, to those patients who were extremely vulnerable and therefore at High Risk to COVID-19. Liaising with Dover District Council, Connect Well East Kent and Age UK it endeavored to contact every High Risk patient individually, to provide them with information, support and access to services such as shopping and medication deliveries, befriending services and support all patients around more complex social issues that arose as a result of the pandemic or was impacted because of it.

From 20th March 2020 to date, across the Deal & Sandwich PCN;

- **1819 patients** have been identified as High Risk to Covid-19 and have been called and offered information, advice and support.
- **144 patients** have received complex support around varying social circumstances

As gradually the easing of lockdown commences many patients will feel that they may need some support around their new social circumstances. If you feel that you may benefit from Social Prescribing, please speak to your GP surgery, they can refer you into the service if they feel it is appropriate.

Advice for elderly and vulnerable Deal residents

With the recent advice relating to the coronavirus (COVID-19) advising those who are at an increased risk of severe illness to be particularly stringent in following social distancing measures, we have liaised with Age Concern Deal who intend to remain open to provide essential community services to our elderly patients, especially those who will need to undergo a period of self-isolation.

Services that are being offered are:

- Hot meal delivery - community service to any older person that requires a meal delivered daily
 - Shopping services
 - Prescription collections
 - Telephone befriending service
- Contacting vulnerable people daily for a chat and see what is required in terms of support during the critical period.

In return they would like:

- Additional volunteers to help deliver meals and answer the phone.
- All vulnerable people/neighbours to register their details with them to form a network of support

*Should any patients require their assistance please contact them on **Age Concern Deal** – Telephone 01304 372608 or Email admin@deal-cr.org.uk*

Home Medicine Cabinet

In light of the current pandemic, we recommend that patients have their own thermometer at home. Other items that we recommend to have at home include;

- Blood pressure monitor
- Pulse Oximeter
- Paracetamol and if needed, children's paracetamol
- Ibuprofen
- Plasters

Recycle your inhalers - GSK

73 million respiratory inhalers are prescribed every year in the UK and not disposing of them correctly can be harmful to our environment. Our inhaler recycling and recovery scheme, Complete the Cycle, is the first of its kind for respiratory inhalers in the UK.

Complete the Cycle was set up in the UK in 2011. By the end of 2017, over 1.2 million inhalers have been recycled and recovered. This has saved carbon dioxide emissions equivalent to taking 5,199 cars off UK roads.

By working together with patients, pharmacies and healthcare professionals, we can all help to reduce waste and greenhouse gases, moving towards a more environmentally sustainable treatment of respiratory disease.

There are two pharmacies in Deal who are part of the inhaler recycle scheme, these are;

- Boots, 39 High Street, Deal
- The Strand Pharmacy, 51 The Strand, Deal

Please contact either of these pharmacies for further details on the scheme.

Management of B12 deficiency and the Covid-19 pandemic

The Covid Pandemic has caused NHS England to review all of its face to face patient contacts to minimise risk of harm to both patients and NHS staff. All face to face interaction has been carefully reviewed to balance the benefits versus the risks. Factored into this consideration is the additional time required for such interactions. Extra time is needed for application and removing of personal protective equipment (PPE), cleaning of equipment such as BP cuffs, chairs and examination couches.

As we move forward out of lockdown it is becoming increasingly apparent that we need to find a way to provide care in the safest way whilst we all live and work alongside this virus. The core provision of care by general practice in managing both chronic diseases and urgent/minor illness needs to resume in a safe way. GP practices have already revolutionised the way they provide care. They have needed to embrace new technology to facilitate video consulting, texting photos and managing a significant proportion of problems by telephone. All of this results in less face to face contact reducing footfall in to the surgery.

Management of Vitamin B12 deficiency is one area where guidance has changed considerably. Vitamin B12 is used in metabolism by blood and nerve cells. It is absorbed by the gut from the food we eat. Deficiency can be divided into two broad groups. The most common cause is dietary. Vitamin B12 is naturally found in animal products including fish, meat, poultry and dairy products such as milk, yoghurt and cheese. Low animal diets therefore increase the risk of dietary deficiency. This is Dietary Vitamin B12 Deficiency.

Some people can eat a diet rich in B12 but can still be deficient. This is called Non-Dietary Vitamin B12 Deficiency. The most well-known of these causes is Pernicious Anaemia. Patients with this condition produce an antibody that prevents absorption of B12 from the gut. Other causes of non-dietary B12 deficiency are malabsorption conditions such as Inflammatory Bowel Disease, Achlorhydria and Short Bowel Syndrome where the ability to absorb B12 will be reduced but not completely prevented.

Traditionally both of these groups have been treated in the same way, by an intramuscular injection every 3 months. However the necessity of such an approach has been questioned during this pandemic. We know that the body is very clever at storing vitamins, minerals and micronutrients that can be called upon when the body needs them. This makes sense to me as we have evolved as human beings from hunter-gatherers; living through times of feast and fast. Iron is stored in our body as Ferritin, providing a ready source of iron to produce new red blood cells when required, as they renew every 120 days. When we run out of Ferritin we become anaemic. The fat soluble vitamins A, D, E and K are stored in our body's fat stores and B12 is stored in the liver. Evidence suggests that these stores of B12 last at least a year.

In view of this the British Haematological Society (BHS) has created a Covid-19 guideline for patients in both groups to be treated with oral tablets. This high dose regimen will maximise absorption opportunities in the gut and keep stores topped up. It is recognised that those unable or with reduced absorption capability will be relying on their stored B12 reserves.

GP Practices are now therefore providing Vitamin B12 tablet prescriptions to those who usually receive injections. Patients can feel reassured that if they have had regular injections pre-Covid then they will have their liver stores. At Balmoral whilst we await further guidance from the BHS, we will be making efforts to categorize patients into their B12 deficiency groups and provide opportunistic injections to those in the non-dietary B12 category. Opportunistic is defined as being given if a patient contact is required for another essential reason, such as drug monitoring or illness. In the future dietary B12 deficiency is likely to be treated with oral tablets and twice yearly injections but we await guidance.

Severe B12 deficiency affects blood and nerve cells causing anaemia and neurological symptoms usually in the legs. Anyone that received pre-covid regular B12 injections who experiences fatigue, leg weakness, numbness or unsteadiness should consult a GP.

Dr Tracey Eastbrook

General Practice Updates

- Dr Prem Pal is now an 8 session a week Partner
- The Deal & Sandwich PCN has employed 2 additional Pharmacists and is exploring the possibility of seconding an Occupational Therapist.
- This year's patient survey has been postponed for now and will be reviewed in the autumn. If we are still on reduced face to face consultations we will look at alternative options to carry this out.
- We held our recent Patient Forum meeting via a tele-conferencing call. It was very successful and thank you to the members who dialled in to take part.
- Please note that the Pharmacy in Queen Street has recently changed ownership. The new contract is called "Super Happy Wing" and you may come across this as your electronic prescription destination. This has caused some confusion but we can assure you it is the correct name for the Pharmacy.

Yogurt and vanilla panna cotta with summer fruits – Diabetes UK

This low-fat version of a traditional Italian favourite is ideal for a dinner party. With thanks to celebrity chef Sophie Grigson for this recipe.

 Serves	6
 Prep to chill	30 minutes + 3 hours
 Cook	10 minutes



Ingredients; 4 gelatine leaves, 30g caster sugar, 4 tbsp milk, 600g natural yogurt, 2 tsp vanilla extract
To serve: 200g strawberries, hulled, 2 squeezes lemon juice, 1 tbsp icing sugar, 200g raspberries, 100g blueberries

Method; In a shallow dish, soak the gelatine leaves in cold water. Meanwhile, put the caster sugar and milk in a small pan and stir over a low heat until the sugar has completely dissolved. Bring up to the boil, then take off the heat. Take the gelatine out of the water and stir into the hot milk. Leave to cool for 10 minutes. Beat in the yogurt and vanilla extract and pour into 6 small moulds. Chill until set (about 3 hours).

To make the sauce, purée the strawberries with the lemon juice and icing sugar. Sieve to remove the pips.

To serve, dunk each mould into warm water for about 10 seconds, swiftly dry the base, then turn the panna cotta out on an individual plate. Spoon a little of the strawberry sauce around each pudding, decorate with raspberries and blueberries and serve.

Chefs tips!

You could use other fruit such as mango, peaches, nectarines or cherries.

For a vegetarian version, use a plant-based gelling agent. Look in health food shops if your supermarket doesn't stock this.

SAFEGUARDING IS EVERYONE'S BUSINESS

No child or adult should be made to feel unsafe. Everyone has a right to be safe from harm and abuse. All of us have a role to play in safeguarding, never more so than during COVID-19.

You have a major role to play in protecting children and adults at risk of harm and abuse - now more than ever.

Right now, vulnerable children and adults may be particularly isolated, meaning that the family, community and professional networks they usually rely on may be unavailable or hard to access. At the same time, living under the current arrangements may increase the pressures that can contribute to abuse and neglect, or allow it to go unseen. Neighbours, volunteers and professionals - like pharmacists, shop and supermarket workers - can play a vital role in keeping adults and children safe.

When supporting others during the COVID-19 outbreak, you may well come into contact with children and adults who are at risk of harm or abuse. In these situations, recognising the potential signs of harm or abuse, and knowing what to do if you have a concern, can make a real difference. You should not ignore your concerns or assume that someone else will report the abuse.

What kind of signs to look out for

Abuse and neglect could fall under a number of categories, including domestic, physical, psychological and/or emotional, economic, or sexual. Although not an exhaustive list, some signs to look for in contact with individuals at risk of harm or abuse include:

- unusual injuries, including bruises, bumps, fractures, bite marks or signs of self-harm
- consistently poor hygiene, poor living conditions or inappropriate clothing
- communicating aggressively or using sexual language
- appearing withdrawn, guarded, anxious or frightened, particularly around certain individuals
- hearing or seeing shouting, violence or intimidation
- adults keeping children, or adults in need of support, from view, and
- unsupervised children visiting a house where only adults live.

Further material on the signs to spot to protect children can be found at <https://tacklechildabuse.campaign.gov.uk>

For more information on signs of abuse that can affect adults, please see the Social Care Institute for Excellence guidance on safeguarding adults during the pandemic: <https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding-adults>

What to do If you have a concern

If you suspect a crime is being or has been committed, or a vulnerable person is in immediate danger , call 999 immediately and ask for the police. If you are unable to call because of hearing or speech impairments, use the emergency text service: www.emergencysms.net

Even if you are not sure , but are worried that someone may be at risk of harm or abuse , you should speak to your manager or the safeguarding lead in your organisation, if it has one. Charities can find further help and guidance on handling concerns at <https://safeguarding.culture.gov.uk>

You can also contact the relevant social care team at your local council, or through other local referral routes if known. Find the contact details to report a concern about a child or adult to your local council here: www.myguideapps.com/projects/safeguarding/default/

Alternatively, the NSPCC Helpline is available for anyone who would like to talk through a safeguarding concern about a child. It can be contacted online via www.nspcc.org.uk/keeping-children-safe/our-services/nspcchelpline or on 0808 800 5000.

If you are concerned that someone is at risk of domestic abuse, find more information and support services here: www.gov.uk/domestic-abuse

If you suspect someone may be a victim of modern slavery , contact the Salvation Army's confidential 2417 referral helpline on 0800 808 3733 or visit www.gov.uk/government/publications/coronavirus-covid-19-support-for-victims-of-modern-slavery/