Balmoral Surgery Newsletter

Winter 2020

# Book your ‘flu vaccination now!

In light of the risk of flu and COVID-19 co-circulating this winter, the national flu immunisation programme is absolutely essential to protect vulnerable people and supporting the resilience of the health and care system.

We still have ‘flu vaccinations at the practice. If you are eligible for a vaccination, please book an appointment as soon as possible!

This year the government have also decided to offer the ‘flu vaccination to patients aged between 50 – 64 years old. Patients in this age group are eligible to have to the vaccination from the 1st December, but can book their appointment now.

Changes have been made to make sure that it is safe for you to have the ‘flu vaccination at the practice. These changes include social distancing, separate entrance and exits, hand washing and wearing protective equipment.

# Covid – 19 – How Balmoral Surgery has responded

Balmoral Surgery has stayed open throughout the pandemic. Due to the current situation, we have had to work differently, but our service has never closed. We are the only practice in Deal who has not locked our front door, whereas every other Practice in Deal has and their doors remain locked. We have staff who have had to shield and we have staff who have had to self-isolate, yet despite this we have maintained the same number of appointments available overall, albeit that a percentage of these are telephone consultations.

We can no longer run full clinics in the practice with many patients sat in the waiting room at one time. Therefore our GPs have adopted a telephone triage system. Patients can ring and book one of these as usual, and if a GP thinks that the patient needs to be seen, they will book them in directly. The latest GP appointments data shows that there were 6.5 million more appointments in September than in August and almost one million more appointments than in September 2019. This data clearly shows that despite the pandemic and what has been portrayed in the media, general practice remains open and is delivering more appointments than we did at this time last year.

At the start of the pandemic, for a brief period of time some non-urgent work did stop, however, this was only for a short amount of time and since then we have been trying to resume a normal service. Whilst we are trying to resume a “normal” provision of services, there are of course government guidelines that we must follow to protect both our staff and our patients. We are currently proactively contacting patients who missed their annual reviews during the first lockdown to catch up on the backlog and we are concentrating our resources on patients with the most clinical need.

Despite the pandemic, we have still managed to give ‘flu vaccinations to 2,700 patients and from the 1st December we will also be vaccinating patients aged 50-64 years old as well.

We are doing our very best in difficult times and we thank you all for your patience and support.

# Help Us Help You

The COVID-19 pandemic has presented the NHS with one of its greatest ever challenges. One serious impact is that some members of the public are reluctant to use NHS services, citing concerns about being exposed to the virus and not wanting to be a burden on the NHS.

Our practice is open and we have gone to great lengths to ensure that it is safe for our patients to visit us. If you have a symptom that could be cancer (such as unexplained blood that doesn’t come from an obvious injury, an unexplained lump, weight loss which feels significant to you or an unexplained pain that doesn’t go away), we urge you to contact us. It’s probably nothing serious, but finding cancer early makes it more treatable, so just speak to your GP.

# Are you up to date with your screening??

Cancer Screening Programmes: a Victim of Collateral Damage from Covid-19

At the height of the Covid-19 pandemic all NHS screening ceased in an effort to reduce foot fall to NHS establishments. This was considered essential to protect patients and staff by reducing the risk of transmission. The screening programmes now have a massive challenge to catch up with all the missed screening appointments as well as continuing to provide screening at the pre-pandemic capacity.

In general screening is aimed at detecting very early significant illness before frank symptoms develop. Screening is aimed at large at risk populations to highlight a smaller group of individuals who can then go on to have more specific diagnostic tests and then potentially curative treatment. Sadly, there is not a diagnostic test blood test for every cancer, or a specific test for serious illness or disease. The screening programmes only exist if there is a test that can detect very early disease or cancer. This is why we do not have screening programmes for all types of cancers or diseases.

The screening test itself does not always provide a definitive diagnosis. They just highlight a higher risk group who can then be targeted for a more definitive investigation. Some cancers, namely breast, cervical and bowel have good screening tests. This is a test with a high sensitivity and specificity to that type of cancer, but if positive it does not confirm the diagnosis. As an example, the bowel cancer screening test searches for blood you cannot see in faeces. There can be very small amounts of blood in faeces for many reasons such as diverticular disease or piles, but also bowel cancer. These patients can then be targeted for more specific diagnostic tests such as a colonoscopy (camera investigation of the intestines).

The success of screening programmes lies in their ability to detect cancers before they show symptoms. In general, the earlier the detection the easier and more successful the treatment, thus saving lives. Once you have symptoms the cancer is likely to be much more established, require more treatment and is less likely to be cured. It is therefore much better to have your cancer diagnosed by screening when you are asymptomatic than when you develop symptoms.

Bowel cancer screening is thought to save an estimated 3000 lives a year and reduce deaths from bowel cancer by up to 40%. Similarly, breast cancer screening is thought to save 5 lives per 1000 women a year.

If you have been invited for bowel or breast screening and you have not completed your kit or attended for mammograms you can contact the screening programmes on the phone numbers at the end of this article.

Nationally the cervical screening programmes are experiencing a fall in attendance. This pre-dates the Covid pandemic but the latter has not helped this situation. The reason for the decline in uptake is unclear. After the death of the young TV personality Jade Goody in 2009 the screening programme was awash with women who had previously declined a smear. This was labelled “The Goody Effect”. Sadly, this effect has now waned and practices are struggling to reach their targets of screening 80% of eligible women.

Women should be aware that there have been significant improvements to the cervical screening test in recent years, improving its diagnostic capability and increasing its detection rate of preventable disease. Previously the smear test involved gathering a sample of cells from the neck of the womb and observing them under the microscope for precancerous changes. We now know that cervical cancer is almost exclusively caused by the Human Papilloma Virus (HPV). Now all samples are tested for HPV and only those that are positive are observed at a cellular level. This makes the cervical screening programme more sensitive, more specific, more efficient and less women are required to undergo more invasive tests.

At Balmoral Surgery, we are offering cervical smear appointments at pre-pandemic levels in a Covid safe environment. If you have received an invite for a smear and you have missed this due to the pandemic, please just make a smear appointment at reception. If you have concerns or fears about having a smear please advise a receptionist and one of our clinical team can ring you to discuss these and hopefully allay those concerns.

The NHS has some very successful screening and cancer screening programmes. Unfortunately, there is not a suitable screening test for all types of cancer. For some, it provides an opportunity for very early, pre-symptomatic diagnosis that is likely to have a much more successful treatment and curative rate then those diagnosed once symptoms develop.

So why would you miss your cancer screening test when invited…….?

# Carers’ Support

If you are a carer and feel that you need some support, Carers’ Support East Kent can help you. Please [click on this link to be taken to Carers' Support website](http://www.carersek.org.uk/) for further information or ring 0300 302 0061. Although they are unable to run their groups face to face at the moment, they are still offering support over the telephone and via online platforms such as Zoom. They also have a web page where you will find lots of information to support you as a Carer during the pandemic and specifically during the lockdown period. They also have a Young Adult Carer Service which is specifically aimed at people aged 16-24 years old.

# Kent and Medway Medical School

In September 2020 a new medical school opened in Kent. The medical school is based in Canterbury and is run by the University of Kent and Canterbury Christchurch University. The first cohort of students started in September. The medical school is keen to expose students to Primary Care from the beginning of their training. Our Primary Care Network has a number of experienced and enthusiastic GP trainers, and as such as were selected to be involved with the medical school and to host first year medical students in primary care. Six students will spend a week at a time in primary care for a total of six weeks throughout their first academic year. Balmoral Surgery will host two of the students who have been allocated to our Primary Care Network. These students will be sitting in with GPs and other health care professionals in the practice, to get an insight into the patient interaction within primary care. They will have the opportunity to take patient histories, and practice examinations under the direct supervision of GPs. Students will not be left alone with patients at this point of their training.

Balmoral Surgery are very privileged and excited to be part of the training and education of the next generation of doctors. The practice hopes that now that we have a new local medical school, hopefully this will allow Kent to retain more doctors in the future.

# Would you like to lose weight, get fit or stop smoking?

One You Kent provides services that can help you to stay fit, healthy and well. If you’re not sure where to start, or just want some advice, contact them on 0300 123 1220, or via email at oneyou.kent@nhs.net . They offer friendly advice and support to make the changes that are important to you.

# Ear Syringing

At the moment, the Practice is unable to reinstate eye syringing. Ear Syringing is not the first line treatment for managing ear wax and subsequently a lot of Practices are phasing this out altogether. Ear syringing can lead to ear infections, perforated ear drum and tinnitus (persistent noise). As ear syringing is not the first line treatment for managing ear wax, it is classed as low priority procedure and Practices currently need to concentrate on ensuring patients with long term conditions and acute medical needs are prioritised.

Balmoral Surgery is however working with the local provider of the primary care appointments running out of the Deal Hospital to train their team to offer ear syringing on behalf of all Deal and Sandwich Practices. As soon as they are adequately trained, we will be able to book patients in at the hospital for ear syringing.

Current guidelines are that ear drops should be used to soften the wax which will then enable the natural movement of the wax from the ear.  Ear drops alone will clear a plug of earwax in most cases. Put 2 or 3 drops of ordinary olive oil down the ear using a ‘dropper’ 2 or 3 times a day for 2-3 weeks. This softens the wax so that it then runs out of its own accord without harming the ear. You can continue for any length of time, but 3 weeks is usually enough. Surprisingly you will not necessarily see wax come out. It often seems to come out unnoticed. If olive oil does not work you can buy sodium bicarbonate drops from your local pharmacy.

Don’t use any ears drops if you have a hole in your eardrum (called a perforated eardrum).

How to use ear drops:

1. Use the drops at room temperature

2. Pour a few drops into the affected ear

3. Lie with the affected ear uppermost when putting in drops

4. Stay like this for 10 minutes to allow the drops to soak into the earwax.

When to seek help from a health professional?

If you are experiencing the following symptoms:

• Pain

• Discharge or bleeding from the ear

• Sudden deafness

• Dizziness

 • Foreign bodies (you may be advised to attend A&E)

• After using eardrops for the recommended time your symptoms still persist