



Summer 2022

# Bridge Medical Centre Newsletter

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## Staff News

We welcome Fabio Macedo as our new PCN Clinical Pharmacist. He previously worked as a community pharmacist for 3 or so years. He states that “it is a pleasure to join the team at Bridge

Medical and I look forward to offering pharmaceutical related advice, not only to the clinical team, but the community too. On a personal level, I have a strong interest in sport (especially Formula 1) and enjoy travelling, socialising and playing video games! “

We welcome Kayleigh Platts as one of our two new PCN care coordinators. Kayleigh states “ I previously worked as a healthcare support worker in the community for SASH@Home and as a Nursing Assistant on AMU at East Surrey Hospital, so the role of Care Coordinator is quite a change but an exciting one. The staff here at Bridge have taken me under their wings and are incredibly friendly and supportive. I have 2 children aged 12 and 8 who keep me busy outside of work. I also have a wonderful group of friends who I love to spend time with. We often go for dinner, attend events and we try to go away once a year for a few days to recharge together. I try to enjoy all aspects of life and enjoy pushing my own limits.”

We welcome Sarah Callaghan as our second new PCN Care coordinator. Sarah states, “Having previously worked in an emergency department for over 10 years I was very excited to work here at Bridge Medical Centre and start a completely different job role. All the team here are lovely and friendly and have welcomed me with open arms since the beginning. I am originally from Lingfield but moved to Crawley in 2010 and have two children aged 8 and 3 who keep me on my toes! I love going to the theatre, trying new foods and enjoy days out with the family.”

We tell you about the role of the Care Co-ordinator further in the bulletin.

In addition we will have a new Reception Administrator starting soon, and we will have more news about them in the next issue.

Sadly we said good bye to Eva, our PCN dietician and Wegdan our PCN clinical pharmacist. We wish them both all the best.





## Sunscreen and sun safety

### Advice for adults and children on sunscreen and sun safety in the UK and abroad.

Sunburn increases your risk of skin cancer. Sunburn does not just happen on holiday. You can burn in the UK, even when it's cloudy. There's no safe or healthy way to get a tan. A tan does not protect your skin from the sun's harmful effects.

Aim to strike a balance between protecting yourself from the sun and getting enough vitamin D from sunlight.

### Sun safety tips

Spend time in the shade when the sun is strongest. In the UK, this is between 11am and 3pm from March to October.

Make sure you:

- spend time in the shade between 11am and 3pm
- make sure you never burn
- cover up with suitable clothing and sunglasses
- take extra care with children
- use at least factor 30 sunscreen



### What factor sunscreen (SPF) should I use?

Do not rely on sunscreen alone to protect yourself from the sun. Wear suitable clothing and spend time in the shade when the sun's at its hottest.

When buying sunscreen, the label should have:

- a sun protection factor (SPF) of at least 30 to protect against UVB
- at least 4-star UVA protection

UVA protection can also be indicated by the letters "UVA" in a circle, which indicates that it meets the EU standard. Make sure the sunscreen is not past its expiry date. Most sunscreens have a shelf life of 2 to 3 years. Do not spend any longer in the sun than you would without sunscreen.

### How to apply sunscreen

Most people do not apply enough sunscreen. As a guide, adults should aim to apply around:

- 2 teaspoons of sunscreen if you're just covering your head, arms and neck
- 2 tablespoons if you're covering your entire body while wearing a swimming costume

If sunscreen is applied too thinly, the amount of protection it gives is reduced.

If you're worried you might not be applying enough SPF30, you could use a sunscreen with a higher SPF. If you plan to be out in the sun long enough to risk burning, sunscreen needs to be applied twice: 30 minutes before going out AND just before going out.

Sunscreen should be applied to all exposed skin, including the face, neck and ears, and head if you have thinning or no hair, but a wide-brimmed hat is better. Sunscreen needs to be reapplied liberally and frequently, and according to the manufacturer's instructions. This includes applying it straight after you have been in water, even if it's "water resistant", and after towel drying, sweating or when it may have rubbed off. It's also recommended to reapply sunscreen every 2 hours, as the sun can dry it off your skin.

For more information on sun safety visit [www.nhs.uk/live-well/seasonal-health/sunscreen-and-sun-safety/](http://www.nhs.uk/live-well/seasonal-health/sunscreen-and-sun-safety/)



## PCN Care Coordinators

Crawley Care Collaborative PCN has Care Coordinators working across the different surgeries. Care Coordinators are there to make sure that patients are receiving the right support and care for their care needs. Please note that this is not an urgent service.

Bridge Medical Centre has two full-time Care Coordinators.

Kayleigh Platts and Sarah Callaghan

Patients may be referred to a Care Coordinator if:

- They are over 18 (apart from Children's and Youth Counsellor referrals).
- They need additional support put in place at home (needing carers, a package of care, adaptations to the home etc.) eg walking frame, hospital bed, commode.
- They are a carer (formal or informal) and need some additional support with their caring role (where not already referred to a social prescriber).
- They are at risk of falling, or fall frequently.
- They would like support with maintaining a healthy lifestyle and weight.
- They need help with cancer screening.
- They need support after a cancer diagnoses.

## PCN Social Prescribers

Crawley Care Collaborative PCN's Social Prescribers offer a wide range of low-level community-based support to help patients improve their physical and mental health and wellbeing, their independence and resilience as well as their connections with the local community. After an initial assessment, patients will be supported to engage with appropriate local services and activities.

Bridge Medical Centre has two Social Prescribers

Tracy Olckers and Jenny Glen

Patients may be referred to a Social Prescriber if :

- Age 16+
- Presenting with one or more non-medical need ie:
  - Debt issues
  - Benefit issues
  - Housing issues
  - Isolation and loneliness
  - Low level mental health e.g. low mood, stress low to moderate anxiety / depression etc.
  - Relationship issues
  - Conflict issues
  - Bereavement
  - Physical inactivity
  - Other conditions where additional support would be beneficial, including early stages of dementia deafness, autism or Asperger's, low level mental health issues, and acquired brain injury
  - Other situations where additional support would be beneficial, including having a family member in prison, having carer responsibilities, wishing to volunteer or get support with employment





## The environmental impact of inhalers

There is growing awareness and concern from health care professionals and patients about the impact of respiratory inhalers on our environment. In the UK alone we prescribe about 50 million inhalers a year. The majority of those inhalers (approx. 70%) are pressurised Metered Dose Inhalers (pMDIs) which contain propellants called hydrofluorocarbons (HFCs). Whilst HFCs are not ozone depleting, they are still potent greenhouse gases, thousands of times more powerful than carbon. Breath Actuated Inhalers (BAIs) also contain the same propellants. Dry powder inhalers (DPIs) do NOT use these propellants and have substantially lower global warming potential.

The Respimat device is a soft mist inhaler (SMI) that also does NOT contain propellants, so has a lower carbon footprint than pMDIs and BAIs.

The most commonly prescribed inhaler in the UK, Ventolin Evohaler has a carbon footprint equivalent to 28kg of CO<sub>2</sub> (per whole inhaler). That is the same carbon footprint as the greenhouse gas emissions of driving 175miles from London to Sheffield in a small car. Dry powder inhalers on the other hand typically have a carbon footprint of less than 1kg.



Equivalent tailpipe greenhouse gas emissions from a Ventolin Evohaler (containing 100 2-puff doses) and a Ventolin Accuhaler (60 1-puff doses). Assumes car achieves 100gCO<sub>2</sub>/km.

Before making any changes to your treatment you should consult a healthcare professional. It is important that any decision to prescribe or change a patient’s asthma inhaler is the outcome of an individualised, shared decision-making conversation with patients and their carers. Patients should be reassured that the aim is to improve disease control whilst also reducing environmental impact.

### Please don’t throw your used inhaler in the bin

Make sure that you use up all the doses in it before starting a new one. Once you are sure it is empty, **please return it to the pharmacy for proper disposal.** This means that it won’t end up in landfill where the gases will continue to be released into the environment and will help with recycling.



## Why Do Doctors and Clinicians Run Late?

It can be quite frustrating when the doctor runs late and we do understand that. When you're trying to juggle work, family, home and multiple appointments, we do appreciate how inconvenient it can be to wait beyond your appointment time to be seen and we wanted to explain some of the reasons why this sometimes happens.

### Arriving late

If a patient arrives 10 minutes late for their appointment, when the doctor takes them in they are already running at least 10 minutes late. We will not see a patient who is more than 10 minutes late. **Please arrive on time and let us know if you are running late.**

### Complex problem:

Sometimes the medical needs of the patient requires more than 10 minutes. These are common occurrences and understandably we do not restrict those in need to a 10 minute consultation.

### One Problem, One Appointment:

Some people come with a number of problems, or remember another problem halfway through the consultation which can make it difficult to keep to time.

### Urgent extra appointments

Urgent extra appointments happen every single day and need to be seen – these are squeezed into a non-existent time between appointments. If the Doctor deals with every problem on the list, that patient will be content but it means that subsequent patients in the surgery will be seen late.

### Liaising with Other Health Care Providers

GPs are part of a larger health care team and are often contacted by A&E departments, hospital doctors, laboratories, midwives, health visitors, social services etc. We try to arrange these conversations after booked surgeries, but in an emergency/urgent situation this cannot wait and so your GP may be dealing with one of these teams whilst you're in the waiting room.

### Admissions to hospital

When someone is very unwell they may need admitting to a local hospital and the GP may have to do that there and then. This will involve the GP talking to the team at the hospital which can take some time and may require emergency treatment by the GP at the practice, sometimes with the support of the ambulance crew as well, before they are transferred to hospital.

Due to the nature of our work, it is inevitable that we will receive unavoidable emergency telephone calls, requests for help from other staff members, emergency consultations and home visits.

We ask for your understanding and empathy when these situations arise.





## Use of Benzodiazepines (and related medications) for flying

Benzodiazepines (e.g. Diazepam/ Lorazepam/Temazepam/Alprazolam/ Clonazepam) are drugs which have been in use since the 1960s for treatment of a wide range of conditions including alcohol withdrawal, agitation and restlessness, anxiety, epilepsy and seizures, neurological disorders, muscle spasms, psychiatric disorders and sleep disturbance

The following short guide outlines the issues surrounding its use with regards to flying and why the surgery no longer prescribes such medications for this purpose.

People often come to us requesting the doctor or nurse to prescribe diazepam for fear of flying or assist with sleep during flights. There are a number of very good reasons why prescribing this drug is not recommended.

1. According to the prescribing guidelines doctors follow (British National Formulary) diazepam is contraindicated (not allowed) in treating phobic states. It also states that “the use of benzodiazepines to treat short-term ‘mild’ anxiety is inappropriate.”
2. NICE guidelines suggest that medication should not be used for mild and self-limiting mental health disorders
3. Although plane emergencies are a rare occurrence there are concerns about reduced awareness and reaction times for patients taking Diazepam which could pose a significant risk of not being able to react in a manner which could save their life in the event of an emergency on board necessitating evacuation.
4. The use of such sedative drugs can make you fall asleep, however when you do sleep it is an unnatural non-REM sleep. This means you won't move around as much as during natural sleep. This can cause you to be at an increased risk of developing a blood clot (Deep Vein Thrombosis - DVT) in the leg or even the lungs. Blood clots are very dangerous and can even prove fatal.
5. Whilst most people find Diazepam sedating, a small number have paradoxical agitation and aggression. They can also cause disinhibition and lead you to behave in a way that you would not normally which can pose a risk on the plane.
6. A study published in 1997 from the Stanford University School of Medicine showed that there is evidence use of Benzodiazepines stops the normal adjustment response that would gradually lessen anxiety over time and therefore perpetuates and may increase anxiety in the long term, especially if used repeatedly.
7. Diazepam and similar controlled drugs are illegal in a number of countries. They may be confiscated or you may find yourself in trouble with the police.
8. Diazepam stays in your system for quite a while. If your job requires you to submit to random drug testing you may fail this having taken diazepam.
9. It is important to declare all medical conditions and medications you take to your travel insurer. If not, there is a risk of nullifying any insurance policy you may have.

Given the above **we will no longer be providing Diazepam or similar drugs for flight anxiety** and instead suggest the below aviation industry recommended flight anxiety courses.

**Easy Jet** - [www.fearlessflyer.easyjet.com](http://www.fearlessflyer.easyjet.com)

**British Airways** - [www.flyingwithconfidence.com/courses/venues/london-gatwick](http://www.flyingwithconfidence.com/courses/venues/london-gatwick)

**Virgin** - [www.flyingwithoutfear.co.uk/fear-of-flying-courses/adult-course/](http://www.flyingwithoutfear.co.uk/fear-of-flying-courses/adult-course/)



## Travel Clinic Service

### Are you thinking of travelling aboard?



Complete the travel assessment form on our website or collect one from reception **at least 8 weeks before you intend to travel.**

Once you have completed the form please hand it in to reception. The Travel Nurse will review the information and will contact you to book an appointment.

## Econsult



eConsult allows you to quickly and safely get help and advice from your doctor and GP practice online, for free, from anywhere.

eConsult is a form-based online consultation platform that collects your medical or administrative request and sends it through to the Practice to triage and decide on the right care for you and everyone else.

### How does the service work?

- Go to: [www.bridgemedicalcentre.co.uk](http://www.bridgemedicalcentre.co.uk)
- Look for this banner on the home page
- Complete a simple online form about your problem or request
- Your GPs decide on the best treatment for you
- The practice responds with advice, a prescription or an appointment by the end of the next working day



**NHS**

You can use eConsult from home, without the need to come to the practice. Keep yourself safe and use eConsult for free.

Go to our practice website and use eConsult online, for free to contact us





## Prescribing of over the counter medicines is changing

Your GP, nurse or pharmacist will not generally give you a prescription for over the counter medicines for a range of minor health concerns.

Instead, over the counter medicines are available to buy in a pharmacy or supermarket in your local community.

The team of health professionals at your local pharmacy can offer help and clinical advice to manage minor health concerns and if your symptoms suggest it's more serious, they'll ensure you get the care you need.

Please help the NHS to use resources sensibly.

Your GP, nurse or pharmacist will not generally give you a prescription for certain medicines that are available to buy in a pharmacy or supermarket, even if you qualify for free prescriptions.

**This applies to treatments for these conditions:**

Acute sore throat	Conjunctivitis	Coughs, colds and nasal congestion
Cradle cap	Dandruff	Diarrhoea (adults)
Dry eyes / sore tired eyes	Earwax	Excessive sweating
Haemorrhoids	Head lice	Indigestion and heartburn
Infant colic	Infrequent cold sores of the lip	Infrequent constipation
Infrequent migraine	Insect bites and stings	Mild acne
Minor burns and scalds	Mild cystitis	Mild dry skin
Mild irritant dermatitis	Mild to moderate hay fever	Minor pain, discomfort and fever (e.g. aches and sprains, headache, period pain, back pain)
Mouth ulcers	Nappy rash	
Oral thrush	Prevention of tooth decay	Ringworm / athletes foot
Sunburn	Sun protection	Teething / mild toothache
Threadworms	Travel sickness	Warts and verrucae

### Finding more information and support

- Visit the NHS website [nhs.uk](https://www.nhs.uk) for information and advice on treating minor health concerns
- Find out more about this change to prescription policy at: [nhs.uk/OTCmedicines](https://www.nhs.uk/OTCmedicines)





## Carer Equipment Service from Carers Support West Sussex



The Carer Equipment Service is available to all registered carers to access equipment and assistive technology. The primary aim is to help maintain and enhance independence and give peace of mind in your caring role. Carers Support will assess the individual needs unique to you and the person you care for. They will be there for you in every way possible, helping improve independence, safety and wellbeing.

### How can this equipment help me as a carer?

Are you caring for someone with mobility issues? Do you have worries that medication is being taken correctly? A **Tipping Frame** for dispensing pills easily for someone with limited strength may be very useful. A big concern for any vulnerable person is whether they are drinking enough fluids. The **Droplet Intelligent Hydration System** is a great reminder to keep hydrated. These aids will help overcome challenges, give some degree of independence and ultimately help you as a carer.

Night times are often a big worry for carers as they struggle to sleep waiting to be disturbed by the person they are caring for. A simple **plug-in night light** or a **movement activated light** will enable that person to move around in the dark if they do need to leave the safety of their bed and give you a little peace of mind and possibly a better night's sleep.

### What equipment can I access?

In order for Carers Support Response Line team to be able to identify equipment that would be best suited to meet your individual needs, they will need details about your caring role and, for some equipment, information on the understanding or mental capacity of the person you care for. They will then complete a Support Plan and help you choose and access the equipment that is right for you and the person you care for. The team are also able to provide a bespoke service to research creative equipment solutions to meet unique requirements.

### How do I apply for the equipment?

This is a free service which can fund or part fund your equipment needs. If you would like to find out about your options, please contact them by either:

- ☎ Calling 0300 028 8888
- ✉ Emailing [info@carerssupport.org.uk](mailto:info@carerssupport.org.uk)

To see a full list of equipment available please visit:  
[www.carerssupport.org.uk/carers-support](http://www.carerssupport.org.uk/carers-support)

### Do you need to register as a carer?

If you are a carer, please let us know by completing the form on our website:

<https://www.bridgemedicalcentre.co.uk/carers-support>





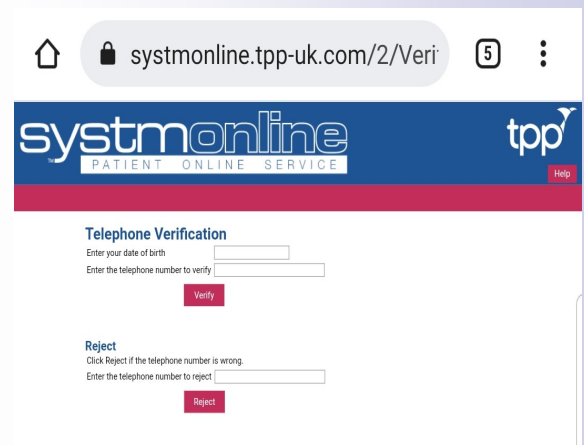
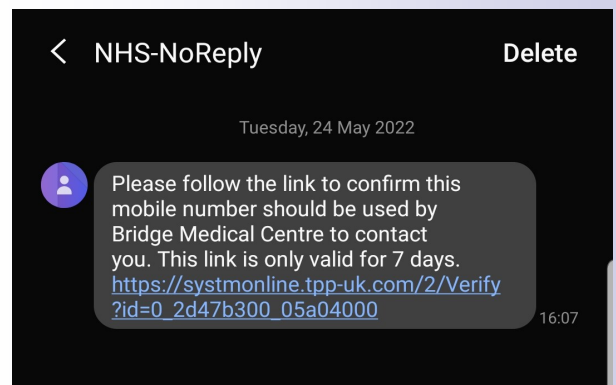
## Verification of mobile numbers

It is important we have your correct contact details in our records. We will be sending out verification texts to all our patients who do not have a verified telephone number. The text message will look like the text message on the right. You will need to click on the link within 7 days.

The link will take you to a systmonline page where you will be able to enter your date of birth and telephone number. Once you have entered your details a successfully verified telephone number message will be displayed.

Patients can change their contact details or address by completing the Change of Personal Details form on our website.

[www.bridgemedicalcentre.co.uk/change-of-personal-details](http://www.bridgemedicalcentre.co.uk/change-of-personal-details)



## OPENING HOURS

**Normal opening hours are 08:30 to 18:30 Monday to Friday.**

**Closed during the lunch period 13:00 to 14:00.**

**We offer pre-bookable evening appointments on**

**most Tuesdays between 18:30 and 19:30,**

**and pre-bookable telephone appointments on other evenings.**