



Bridge Medical Centre Newsletter

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Staff News

We welcome Susan, our new Reception Administrator. Sue previously worked at a preschool for 4 years. She has 5 children and her main hobbies are supporting her 2 younger children in football and spending time with her grandchildren.



We welcome Connor as our new Paramedic Practitioner. Connor previously worked in General Practice in London. Connor will be able to see most patients with minor illnesses. He enjoys playing golf and also strategic games.

Sadly, Dr Bronwin Bartman is retiring from Practice at the end of September. Dr Bartman started working in the Practice back in 2002, firstly as a locum and later becoming a GP Partner in July 2002.

She has made a huge contribution to the Practice. She has been our CQC lead and she has been our lead for woman's health and fertility, helping many woman who are unable to fall pregnant. She has been running our lumps and bumps clinics once a week, removing small lesions requiring local anaesthetics. She has been our palliative care lead, regularly meeting with the Hospice team, nurses and district nurses so that our patients can receive coordinated palliative care.



She is looking forward to doing more travelling and gardening whilst keeping up with her other interests of raising chickens, pottery, going to the theatre and walking. She has recently walked the length of the South Downs.

We wish Dr Bartman all the best in her retirement.

We will be having a cake sale on the 19th October during the morning. All money raised will go the Ukraine Emergency Disaster Fund.

Please come along and support.





Supporting our Afghan community to attend cervical screening - Blog written for Jo's Cervical Cancer Trust by Nurse Manager, Melissa Civale

I lead in cervical screening at Bridge Medical Centre and, along with my colleague Lesley, am very passionate about quality improvement and improving access to services.

Our Practice looks after a large number of Afghanistan refugees as part of the Resettlement Scheme. There are lots of young families in particular and we have a good relationship with the Senior Partnership Liaison Officer and those involved in their care. We get notified when new families arrive so that relevant health checks, childhood immunisations and other tests can be arranged.

Cervical screening isn't offered in Afghanistan, so we had a population with no awareness of the test or of HPV. Their residence isn't on a bus route either, so we knew we had to bring screening to the group.



Starting out

With the support of my Practice, I did some research about how we should approach it and asked their women's lead, who speaks good English, about her thoughts. She said fear of unknown and lack of understanding about the test were two of the biggest barriers. It was clear that we needed to get the right information resources and identified Pashto and Dari as the two most spoken languages. We worked with Jo's Cervical Cancer Trust to translate films on their website into the languages we needed.

We arranged a session to provide education about the screening and booked a large room and a female translator. A morning was selected when children were at school to avoid any distractions. The men generally take the children to school so we chose a time they would be around in case they wanted to be there. It helped that we knew lots of the patients already through the childhood immunisation programme, which had built trust and rapport.

We pre-advised the women of what we were going to be talking about, and this was shared through the WhatsApp group via the women's lead and the Senior Partnership Liaison Officer. We also made sure to introduce ourselves before each session.

The education session

We started by playing the translated films followed by a Q&A session, working with the translator to check understanding at different points. Not everyone turned up initially so we put on extra sessions, which was anticipated. It went really smoothly - we were expecting more questions or concerns but there weren't many. Only one man attended, who was initially reluctant for his wife to be screened, but we showed him the film and, in the end, he said he wanted his wife to go ahead. She did, which was another positive step. Around 20 were eligible for screening. Others were too young or pregnant or currently menstruating. The ladies who were menstruating came to the surgery for screening instead.



Our screening clinic

Organising the screening clinic was quite straightforward. We chose a date and time and told the women. We made sure to follow all relevant infection control and data protection procedures. I checked with the Medical Defence Union (MDU) that I was covered to do screening outside of the Practice.

We sourced the equipment, making sure we had a height-adjustable couch of the right weight limit and a portable lamp, which we borrowed from the Practice (normally used for minor lumps and bumps removal). To protect privacy and ensure the women felt comfortable, we put up translated “no entry” signs on the door and made sure we could lock the room from the inside. We put couch paper on the windows to ensure privacy as there were no blinds.

The translator explained what was happening and we offered chaperones including the translator, but none of the women wanted this. This meant it was just my colleague and I in the room. We established non-verbal signals beforehand, such as a thumbs up signalled we were going to touch them, signals for *stop, I'm ok, feeling unsure*. This worked really well.

Once the first woman had received her smear we sent her back to the group which really helped with positive reinforcement as, in the end, everyone who was eligible was screened. Word of mouth is key to success in screening - if someone has a good experience they're more likely to tell their friends. I think the next clinic will be easier as we already have women sharing messages about their experience.

What we're planning next

We're getting a lot of interest from other practices in the area which is great. We'll do another clinic in the autumn when more women become eligible or have had their children. We're starting to look at our new Ukrainian population too. These women are more likely to come into the Practice, but again screening isn't routinely offered in Ukraine, so Ukrainian translated films will be key and we have collaborated with Jo's Cervical Cancer Trust again who are currently working on these.

We use films a lot with our non-attenders. If patients don't speak English, I'll Google translate “I'm going to show you a video” and show them a film in their language which helps to start a conversation about screening. We also send films by text when we send out reminders.

We're trying a lot of different things to encourage attendance across our whole eligible population and have seen a big uplift. Texts, phone calls explaining screening process, using Easy Reads, home visits, posters up in Practice and working with our Care Coordinators.

It's so important that we try to reach non-attenders and identify the best way to do this. Building a rapport really helped. We said we wanted to give it go and learn from our mistakes. In the end it worked really well. I've seen women with cervical cancer who have never attended screening, and while we can't prevent every case, we should be doing all we can to prevent as many as possible.





Bowel cancer

Bowel cancer is a general term for cancer that begins in the large bowel. Depending on where the cancer starts, bowel cancer is sometimes called colon or rectal cancer.

Bowel cancer is one of the most common types of cancer diagnosed in the UK. Most people diagnosed with it are over the age of 60.

Symptoms of bowel cancer

The 3 main symptoms of bowel cancer are:

- **persistent blood in your poo** – that happens for no obvious reason or is associated with a change in bowel habit
- **a persistent change in your bowel habit** – which is usually having to poo more and your poo may also become more runny
- **persistent lower abdominal (tummy) pain, bloating or discomfort** – that's always caused by eating and may be associated with loss of appetite or significant unintentional weight loss

Most people with these symptoms do not have bowel cancer. Other health problems can cause similar symptoms. For example:

- blood in the poo when associated with pain or soreness is more often caused by piles (haemorrhoids)
- a change in bowel habit or abdominal pain is usually caused by something you've eaten
- a change in bowel habit to going less often, with harder poo, is not usually caused by any serious condition – it may be worth trying laxatives before seeing a GP

These symptoms should be taken more seriously as you get older and when they persist despite simple treatments.

When to get medical advice

See a GP if you have any of the symptoms of bowel cancer for 3 weeks or more.

The GP may decide to:

- examine your tummy and bottom to make sure you have no lumps
- arrange for a simple blood test to check for iron deficiency anaemia – this can show whether there's any bleeding from your bowel that you have not been aware of
- arrange for you to have a simple test in hospital to make sure there's no serious cause of your symptoms

Make sure you see a GP if your symptoms persist or keep coming back after stopping treatment, regardless of their severity or your age. You'll probably be referred to hospital.



Causes of bowel cancer

The exact cause of bowel cancer is not known, but there are a number of things that can increase your risk, including:

- **age** – almost 9 in 10 people with bowel cancer are aged 60 or over
- **diet** – a diet high in red or processed meats and low in fibre can increase your risk
- **weight** – bowel cancer is more common in overweight or obese people
- **exercise** – being inactive increases your risk of getting bowel cancer
- **alcohol** – drinking alcohol might increase your risk of getting bowel cancer
- **smoking** – smoking may increase your chances of getting bowel cancer
- **family history** – having a close relative (mother or father, brother or sister) who developed bowel cancer under the age of 50 puts you at a greater lifetime risk of developing the condition; screening is offered to people in this situation, and you should discuss this with a GP

Some people also have an increased risk of bowel cancer because they've had another condition, such as extensive ulcerative colitis or Crohn's disease in the colon for more than 10 years.

Bowel cancer screening

To detect cases of bowel cancer sooner, everyone aged 60 to 74 who is registered with a GP and lives in England is automatically sent a bowel cancer screening home test kit every 2 years. The programme now includes 56 year olds too.

If you're 75 or over, you can ask for a kit every 2 years by phoning the free bowel cancer screening helpline on 0800 707 60 60.

For the screening test, you use a home test kit to collect a small sample of poo and send it to a lab. This is checked for tiny amounts of blood.

Blood can be a sign of polyps or bowel cancer.

Polyps are growths in the bowel that may turn into cancer over time.



Our Care Co-ordinator, Sarah, has been phoning patients who have not done their bowel cancer screening to provide support. This has been a very valuable exercise. Some patients have been diagnosed with bowel cancer without having any symptoms.

Don't ignore it. Take the test.



Greener Practice— Reusable feminine hygiene products

Sanitary products in the UK are, controversially, subject to VAT , and are expensive. Reusable sanitary towels and menstrual cups are an excellent solution both to the expense of menstrual products and their huge impact on the environment. A disposable sanitary pad takes over 500 years to decompose. Thousands of tons of disposable sanitary waste are generated every month across the world. The waste from sanitary products is also toxic and hazardous to human health. Most sanitary pads contain up to 90% plastic, while tampons have plastic applicators and come in individual plastic wrappers. The production of plastic and improper disposal of these products is causing pollution and filling up landfills.

Reusable menstrual products include washable pads, the recently developed period pants (which are now widely available) and menstrual cups.

For more information on the Greener Practice please visit www.greenerpractice.co.uk/information-and-resources/information-for-patients/



Safe Surgeries

Bridge Medical Centre is proud to be a safe surgery for everyone in the community. In recognition of the barriers to healthcare access faced by people in vulnerable circumstances, including migrants, we commit to protecting the human right to health. We will take steps to ensure that everyone in our community may fulfil their entitlement to quality healthcare.

In partnership with Doctors of the World UK, we will ensure that our Practice offers a welcoming space for everyone who seeks to use our services. Mindful of our duties to uphold equality and human rights law, we will implement patient registration policies which do not discriminate based on race, gender, sexual orientation, immigration status or any other characteristic.

Supported by the Safe Surgeries initiative, we will ensure that our staff understand the specific barriers faced by migrants in vulnerable circumstances and that they are empowered to mitigate these barriers, where possible.

We will ensure lack of identification or proof of address, immigration status or language do not prevent patient registration.

For more information please visit Doctors of the World website: www.doctorsoftheworld.org.uk/safesurgeries/





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
- 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





The NHS influenza immunisation programme 2022 to 2023

Each year the NHS prepares for the unpredictability of flu. For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week.

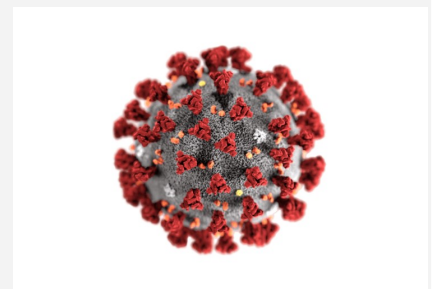
However, there is a particular risk of severe illness from catching flu for:

- older people
- the very young
- pregnant women
- those with underlying disease, such as chronic respiratory or cardiac disease
- those who are immunosuppressed

As a result of non-pharmaceutical interventions in place for COVID-19 (such as mask-wearing, reduced social interactions and international travel) influenza activity levels were extremely low globally in 2020 to 2021. As social contact returns to pre-pandemic norms there is likely to be a resurgence in influenza activity in winter 2022 to 2023 to levels similar to or higher than before the pandemic.

This year the cohorts of patient being offered the vaccine are::

- all children aged 2 or 3 years on 31 August 2022
- all primary school aged children (from reception to Year 6)
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline staff employed by the following types of social care providers without employer led occupational health schemes:
 - a registered residential care or nursing home
 - registered domiciliary care provider
 - a voluntary managed hospice provider
 - Direct Payment (personal budgets) or Personal Health Budgets, such as Personal Assistants
- secondary school-aged children focusing on Years 7, 8 and 9 and any remaining vaccine will be offered to years 10 and 11, subject to vaccine availability
- those aged 50 to 64 years old not in clinical risk groups (including those who turn 50 by 31 March 2023)



Once we have more information we will be publishing it on our website.



Carer Emergency Contact Card

You may be concerned as to what will happen to someone you provide care and support to, should you be involved in an accident or be suddenly taken ill yourself.

The Carer Emergency Contact Card offers peace of mind to family and friend carers and supports them to develop a carer contingency plan, in advance, in case of an incident or an emergency. The card also doubles up as a carer discount card, giving carers a range of exclusive offers and discounts within West Sussex.



Who should have a Carer Emergency Contact Card?

The Carer Emergency Contact Card (CECC) is available to anyone who looks after a family member, friend, or neighbour in West Sussex.

The CECC provides the following benefits:

- Carers have access to 24-hour telephone response service
- Opportunity for stronger **contingency planning** in case of emergency
- Identifies you as a carer
- Offers peace of mind as a carer
- Discounts and special offers across the county

How to apply for a card

To qualify for a card, you need to be registered with Carers Support West Sussex. Once registered, you can request the CECC referral form. This form asks you for relevant information helpful in the event of an emergency, such as details about yourself, the person you care for, their medical needs and any emergency contingency plan that may already be in place. Once your referral is complete, Carers Support West Sussex will issue your personal CECC card with details about the service in the post.

What should I do with the card?

When you receive your CECC it should always be kept with you. We suggest keeping it in your wallet or purse, as this will be one of the first places that would be checked for identification. This will ensure that, in the event of an emergency involving yourself, anyone helping you is aware that someone depends on you, as you may be unable to tell them yourself.

If you are not yet registered with Carers Support West Sussex, you can register in several ways to suit your needs. You can phone 0300 028 8888 or email info@carerssupport.org.uk

For more information visit www.carerssupport.org.uk/carers-emergency-card



Friends and Family Test

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way to give your views after receiving NHS care or treatment.

After your appointment, you may be invited to complete the FFT.

- There are QR codes situated all over the corridors which once scanned will take you to our website where you will be able to complete the FFT
- You will receive a text with a link to complete the FFT online via google forms.
- There are paper versions available in Practice.
- By visiting our website [www.https://www.bridgemedicalcentre.co.uk/friends-and-family](https://www.bridgemedicalcentre.co.uk/friends-and-family)

Your answer is voluntary. But if you do answer, your feedback will provide valuable information for the service to celebrate positive feedback and identify opportunities to make improvements.

Your answer will not be traced back to you, and your details will not be passed on to anyone. A friend or family member is welcome to answer the question if you're unable to.



The Friends & Family Test

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.