

# DATCHET HEALTH CENTRE - NEWSLETTER DEC 2010

 The Datchet  
Health Centre  
Patient Participation Group

The staff of the DHC and members of the Patient Participation group wish you all a very happy and healthy Christmas.

## Opening Hours for the Surgery over Christmas and the New Year

24 December – open 0830 – 1400

25/26/27/28 December – CLOSED

29 December – open 0700 – 1800

30 December – open 0830 – 1930

31 December – open 0830-1400

1/2/3 January – CLOSED

4 January – open 0700 – 1800



However if you do have a problem over the Christmas period and the Surgery is closed don't forget you can visit

- The Walk In Centre at Ashford Hospital (open every day 8am to 10pm (last booking 9.30pm) 01784 884000
- The Walk In Centre at Upton Hospital (open every day 8am to 8pm) 01753 635505

And don't forget the pharmacies at Datchet and Wraysbury. They can give expert advice on common winter health problems and suggest over the counter remedies. On Christmas Eve both pharmacies are open from 0900 to 1700. They are closed on 25/26/27<sup>th</sup> December and open on Wednesday 29<sup>th</sup> and Thursday 30<sup>th</sup> from 0900 to 1800, and also open Friday 31<sup>st</sup> from 0900-1700.

## A trainee doctor's experience at the DHC

*You may remember a previous newsletter article stating that the DHC was now an accredited training practice for trainee doctors. Our first trainee Dr Rhian James arrived in August and we asked her to let us know how the past 4 months had gone.*

I am the first training doctor at Datchet Health Centre, and in this role I am proud to be part guinea pig and part exciting new start for the practice. In my first year as a doctor I worked on acute medical and surgical teams in and around Oxford – a life of unsociable hours, long ward rounds and plenty of paperwork, punctuated by moments of emergency. How would General Practice compare?

My first hurdle to overcome was an unexpected one - to decipher and use the idiosyncratic, and occasionally temperamental, computer system. Thankfully, my introduction was softened by coffee and cake and the ever-welcoming staff here at DHC. I learnt how to refer, gained experience with the specialist nurses, attempted to help in reception, and had the privilege to observe the GPs in their consultations.

My first patient was a 7-year old boy with ear pain. This isn't a frequent problem in hospital, and so I had to cast my mind back to my degree.... I took a history, I examined him, and then we decided he probably needed antibiotics. I discussed it with my supervisor, and Mum and son went home happy. I had so much to learn in those first few weeks – prescribing, referrals, sick notes, safe-guarding – but the hardest was to learn how to be a doctor in general practice. For the first time in my career patients were looking directly at me for advice, a diagnosis, guidance and support. There is no consultant presiding over events, rarely a list of investigations pointing me in the right direction, or the hustle and bustle of a busy ward causing distractions. Consultations became about connecting with the patient and jointly trying to manage their symptoms. This has been a challenging, but ultimately rewarding, experience.



I leave Datchet in a couple of weeks, for the next new and green foundation doctor to take my place. How did my time compare with hospital medicine? With the support and guidance of my colleagues - nurses, doctors and the administrative staff - and the patience and willingness of the patients this has been an unforgettable 4 months. I hope to one day return... hopefully on a GP training scheme. *Dr Rhian James*

## **MEN ONLY!**

### **What you need to know about prostate cancer**

**36,000 men are diagnosed with this each year making it in the UK the most common cancer in men. It mainly affects those over 50.**

Your prostate is a gland that produces the liquid part of semen. It's about the size of a walnut and lies at the base of your bladder.

#### **Symptoms**

The most common symptoms of prostate cancer and an enlarged prostate that is not cancerous are the same.

- Having to rush to the toilet to pass urine
- Difficulty in passing urine
- Passing urine more often than usual, especially at night
- Pain on passing urine but this is rare
- Blood in the urine or semen but this is very rare

Remember that if you have any symptoms you should be checked by your doctor. But most enlargements of the prostate are benign. That means they are not cancer and can be easily treated.

#### **What causes the symptoms?**

With both prostate cancers and non-cancerous enlargement of the prostate, the symptoms are usually caused because the growth presses on the tube that carries urine (the urethra) and blocks the flow.

A very early prostate cancer does not usually cause any symptoms at all because any growth in the prostate is too small to have any noticeable effect on urine flow.

#### **Other symptoms of prostate cancer**

Cancer of the prostate often grows slowly, especially in older men. Symptoms may be mild and occur over many years. Sometimes the first symptoms are from prostate cancer cells which have spread to your bones. This may cause pain in your back, hips, pelvis or other bony areas. This is known as secondary prostate cancer.

#### **Causes of prostate cancer**

The exact reasons why you may develop prostate cancer aren't fully understood at present. But you're more likely to develop prostate cancer if:

- you're over 50
- you have close relatives who have had prostate cancer
- several women in your family have had breast cancer - you may have inherited a faulty gene which may increase your risk of prostate cancer
- you're African-Caribbean or African-American
- your diet is high in fat, meat and dairy products

#### **Diagnosis**

GP guidelines say that men who have symptoms that could be due to prostate cancer should be offered a PSA blood test and a rectal examination. If your PSA level is slightly raised (a borderline result), you should have another PSA test in 1 to 3 months' time to check if it is going up or is staying the same. If you have a suspicious PSA reading and other symptoms that could be related to prostate cancer, your GP should consider referring you to a specialist urologist urgently.

Remember that your GP may decide to delay doing a PSA test sometimes. There are a few situations that can affect the reading and make it less accurate. For example, if you have a urine infection. If your GP wants to delay doing a test, just ask them to explain why.

#### **Treatment**

Your treatment will depend on a number of factors, including your age, whether the cancer has spread, and if so, how far. There are various treatments available. Your surgeon may use treatments on their own or you may have a combination of different treatments.

**Active Monitoring** - Sometimes, particularly for slow-growing tumours, no treatment is the best course of action. This is often called active monitoring or watchful waiting. Your condition will be closely monitored by your doctor with routine

check-ups. If tests show that the cancer is growing or causing symptoms, your doctor may suggest that you start having treatment.

## **Surgery**

Surgery is a common treatment for prostate cancer. It's most suitable for otherwise healthy men (usually, those under 70) whose cancer hasn't spread beyond their prostate. There are several types of surgery used, including:

- radical prostatectomy - a major operation to remove the whole of your prostate and some surrounding healthy tissue
- keyhole surgery (a laparoscopic prostatectomy) where your prostate is removed through smaller incisions and robot-assisted surgery

## **Non-surgical treatments include**

- Radiotherapy, which uses X-rays to destroy cancer cells.
- Hormone therapy, which blocks the action of testosterone. This can slow the growth and spread of prostate tumours but won't kill the cancer cells. Chemotherapy, which uses medicines to destroy cancer cells.

## **Prevention of prostate cancer**

Research suggests that you may be able to reduce your risk of developing prostate cancer through certain lifestyle changes such as:

- stopping smoking
- eating a healthy, balanced diet with at least five portions of fruit and vegetables a day - especially tomatoes, which contain a substance called lycopene that may be protective
- consuming less meat and dairy products
- being physically active - you should exercise for 30 minutes at least five times a week

*acknowledgement - <http://www.cancerhelp.org.uk/type/prostate-cancer/about/prostate-cancer-symptoms>  
B[http://hcd2.bupa.co.uk/fact\\_sheets/html/prostate\\_cancer.html](http://hcd2.bupa.co.uk/fact_sheets/html/prostate_cancer.html)UPA*

## **Booking appointments on line**

In October 2010 we introduced on-line appointment booking to allow patients to book GP and some nurse appointments on the internet. Patients need to register to use this service and each family member (including children) will need to be allocated an individual PIN number. Appointments can also be cancelled on-line or by text on **07815 006 990**. Each person is limited to booking two appointments at a time to avoid limiting the availability of appointments to patients who don't have access to the internet. Please contact Reception on **01753 541268** or via e-mail on [be-pct.datchetreceptionist@nhs.net](mailto:be-pct.datchetreceptionist@nhs.net) if you would like to register for this facility.

Registration for on-line appointments will also allow you to order your repeat prescriptions on-line via a secure link. Your repeat prescription list will be generated and you just have to tick against the items that you would like to order and indicate in the comments box where you would like to collect your prescription from. We hope that patients will find both these services useful.

## **What is continuity of care?**

Where possible, the practice encourages patients to see the same doctor or nurse about an on-going issue. This "continuity of care" allows the clinician and patient to build up an understanding about the issue so that its management can continue seamlessly from one consultation to the next. This is good for patients as they don't have to start from scratch each time they see a different clinician. Continuity of care also allows the patient and the clinician to develop a close working relationship together and to establish an agreed management plan to tackle the issue in question. It is easier for the clinician to keep abreast of investigations and progress if they have been involved from the beginning. Less time is wasted looking back though the notes and the pathway of care for the patients is generally smoother. It is also one of the pleasures of general practice that clinicians and their patients can get to know each other well, a fact that can often be beneficial for patient care.

The receptionist may ask a patient who is making an appointment whether a particular doctor or nurse is involved. This is in order to book the patient a follow-up appointment with that clinician. A request to see a named clinician may result in a delay, depending on the availability of appointments. Although this may cause some inconvenience, it is important for continuity of care to wait to see the same clinician. If an appointment is urgent, an appointment may be made with any available clinician. *Dr Adrian Dalton*

## Looking after yourself in the cold weather

We have already had a very cold spell this winter and no doubt more cold weather is to come. Hypothermia, especially for the elderly can be life threatening, increasing the risk of heart attack and stroke. Keep an eye on vulnerable neighbours and friends. Signs and symptoms depend on how cold the environment is, and how long the person has been exposed. In mild cases the individual may only complain of feeling cold and shivery, with low energy, but in severe cases the person can suffer from drowsiness, confusion and have slow, shallow breathing.

**Clothing** - Wear several layers of thin clothing both inside and outdoors. This traps air between the layers to keep you warm. Clothing made from wool, polyester or fleecy synthetic fibres are usually warmer. When going out wear a hat as a lot of heat can be lost through your head

### **Keep physically active**

Try not to stay sitting down for long periods. Get up and move around if possible, move your arms and legs, and wiggle your fingers and toes frequently.

### **Keep your house warm**

- The recommended room temperature is 21°C, but vulnerable people often need a higher temperature to feel comfortable.
- If you are finding it too expensive to heat the whole house, keep only the living room and bedroom warm, closing doors to rooms not in use.
- Try to keep your bedroom heated overnight, or warm the bedroom before going to bed.

- **It's not too late for a flu jab .....**

The practice still has supplies of flu vaccine for patients in the 'at risk' groups – the over 65s, those with heart problems, diabetes, lung problems, kidney problems, lowered immunity, liver disease, carers and people who have had a stroke.

Flu can increase the risk of more serious illnesses such as bronchitis and pneumonia or can make existing conditions worse. If you are in one of the 'at risk' groups and would like to book an appointment, please call the practice on **01753 541268** or **546088**.

- Our newsletters are also posted on the [www.datchetdoctor.co.uk](http://www.datchetdoctor.co.uk) website if you are not able to pick one up from the surgery or around the two villages. They are issued 4 times a year – March-June-September and December – and we try and get them out in the first week of the month.
- **Our next Health Education evening will be in April 2011 – exact date to be fixed**  
**Our subject for this year will be Arthritis. Watch out for more information in the New Year**