



# The Swanage Medical Practice

June 2016  
Issue No.6

**Welcome to our Summer Newsletter.** We hope that you are as cheered as we are by the arrival of the sun! With this in mind we will feature important advice about how to protect your skin from sun damage during the warmer months. The June half-term holiday launched us into action caring for visitors to Swanage as well as our own patients. We've been touched by the following response from a grateful visitor to Swanage, "I can't thank Swanage Medical Centre enough. I became unwell on the steam train at Swanage. 111 couldn't help me so I rang the local health centre. They had a temporary residents clinic on and I was able to go straight in—I was seen before I had finished filling out the form! They were amazing. Within an hour of becoming unwell I had the medication I needed. They saved my holiday." High praise indeed for which we are very grateful.

We are delighted to remind patients that Dr Katie Evans returns from maternity leave week commencing 22nd August. Thank you to Dr Peter Blick and more recently Dr Ciara Murphy for the excellent care offered to Dr Evans' patients in her absence.

**Sun Safety Advice** We all know excessive exposure to the sun & the subsequent sunburn can lead to skin cancer later in life. Equally our modern lives & leisure activities mean that it is not practical or desirable to spend our time twiddling our thumbs under a parasol! We hope this simple advice for adults & children will encourage you to keep safe.

#### What sun protection factor (SPF) should I use?

Sunscreen does offer additional protection to covering up BUT:

- Make sure you apply it according to the manufacturers instructions.
- Make sure the sunscreen is suitable for your skin type & blocks ultraviolet A (UVA) & ultraviolet B (UVB) radiation.

The sunscreen label should have:

- The letters "UVA" in a circle logo and at least four-star UVA protection must appear on the sunscreen
- Use at least SPF15 sunscreen to protect against UVB
- Make sure the sunscreen is not past its expiry date.
- If in doubt, always use a higher rating than you think you need.

#### How long can I stay in the sun?

In the UK the sun is at its strongest from March to October, especially from 11am to 3pm. Do try to spend time in the shade between these times. You can still burn in cloudy conditions, even if it's not warm. Find out your skin type & your sensitivity to sunlight on the Cancer Research UK website.

#### Should I reapply sunscreen if I swim?

Yes! Water washes (even 'water resistant') sunscreen off and also reflects UV rays increasing your exposure.

#### What clothing helps?

- a wide-brimmed hat that shades the face, neck and ears
- Cover up for spells in comfortable, loose clothing
- CE Mark & European Standard EN 1836:2005 sunglasses

#### Are children more at risk of sunburn?

Yes! Take extra care to protect babies & children. Children aged under six months should be kept out of direct strong sunlight. The ideal is to keep children covered up in suitable clothing even when on the beach—there is a wealth of protective, comfortable beach clothing available at reasonable cost for kids these days that combined with use of sunscreen (minimum SFP15!) will keep their skin safe and help prevent skin cancer developing in adulthood.

For more info visit the NHS Choices website: [www.nhs.uk/sun](http://www.nhs.uk/sun)

## LATEST NEWS... Swanage Surgery rated as 'Good' by CQC

The Care Quality Commission recently visited & assessed every area of our work and we are delighted to have been informed that we are classified as GOOD throughout our services. We are so pleased that this rating reflects the immense hard work put in by the Doctors & staff and hope it assures you of our commitment to the health of the community. You can view the full report via their website: [www.cqc.org.uk](http://www.cqc.org.uk).

### Moles (on your skin, not the burrowing kind) & the Sun

While most moles are benign (non-cancerous), in rare cases they can develop into Melanoma. Melanoma is a serious and aggressive form of skin Cancer.

If you have lots of moles or freckles, your risk of getting skin cancer is higher than average, so take extra care.

Avoid getting caught out by sunburn. Use shade, clothing and sunscreen with an SPF of at least 15 to protect yourself.

Keep an eye out for changes to your skin. Changes to check for include:

- a new mole, growth or lump
- any moles, freckles or patches of skin that change in size, shape or colour

Report these to your doctor as soon as possible. Skin cancer is much easier to treat if its found early.

Use the mole 'self-assessment tool' on the NHS Choices website to see whether you could have a cancerous mole.

### Help! I've got sunburnt, what should I do?

Oh, dear, that was foolish of you! The following advice should help:

- Painkillers, such as paracetamol or ibuprofen, will ease the pain by helping to reduce inflammation.
- Sponge sore skin with cool water, then apply soothing aftersun or calamine lotion.
- Contact a Pharmacist or call 111 if you feel unwell or the skin swells badly or blisters. Stay out of the sun until all signs of redness have gone.

Next time you're out in the sun, please make sure you cover up, or liberally apply the appropriate sun tan lotion.

### IMPORTANT Reminder to patients from the Doctors

#### The Sit & Wait Surgery

When a patient comes to see a Duty GP at the twice daily S&W surgeries the receptionists are often asked "who is the GP" and "I want to see" a particular GP. The purpose of the S&W surgery is for a patient to see whoever is on duty. The receptionists cannot promise that you will see your own GP or a particular GP you've requested that you are not registered with. If your GP is on Duty, there is a good chance you will see them, but even in this instance the receptionists cannot 100% confirm that you will—if that GP is called out on an emergency (as Duty Doctors often are) - you will have to see another Doctor.

Occasionally a GP themselves, will ask you to come into the S&W surgery to see them in particular. That is the only instance in which you are guaranteed to see your GP via the S&W surgery. It is possible however for a patient to specify the gender of the Doctor they wish to see if schedules allow.

Remember that the S&W surgery is for pressing problems and not ongoing issues that you want to discuss with your own GP.

The S&W 'experience' will be much improved if this advice is heeded.

#### Routine Face-to-Face & Telephone Appointments

Patients should be mindful that a face-to-face appointment is 10 mins long and a telephone call is 5 mins. Don't therefore bring a list of items to discuss as there simply isn't the time. Focus on the most important problem to be discussed & then make another appointment.

#### Follow-up appointments after blood & other tests

If we, the doctors, need to see or speak to you following a test, a receptionist will contact you to make the appropriate appointment according to the timescale we, the doctors advise. If for example, a receptionist phones you to advise that the doctor wants a 'routine' appointment, that means next available and is therefore not urgent. If we need to speak to you 'soon' the reception team are advised this and will book according to our instructions. The reception team follow strict protocols; we the GPs, decide on the level of urgency, not the receptionists. We hope, therefore, you are confident that you are being dealt with appropriately & understand the need to comply with the receptionists message to you in this regard.

*Thank you for your consideration & support*

**Staff Antics.....** A team of 10 from the Practice took part in Cancer UK's Race for Life 5K fun run in Bournemouth on 12th June. So far their sponsorship is at £700+! Recently we held a 'mufti' day raising £31 for Julia's House Children's Hospice.

Its not just us that can't resist a fundraising opportunity—our lovely colleagues at Day Lewis Pharmacy recently held a charity day on behalf of Cancare, the local cancer charity that some of our staff are key members of. We are delighted to report that they raised over £1,400, a magnificent sum, & the final figure will be matched by their employers! A huge thank you to Day Lewis.

**Support for S&W surgery is on the way....** Our Nurses Jane Haysom & Alison Page have recently undertaken enhanced skills training, which will enable them to support the GPs by triaging & seeing patients that are registered on the S&W surgery with minor ailments & self-limiting conditions. This will enable the GPs to focus on the seriously ill. For the next few weeks, to support their training, you may see them sitting in on GP appointments undertaking the 'mentoring' phase of their enhanced training. We will let you know as soon as we have a start date for this initiative.

#### Answers to Frequently asked questions

##### Q. I am sometimes confused when my drugs are called different names, should I still take them?

Many medications have two names because more than one version of the medicine is available. The brand name is the name given to a medicine by the pharmaceutical company that makes it. The generic or scientific name is the term given to the active ingredient in the medicine that is decided by an expert committee and is understood internationally.

Pharmaceutical companies take out a patent (exclusive rights) for each new medicine they discover that lasts for up to 20 years, during which time the medicine is studied in clinical trials & then approved for sale. When the medicine becomes available, only the pharmaceutical company that discovered it can sell it using their brand name, until the patent runs out. After the patent runs out, other companies can produce their own version of the medicine. For example, ibuprofen, is the generic name of a medicine used to treat pain. Some companies will sell ibuprofen as branded versions, such as Nurofen and Hedex, other manufacturers, like Boots or Tesco, sell it under the generic name "ibuprofen". Medicines sold under their generic name are usually cheaper, because the research and development costs are lower. However, they contain the same active ingredient as the equivalent branded medicines. Generic medicines also go through detailed safety and quality requirements. You may be prescribed a generic medicine instead of a branded medicine because: generic medicines are as effective as branded versions and can cost up to 80% less than branded versions thus freeing up NHS funds for other uses. In rare cases, branded medicines are prescribed because they are the most suitable product. If this happens to you, it's important to stay on the branded medicine, rather than changing to a generic medicine. For example, the body absorbs some medicines used to treat epilepsy in slightly different ways. This has a big effect on how the medicine works. In these cases, you should continue to use the brand you've been prescribed. Your GP will tell you if this is the right treatment for your particular condition. If you don't recognise the name of a drug that has been issued to you, your pharmacist will be able to advise you as it may be the same drug with a different name. Don't stop taking them.

**Have your say:** If you have any comments or feedback about our services, please use the 'Friends & Family Test' touch screen and we can respond to the queries raised via this newsletter. Your opinions are of great value to us & can sometimes lead to change within our practice. For major concerns & queries please contact Natasha Ritchie, Practice Manager or speak to your GP.

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**View our website for more information about our services: [www.swanagemedical.org.uk](http://www.swanagemedical.org.uk)**

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