



# Woodcock Road Surgery

## August Newsletter 2019

Dr D Ling, Dr R Blenk, Dr L Shinn, Dr A MacNab

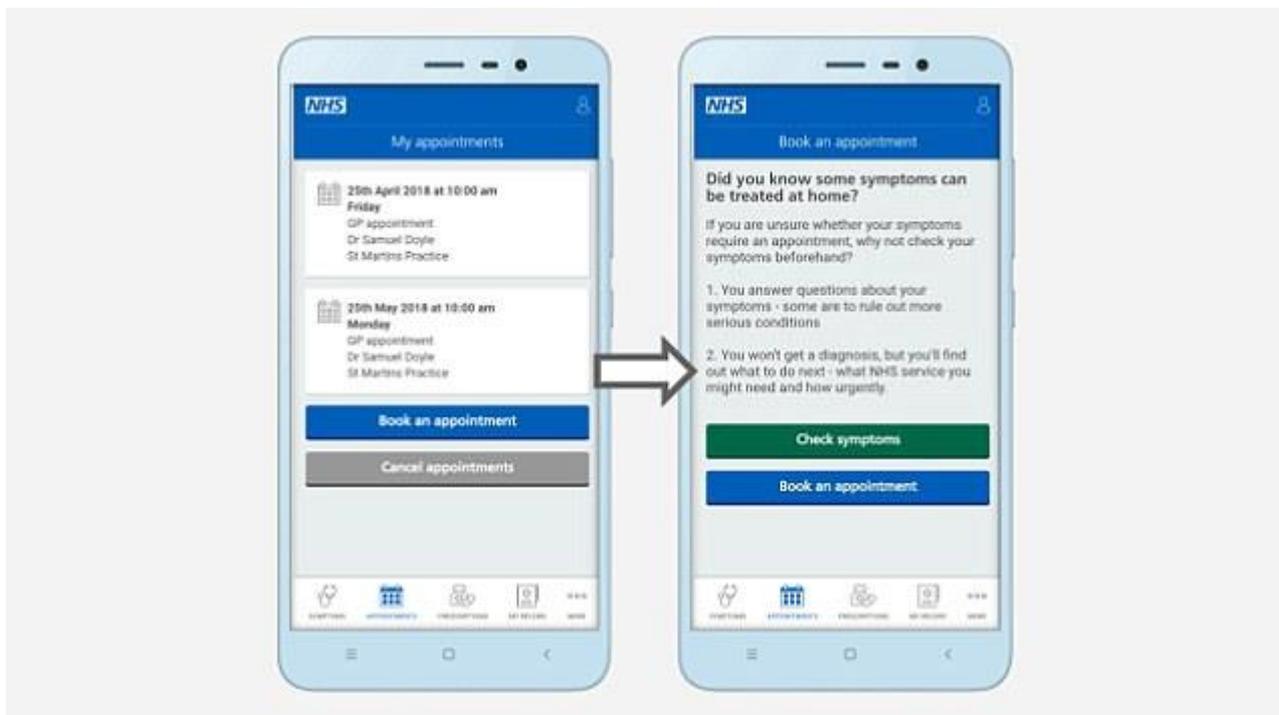
### **Changes to staff in the surgery:**

**In order to help us provide sufficient services during the busy holiday season we are being joined by Lorraine, Nurse practitioner during the months of August and September. Lorraine will be working closely with the GP's seeing patients in clinic for a range of ailments.**

**Dr A Martin joins us as a GP Registrar for six months from August 2019.**

**We are delighted to welcome 3 new patient care co-ordinators: Kayleigh, Nikita and Megan. Please bear with us whilst we are training.**

**In September we welcome Denisa, a clinical pharmacist who will be working in the surgery from Monday to Friday and is able to help answer your medication queries and provide advice.**



**Our on-line appointments have been put on the system and, therefore, you will now be able to start booking appointments through the NHS App or SystmOnline.**

So far you will have on-line access to the following appointments:

**Blood test:** Only book if clinician has requested this for you. You will **NOT** be able to have a blood test if this hasn't been requested by the clinician.

**Cervical Smear Test:** Ladies aged 25-64 by invitation only.

**Diabetic Appointment:** If you are diagnosed as Diabetic, please feel free to book this appointment if you have queries/concerns or if the Diabetic nurse has asked you to attend a follow up appointment.

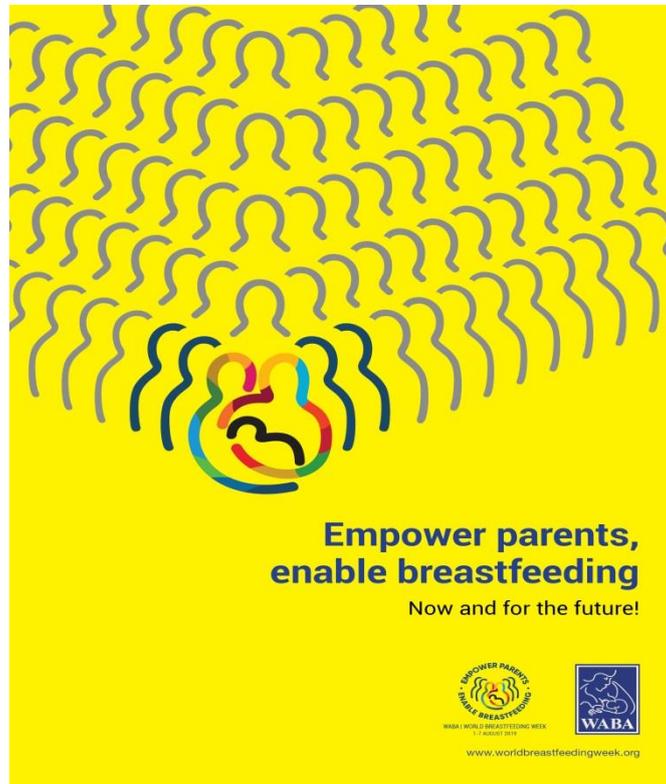
**Asthma Review (if you have an exacerbation see the GP):** If you are diagnosed with Asthma, please feel free to book this appointment if you have queries/concerns or if the Respiratory nurse has asked you to attend a follow up appointment.

**Same Day Appointments:** These appointments are with the GP's. You will be able to book these particular on the day appointments from 7:30am the same morning!!!

**On-line Bookable Slot:** Pre-bookable appointments with a GP available up to 6 weeks in advance.

**Contraceptive Pill Check:** These are 10 minute appointments to discuss contraceptive pills, or if the Nurse has asked for you to come in for a follow up.

**Clinical Pharmacist Telephone Consultation:** You will get a telephone call from our clinical pharmacist at the time you have selected.



**It's never too early to start thinking about how you're going to feed your baby. But you do not have to make up your mind until your baby is born.**

In the UK, more than 73% of mothers start breastfeeding. These are some of the reasons why:

- your breast milk is perfectly designed for your baby
- breast milk protects your baby from infections and diseases
- breastfeeding provides health benefits for you
- breast milk is available for your baby whenever your baby needs it
- breastfeeding can build a strong emotional bond between you and your baby

Formula milk does not provide the same protection from illness and does not give you any health benefits.

### **Health benefits of breastfeeding for your baby**

Breastfeeding has long-term benefits for your baby, lasting right into adulthood.

Any amount of breast milk has a positive effect. The longer you breastfeed, the longer the protection lasts and the greater the benefits.

Breastfeeding reduces your baby's risk of:

- infections, with fewer visits to hospital as a result
- [diarrhoea and vomiting](#), with fewer visits to hospital as a result
- [sudden infant death syndrome \(SIDS\)](#)
- childhood leukaemia
- [obesity](#)
- [cardiovascular disease](#) in adulthood

Giving nothing but breast milk is recommended for about the first 6 months (26 weeks) of your baby's life.

After that, giving your baby breast milk alongside family foods for as long as you and your baby want will help them grow and develop healthily.

Breast milk adapts as your baby grows to meet your baby's changing needs.

### **Health benefits of breastfeeding for you**

Breastfeeding and making breast milk also has health benefits for you. The more you breastfeed, the greater the benefits.

Breastfeeding lowers your risk of:

- [breast cancer](#)
- [ovarian cancer](#)
- [osteoporosis \(weak bones\)](#)
- [cardiovascular disease](#)
- [obesity](#)





We actively invite all those on our carers register for Flu Vaccines each year. We provide a patient pack in the waiting area which gives information and encourages patients to inform the surgery if they are a Carer. There is a form to complete which will give us (the practice) the consent to inform Norfolk County Council – who offer support via the ‘Early Help Team’ – who can help provide a ‘family solution.’

With Flu season fast approaching please make us aware if you are a carer as we provide these Vaccines to you for **free.**

**For Carers help and support, please see below a few online links and telephone numbers:**

- Lily = [www.asklily.org.uk](http://www.asklily.org.uk) or 01553 616200
- Carers Matter Norfolk (CMN) to support unpaid carers with information, advice, tools and support = [www.carersmatternorfolk.org.uk](http://www.carersmatternorfolk.org.uk) or 0800 083 1148
- To ask for a young carer needs assessment, or support for a disabled or ill parent please ring 01603 217612
- For those supporting children with additional needs = [www.myfamilyyourneeds.co.uk](http://www.myfamilyyourneeds.co.uk)
- Norfolk County council have teamed up with Carers UK to allow access to a wide range of digital tools and resources = [www.carersdigital.org](http://www.carersdigital.org)
- Norfolk county council = [www.norfolk.gov.uk/careservices](http://www.norfolk.gov.uk/careservices) or 0344 800 8020

AUGUST IS  
**PSORIASIS**  
AWARENESS MONTH

Psoriasis isn't contagious, but awareness is.



**Psoriasis is a skin condition that causes red, flaky, crusty patches of skin covered with silvery scales.**

These patches normally appear on your elbows, knees, scalp and lower back, but can appear anywhere on your body. Most people are only affected with small patches. In some cases, the patches can be itchy or sore.

Psoriasis affects around 2% of people in the UK. It can start at any age but most often develops in adults under 35 years old, and affects men and women equally.

The severity of psoriasis varies greatly from person to person. For some it's just a minor irritation but, for others, it can majorly affect their quality of life.

Psoriasis is a long-lasting (chronic) disease that usually involves periods when you have no symptoms or mild symptoms, followed by periods when symptoms are more severe.

Read more about the [symptoms of psoriasis](#).

### **Why it happens**

People with psoriasis have an increased production of skin cells.

Skin cells are normally made and replaced every 3 to 4 weeks, but in psoriasis this process only takes about 3 to 7 days. The resulting build-up of skin cells is what creates the patches associated with psoriasis.

Although the process isn't fully understood, it's thought to be related to a problem with the immune system. The immune system is your body's defence against disease and infection, but for people with psoriasis, it attacks healthy skin cells by mistake.

Psoriasis can run in families, although the exact role genetics plays in causing psoriasis is unclear.

Many people's psoriasis symptoms start or become worse because of a certain event, known as a "trigger". Possible triggers of psoriasis include an injury to your skin, throat infections and using certain medicines.

The condition isn't contagious, so it can't be spread from person to person.

Read more about the [causes of psoriasis](#).

## **How psoriasis is diagnosed**

A GP can often diagnose psoriasis based on the appearance of your skin.

In rare cases, a small sample of skin, called a [biopsy](#), will be sent to the laboratory for examination under a microscope. This determines the exact type of psoriasis and rules out other skin disorders, such as seborrhoeic dermatitis, [lichen planus](#), lichen simplex and [pityriasis rosea](#).

You may be referred to a specialist in diagnosing and treating skin conditions (dermatologist) if your doctor is uncertain about your diagnosis, or if your condition is severe.

If your doctor suspects you have psoriatic arthritis, which is sometimes a complication of psoriasis, you may be referred to a doctor who specialises in arthritis (rheumatologist). You may have blood tests to rule out other conditions, such as [rheumatoid arthritis](#), and X-rays of the affected joints may be taken.

## **Treating psoriasis**

There's no cure for psoriasis, but a range of treatments can improve symptoms and the appearance of skin patches.

In most cases, the first treatment used will be a topical treatment, such as vitamin D analogues or [topical corticosteroids](#). Topical treatments are creams and ointments applied to the skin.

If these aren't effective, or your condition is more severe, a treatment called phototherapy may be used. Phototherapy involves exposing your skin to certain types of ultraviolet light.

In severe cases, where the above treatments are ineffective, systemic treatments may be used. These are oral or injected medicines that work throughout the whole body.

Read more about [treating psoriasis](#).

## **Living with psoriasis**

Although psoriasis is just a minor irritation for some people, it can have a significant impact on quality of life for those more severely affected.

For example, some people with psoriasis have low self-esteem due to the effect the condition has on their appearance. It's also quite common to develop tenderness, pain and swelling in the joints and connective tissue. This is known as psoriatic arthritis.

Speak to your GP or healthcare team if you have psoriasis and you have any concerns about your physical and mental wellbeing. They can offer advice and further treatment if necessary.

There are also support groups for people with psoriasis, such as [The Psoriasis Association](#), where you can speak to other people with the condition.