

what you need to know about Osteoporosis

What is Osteoporosis?

Osteoporosis is a thinning of the bones with reduction in bone mass due to depletion of calcium and bone protein. It predisposes to fractures from minor trauma or even without trauma.

Osteopenia is thinning of the bone to a lesser degree but may progress to osteoporosis. By the age of 80, 1 in 4 women will have osteoporosis; 1 in 2 women and 1 in 5 men will suffer a fracture after the age of 50. Osteoporosis has *no symptoms* so it is important to identify those at risk.

Who is at risk?

The Pinn Medical Centre feels it is very important to prevent, detect and treat osteoporosis. We proactively try to identify those at risk and urge those with any of the following risk factors to make an appointment with their doctor.

- Bone fracture after a minor bump/fall
- Premature menopause (before 45)
- First degree relative with osteoporosis
- Smoker
- Alcohol intake in excess of 4 units per day
- History of or currently taking oral steroids for more than 3 months continuously
- Certain medical conditions: overactive thyroid, Rheumatoid Arthritis, chronic kidney/liver disease, anorexia nervosa
- Height loss of more than 3cm
- Poor mobility
- Very underweight.



What will happen when I see the doctor?

Your doctor will take a history and examine you to assess whether there are significant risk factors for or signs of osteoporosis to require investigation, or whether lifestyle advice is sufficient. A DEXA bone scan will assess bone density and your doctor may refer you for this and/or blood tests. A bone scan is a non-invasive outpatient investigation. The results will help your doctor decide whether you have osteoporosis and how to manage it.

What is the management?

"Prevention is better than cure" so the first part of management is modifying risk factors i.e. adequate intake of calcium and vitamin D, stopping smoking, reducing alcohol intake and adopting regular weight bearing exercise. Your doctor may decide that you require medication, usually a bisphosphonate. These drugs help slow the rate at which bone is lost. They require an adequate supply of calcium and vitamin D to work with so these are usually also prescribed as supplements. HRT has some effect in preventing osteoporosis but is not licensed for this purpose alone because of links with breast cancer and cardiovascular disease.

What follow up will I have?

Your doctor will see you a few weeks after starting medication and thereafter once or twice a year. A repeat bone scan to assess the effectiveness of treatment is usually done at 2-3 years after the initial scan.

All of the doctors are happy to discuss any questions you may have about osteoporosis.

Further information is available from: The National Osteoporosis Society www.nos.org.uk or Patient UK www.patient.co.uk

Dr Isobel Bleehen

digest this

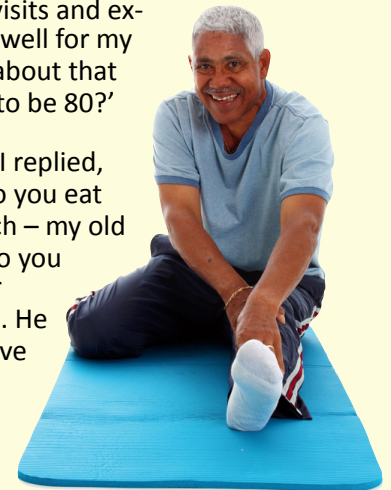
- **19,160** patients are now registered at the Pinn Medical Centre
- **170** patients did not attend their appointments at the surgery in the last month (What a waste... Ed)
- **41%** drop in number of deaths from heart attack or stroke in last decade
- **£32m** new investment announced for child/teen mental health problems
- **£34bn** : the annual cost of dementia services in Britain (according to Oxford University)

waiting room gossip - will I live to see 80?

I recently registered at The Pinn. After two visits and exhaustive tests, my GP said I was doing fairly well for my age (I've just turned 65). A little concerned about that comment, I asked him 'Do you think I'll live to be 80?'

'Do you smoke or drink?' he asked. 'Oh no,' I replied, 'and I don't take any drugs'. So he asked, 'Do you eat steaks and barbecued ribs?' I said, 'Not much - my old GP said too much red meat is unhealthy.' 'Do you spend a lot of time in the sun playing golf or sunbathing?' 'No, I'm a pilates fanatic' I said. He asked, 'Do you gamble, drive fast cars, or have lots of sex?' 'No,' I said.

He looked at me aghast and said 'Then why do you give a damn...?'



Free bereavement support for adults and children affected by a death or loss.

020 8427 5720

harrowbereave@btconnect.com

The Pinn Piper is edited by Lis Warren and designed by Evie Efthimiou and Jonathan Warren
Contact pinnpiper@gmail.com



Challenges facing Harrow GPs

The impact of the national financial crisis has affected the NHS tremendously and by 2016 the NHS will have been forced to save £20 billion writes *Dr Mehul Lakhani*.

Although the NHS budget is 'ring fenced', inflation and the cost of technological advances mean that maintaining NHS funding at current levels will require changes to the way services are delivered.

The main issue facing NHS Harrow is to address the financial gap between income and expenditure so that by 2013 Harrow has balanced accounts to hand over to our local GP commissioning group. This will then take over financial control for the local Primary Care Trust – NHS Harrow.

NHS Harrow's budget is now under close scrutiny with the aim of securing a stable financial position. A significant part of the problem is that the national funding formula for PCTs is based on historical spend and out of date census data, which favours inner city PCTs. Unfortunately it will not be easy to change this to Harrow's advantage in the near future. GP commissioning in Harrow faces a massive challenge to keep within budget in the years ahead, whilst maintaining - and hopefully improving - local services.

All GP Practices in Harrow have been allocated notional budgets from which to fund much of the healthcare for patients at the surgery, in hospital, paying for medicines, or for out of hours cover.

For doctors and patients at The Pinn, this means that:

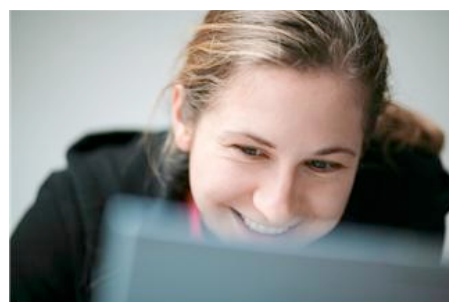
- Where a drug has come 'off patent' and is as clinically effective as a more expensive brand name drug, it makes good sense to prescribe the cheaper, equally effective drug.
- In many cases the cost of a drug or cream is cheaper than the fixed prescription charge, so for many people it is sensible to purchase such medication over the counter.
- GPs must ensure we make best use of services like physiotherapy, which may provide little benefit in self-limiting sprains or aches, that simply need time to heal. Pressing your GP for physiotherapy when this is not indicated will not hasten recovery.
- Pressing for antibiotics when you have a viral illness may actually make you worse.
- *Unnecessarily* calling an ambulance or attending busy Accident and Emergency Units reduces the funding

available for patient care, including what we can spend on overstretched, absolutely vital services elsewhere in Harrow.

So patients have a key role in helping to make the best use of our resources. We must work *together* to ensure we continue to have an NHS of which we can be proud. The views of patients are increasingly being sought to make improvements at The Pinn, but your views can also be heard in wider decision-making processes that take place at Borough and PCT level by way of The Pinn Patients' Association.

The new GP commissioning group in Harrow is working very hard to streamline current services, and this may mean that in future we will see revolutionary new services, but in the interim, we all have to face the harsh reality that the purse strings within Harrow have to be tightened in order to maintain the high level of care that Harrow residents expect.

Free Internet Access



A free wi-fi Internet service has now been installed in the Reception area for patients to use whilst waiting.

Please use the Pinn Medical Centre's website to

make or cancel appointments and order repeat prescriptions (*much* quicker when ordered online). Get your log in name and password from Reception.

Pinn Patients' Association Quiz

7pm, Saturday 10th March 2012
St Luke's Church Hall
Love Lane
Pinner
Call 020 8866 1130
for tickets (£10)



staff news

As the practice grows, it's inevitable that staff turnover occurs, so we regularly review things and consider alternative ways of working. With this in mind, we are utilising the skills of in-house clinicians to enable us to manage demand more efficiently and relieve some of the pressures.

Dr Tricia Robertson, Consultant Pharmacist, has now joined the Practice on a permanent basis. She will be helping with prescriptions, medication reviews and running Chronic Obstructive Pulmonary Disease (COPD) and Asthma clinics.

Experienced Nurse Practitioners Ann Gate and Odette Thomas have also joined our team. They are trained to assess and diagnose patients with minor illnesses and conditions and they are also able to prescribe medicines. Between them they now offer a further 200 appointments each week, seeing both urgent cases and unregistered walk-in patients.

Dr Leah Keylock joined us on a full-time basis at the end of August and two old faces are back: Dr Shaheen Jinah has returned from maternity leave and Dr Andrea Edwards just couldn't stay away and is now working with us 2 days a week. Sadly though we had to say farewell to Dr Arti Chandarana who left the practice in September. We were also sorry to see Practice Nurse Julia Mann leave in July, but we've been fortunate to find another experienced Practice Nurse, Bhavna Visavadia, who has now joined the team.

There have also been some changes in the management, administration and Reception teams. We had to say goodbye to Sonal Somaiya and Jayshree Shah in June, and receptionist Omar Hussain left to study at Hull York Medical School. The new faces on Reception include Shaunna Casey, Geraldine Temple, Suneeta Khanna and Sarah Phelps. Please be patient with them whilst they are in training.

So to all the newcomers to the Practice we wish a very warm welcome and all those who have left, we wish them all the very best for the future.

Finally, our congratulations to Drs Lakhani and Bhattessa and their wives on the birth of their baby boys, Pranav and Josh. Just think of all those sleepless nights...

Hilary Scott
Practice Manager

an appointment with...



Dr Varun Goel

How long have you worked at the Centre and where did you work previously?

I have worked at The Pinn for well over a year now. Previously I worked in a General Practice in Kenton. I trained on the Northwick Park GP scheme. I graduated from Barts and the Royal London and had completed a medical rotation in London prior to training as a GP.

What do you like, and dislike, about your job?

I feel very privileged in my position as a GP, and with the faith and trust placed in me by my patients. I am also fortunate to be in a job that is so diverse and continues to be challenging every day. I don't like the constant administrative change the NHS keeps going through. I don't think this is helpful for patients or doctors.

What makes you laugh?

My 3 year old son and his funny observations.

How do you relax after work?

I love to watch and play sports. In recent years I've done more watching than playing. I enjoy hitting a few golf balls and playing badminton.

Stranded on an island, what 3 things would you like to have with you?

My iPad (with broadband of course), a video camera and a comfortable bed.

What's your favourite film, TV or radio programme?

Gattaca, *The Simpsons* and *Film Review* with Simon Mayo and Mark Kermode on Radio 5 Live.

What's the last book you read?

The Lovely Bones by Alice Sebold.

If you could have dinner with 3 people, living or dead, who would they be?

Bill Clinton, Ricky Gervais and Sachin Tendulkar.

If you were Health Minister for a day, what would you change?

I'd have an honest open debate about what the people want for the future of the NHS and what can be delivered by the Government.

Exercise on Referral

Most people are aware that regular exercise can significantly improve - and in some cases transform - one's physical and mental health. But having the motivation to take up and continue regular exercise can be very challenging! That all-important support is now available via the 'exercise on referral' programme.



The Pinn's GPs can now refer adults (16 yrs+)

who are inactive and have low risk medical conditions for supervised exercise in 5 local leisure centres/schools to improve and maintain their health and wellbeing and reduce the possibility of low risk conditions developing into chronic disease.

If you take part, you will be assessed at the start of a 12 week programme and encouraged to build up weekly activity levels at the centre of your choice. After the course, you will be offered reductions to join the leisure facilities and be followed up at 3 and 6 months. Additional advice and support may then be offered, if needed.

If you are inactive and overweight, depressed, have diabetes, hypertension, hyperlipidaemia, mild arthritis or osteoporosis, ask your doctor now if you are eligible for this potentially life changing offer!

finding it hard to get an appointment?



“Getting an appointment with you is like finding gold-dust”

“I would have more chance of seeing the Pope”

“I could have been dead in the three weeks it’s taken me to get to see you”

These are some of the many comments I hear when patients come to see me. There is a perception that something has gone terribly wrong with the appointments system at The Pinn, so I will try to explain how the situation has arisen and how our appointment system currently works.

In the ‘old days’ the Practice consisted of four full-time and two part-time doctors but with the move to Love Lane Dr Nicholls retired, Dr Shah went part-time and Dr Edwards also left us. I am happy to report that Dr Edwards has now returned for a reduced number of sessions. Dr Lakhani joined us as a full-time Partner so the Partnership now consists of myself, Drs Kelshiker and Lakhani, with Dr Bleehen continuing part-time. We also employ salaried GPs, with the majority working part-time.

The biggest gripe we hear is that there are not enough appointments with those of us from the old surgery. This is because Drs Shah and Bleehen now do

only five clinical sessions each week, and Dr Kelshiker and I do around five to six, because we have taken on many other commitments to help shape and develop the NHS. As the NHS develops, this is extremely important, but it does take us away from doing what we love best – seeing our patients.

Dr Kelshiker has been appointed Chairman of the NHS Harrow Commissioning Board (see front page). This is a very important role that takes up a considerable amount of his time – at least half of his week within surgery hours, to say nothing of the hours he does in the evenings and at weekends. I continue to teach a GP registrar (someone training to become a fully-fledged GP) and I also do one session per week as a Paediatric GPSI (GP with a Special Interest), which involves working alongside Northwick Park paediatric consultants, seeing children referred to us from all over Harrow. In addition, I teach medical students and I am obliged to sit on various committees looking at aspects of NHS funding.

We are aware that appointments with Drs Kelshiker, Bleehen, Shah and myself are like ‘gold-dust’ so we have now divided our Practice into teams headed by our Partners.

If you are unable to get an appointment with a doctor of your choice – and this includes our many part-time salaried doctors – we suggest that you see one of the other doctors in their team. Each team meets weekly to discuss various aspects of patient care including specific patients when necessary. You can be confident that doctors will discuss any issues with Partners so that we are aware of what is going on with your health care.

The Partners truly believe that we have recruited an outstanding team of doctors whom we hope will be with us for the foreseeable future. We ask you to consult them and develop a relationship with them, just like you did with us many years ago. Thank you.

Dr Jonathan Rudolph

The Clinical Teams

Dr Amol Kelshiker

Dr Varun Goel
Dr Geena Kirpalani
Dr Mathi Woodhouse

Dr Jonathan Rudolph

Dr Melissa Holz
Dr Shaheen Jinah
Dr Nitha Patel
Dr Giovanna Russo

Dr Isobel Bleehen / Dr Shashi Shah

Dr Andrea Edwards
Dr Priya Moorthy
Dr Jamila Sherif

Dr Mehel Lakhani

Dr Leah Keylock
Dr Subali Nallamala
Dr Naheed Sarwar

Pinn Patients’ Survey – positive results!

Ipsos MORI administers a national GP Patient Survey on behalf of the Department of Health. Every quarter, a different sample of adult patients receives a questionnaire. 567 questionnaires were sent to Pinn patients between April 2010 and March 2011 and 262 were returned completed (just 46%, but the national response rate was only 36%). Despite the difficulties experienced following the sudden influx of new patients last year, The Pinn came out very well when compared with other Harrow PCT practices. For further details see www.gp-patient.co.uk

Of the Pinn Medical Centre patients who responded:

- 96% Satisfied with opening hours (84% across Harrow)
- 93% Satisfied with overall care (76% across Harrow)
- 68% Easy to get through on phone (63% across Harrow)
- 72% Able to get appointment more than 2 days in advance (69% across Harrow)
- 85% Able to see doctor same day or within next two days (79% across Harrow)
- 8% Received written documentation about managing their health problem (21% across Harrow)
- 14% Found it easy to speak to a doctor on the phone (23% across Harrow)