

UPDATE

This is the number of wasted appointments in July 2025 where patients just **Did Not Attend**

St Georges Medical Practice - July 2025 DNA's				Dr Khan & Partners - July 2025 DNA's			
Clinician	Appointment	Minutes	Hours	Clinician	Appointment	Minutes	Hours
GP	16	235	3hr 55min	GP	86	1,185	19hr 45min
ANP	8	135	2hr 15min	ANP	5	75	1hr 15min
Nurse	21	335	5hr 35min	Nurse	77	1,295	21hr 35min
TOTAL	45	705	11hr 45min	TOTAL	168	2,555	42hr 35min

Combined total number of Did Not Attend

WASTED	Appointments	Minutes	Hours
July 2025	213	3,260	54hrs 20mins
June 2025	239	3,671	61hrs 11mins

Can't make your appointment?

Cancel it so that someone else can be seen.

Call the surgery number and select option 6 - OR - Text CANCEL in response to the appointment text reminder - Or - email: - reception.rushbottomlane@nhs.net



Here are just three of the awareness events taking place in August 2025



On 13th August 1992 saw the launch of International Left-Handers Day. This is now an annual event when left-handers everywhere can celebrate their sinistrality and increase public awareness of the advantages and disadvantages of being left-handed. This event is now celebrated worldwide, and in the U.K. alone there have been more than 20 regional events to mark the day. Such as, nationwide “Lefty Zones”, where left-handers’ creativity, adaptability and sporting prowess were celebrated, whilst right-handers were encouraged to try out every-day left-handed objects to see just how awkward it can feel using the wrong equipment!

These events have contributed more than anything else to the general awareness of the difficulties and frustrations left-handers experience in everyday life and have successfully led to improved product design and greater consideration of our needs by the right-handed majority – although there is still a long way to go!!

There’s even a Left-Handers Club which was formed in 1990 aiming to keep members in touch with developments, make their views known to manufacturers and others, provide a help & advice line.

<https://www.lefthandersclub.org/>



August 31st International Overdose Awareness Day



August 31st is recognised as International Overdose Awareness Day, the world’s largest annual campaign to end overdose.

The campaign raises awareness that this is one of the world’s worst public health crises and stimulates action and discussion about evidence-based overdose prevention and drug policy.

An overdose can happen when the body is overwhelmed by a toxic amount of substance or combination of substances. It’s possible to overdose on many substances if they are abused, including alcohol, illicit drugs, and even prescribed medication.

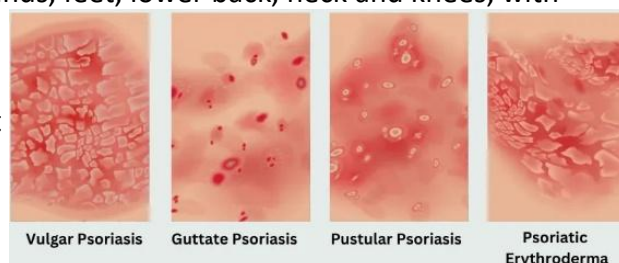
On this International Overdose Awareness Day, we remember those we have lost to an overdose, acknowledge the grief of the family and friends left behind, and those impacted at the hands of a drug poisoning or overdose death. Plus, also to renew our commitment to end overdose and related harms.

August is Psoriasis Action Month 2025

Psoriasis (sor-i’ah-sis) is a long-term (chronic) scaling disease of the skin which affects around 1 in 50 people, which is about 1.3 million.

IT IS NOT CONTAGIOUS, and you cannot catch psoriasis from someone else.

Any part of the skin surface may be involved but the plaques most commonly appear on the elbows, knees and scalp. It can be itchy but is not usually painful. Nail changes, including pitting and ridging, are present in nearly half (40%-50%) of all those who have psoriasis. For those that have psoriasis around 1 in 4 may develop an associated psoriatic arthritis (PsA), which is about 325,000 people, or around 0.5% of the UK population. PsA causes pain and swelling in the joints and tendons, accompanied by stiffness particularly in the mornings. The most commonly affected sites are the hands, feet, lower back, neck and knees, with movement in these areas becoming severely limited. Psoriasis is an immune-mediated disease (a disease with an unclear cause that is characterized by inflammation caused by dysfunction of the immune system) that causes inflammation in the body.



Q&A with surgery receptionist

One of our PPG coordination team members spoke with a member of the surgery reception team, and asked the following questions: -

Q. How long have you worked on Receptionist at the Surgery?

A. Two and a half years.

Q. What does the role of Receptionist involve?

A. Being a receptionist at a doctor's surgery is a very broad role. We answer incoming calls which could be booking an appointment or dealing with a query for a patient. When patients arrive at the surgery, we book them in and direct them where to go, we book follow up appointments or any other appointments they may need. Plus, we are also given tasks from the doctors and nurses which can involve us contacting the patients to give them information, or to let them know that their GP/Nurse wants them to book an appointment. Also, if any paperwork is handed in, we have to ensure that it goes to the correct person/department in order for it to be actioned.

Q. What is the most rewarding part of your role?

A. I love helping patients. Being able to get them an appointment or deal with their query.

Q. What is the most demanding part of the role?

A. We can be extremely busy, some days the phones just don't stop, as well as a large footfall into the surgery too.

Q. It must be a stressful job. What can we as patients do to help to ease the pressure?

A. Just to be aware that we are trying our best to give you the best service possible, and that we too don't like that sometimes you cannot get seen as quickly as you would like. We do sometimes have patients shouting or getting angry with us, please don't. We will always go above and beyond to help where we can.

Q. Have you always worked as a receptionist?

A. Mostly yes. Before having a family, I worked in London as a PA. But since then, I have worked in a gym, a veterinary hospital and now here as a receptionist.

Q. Did you have to have any specialist training?

A. We are always refreshing our training online, as well as additional training given by other professionals. Which is why the surgery closes early once a month for our "Time to Learn" sessions.

Q. Have you had any amusing incidents? That you can tell us about of course.

A. Probably none that I could talk about without breaking patient confidentiality, but we always try to keep things light-hearted in reception and we like to have a laugh when we can.

Q. It's a busy role, so how do you unwind at the end of the day?

A. I have 3 amazing children, so for me unwinding is getting home to a house full of fun and laughter which I absolutely love.

Q. Holidays; Activity or Beach?

A. I am a beach lover! Nothing better than sitting on the beach in the sun with a cocktail in hand.

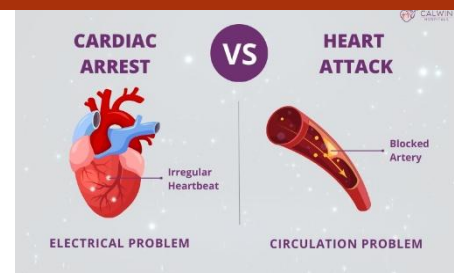


Cardiac Arrest vs Heart Attack

Understanding the difference between a cardiac arrest and a heart attack is crucial, as both are serious cardiac events but involve different mechanisms, symptoms, and urgent responses.

What is a Heart Attack?

A heart attack, medically known as a myocardial infarction, occurs when one or more of the coronary arteries become blocked. The blockage restricts blood flow to a portion of the heart muscle, depriving it of oxygen and causing damage or death of the affected cells. This process may develop gradually or present suddenly and primarily results from coronary artery disease. The common symptoms of a heart attack include chest pain or discomfort (often described as pressure or squeezing), shortness of breath, pain in the arm, neck, jaw, or back, nausea, and light-headedness. While a heart attack is a critical emergency, the heart usually continues to beat during the attack, making it possible – with prompt treatment – to limit the damage to the heart muscle.



What is Cardiac Arrest?

Cardiac arrest is an event where the heart suddenly stops beating effectively. This cessation is usually related to an electrical malfunction in the heart that causes an irregular rhythm (arrhythmia). Without a regular rhythm, the heart cannot pump blood to vital organs, leading to a rapid loss of consciousness and, if not treated within minutes, death. Unlike a heart attack, where blood flow is blocked, a cardiac arrest results from the heart shutting down, meaning there is no effective pulse or breathing. Immediate cardiopulmonary resuscitation (CPR) and defibrillation are critical to survival in such cases.

Aspect	Heart Attack	Cardiac Arrest
Definition	Blockage of blood flow to the heart muscle.	Sudden cessation of effective heart function.
Cause	Often caused by coronary artery blockage (e.g., plaque build-up).	Usually due to fatal arrhythmia disrupting the heart's rhythm.
Symptoms	Chest pain, shortness of breath, pain radiating to arm, etc.	Sudden collapse, no pulse, loss of consciousness, gasping or no breathing.
Mechanism	Vascular blockage leading to muscle damage.	Electrical malfunction leading to immediate loss of heart function.
Urgency	Immediate medical intervention: treatments aim to restore blood flow and minimise damage.	Immediate CPR and defibrillation are necessary to restore heartbeat and save lives.

A heart attack can sometimes lead to cardiac arrest if the damage to the heart muscle disrupts its electrical system. However, not every heart attack will progress to cardiac arrest. Both require urgent medical attention, but the immediate action differs. Alerting emergency services and beginning CPR or defibrillation in the case of cardiac arrest is essential to save a life.

Why It Matters

Understanding these differences enriches our appreciation of how our cardiovascular system works and underscores the importance of recognizing early warning signs. For individuals, knowing the symptoms can prompt faster interventions, improving the chances of survival and recovery. For instance, if you or someone around you experiences chest pain coupled with other heart attack symptoms, seeking immediate medical help can prevent further complications. Meanwhile, responding swiftly when someone collapses can be the difference between life and death in the event of cardiac arrest.

Consider how lifestyle changes such as a balanced diet, regular exercise, and avoiding smoking can reduce the risk of coronary artery disease, thus lowering the chances of experiencing a heart attack and its potentially cascading effect into cardiac arrest.

Bone-building drug for Post-Menopause Women

Over 14,000 women who have gone through the menopause, might benefit from a new bone-strengthening drug called Abaloparatide, says the medicines watchdog National Institute for Health and Care Excellence (NICE). NICE published final guidance recommending abaloparatide as an option for treating osteoporosis after menopause, if there is a very high risk of fracture.

Abaloparatide is one of the three drugs now available that has an anabolic effect. The other drugs are teriparatide and romosozumab. Anabolic means they stimulate the cells that build bone, so they may be the best drugs for those with the highest risk of fracture. This is called a 'very high fracture risk'. Most osteoporosis drugs, like bisphosphonates, work by slowing down the cells that break down bone. These drugs work well for most people.

Abaloparatide is administered via a small daily injection which you give yourself, just under the skin, for 18 months. You would usually be prescribed another type of osteoporosis medication to follow on from this after the 18 months.

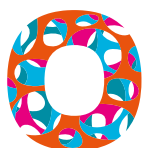
Can my GP prescribe it?

No, your GP would need to refer you to see a specialist at the hospital.

Can men have abaloparatide?

Abaloparatide is currently licensed for post-menopausal women. It isn't yet licensed or approved for men or pre-menopausal women. As yet, there hasn't been much research on its use for men, although it's likely to be effective.

<https://theros.org.uk/>



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Friends & Family Test

Have you completed the Friends & Family Test yet?

It can be accessed via the surgery website.

As you can see, it's a very short questionnaire but you can add your own comments. Regardless of whether they are good or bad, the surgery needs to know what you think of the service you receive.

Just select the surgery that you are registered with.

Take the questionnaire for Dr Khan & Partners

<https://www.mysurgeryintranet.co.uk/FriendsAndFamily/Surveys/TakeOurSurvey?surveyId=27307>

Take the questionnaire for St Georges Medical Practice

<https://www.mysurgeryintranet.co.uk/FriendsAndFamily/Surveys/TakeOurSurvey?surveyId=27308>

Without relevant feedback, nothing will change!

Thinking about your GP practice overall, how was your experience of our service?

- ☐ Very Good
- ☐ Good
- ☐ Neither Good Nor Poor
- ☐ Poor
- ☐ Very Poor
- ☐ Don't Know

Can you tell us why you gave that response?

Tick this box if you consent to us publishing your comment anonymously on our website. ☐

Additional Questions

Please confirm you are registered with the Khan & Partners practice? If not, please complete the other form for St Georges Medical Practice.

☐ Dr Khan & Partners

Submit Test



Me: Thanks for watching the kid's Mum, and please don't feed them sugar.

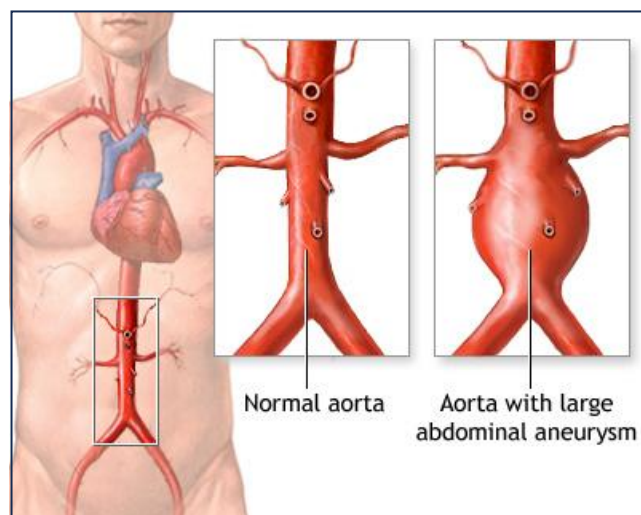
Mum: I won't!

(5 seconds after I leave)



Abdominal Aortic Aneurysm

An abdominal aortic aneurysm (AAA) is a weakening and expansion of the aorta, the main blood vessel that runs from your heart down through your tummy. Large aneurysms are rare but can be very serious. AAA screening is a way of checking if there's a bulge or swelling in the aorta. This bulge or swelling is called an abdominal aortic aneurysm; it can be serious if it's not spotted early on because it could get bigger and eventually burst (rupture). Approximately 6,000 people in England and Wales die every year from ruptured abdominal aortic aneurysms. Men are six times more likely to have an aneurysm than women and the chances increase with age.



In England, screening for AAA is offered to men during the year they turn 65. Men aged 65 or over are most at risk of getting AAAs. Screening can help spot a swelling in the aorta early on when it can usually be treated. Surgery is the most common treatment to repair large aneurysms that are found through screening. Approximately 97 out of 100 patients made a full recovery from AAA repair surgery. An aorta which is only slightly larger than normal is not dangerous, however it is still important to know about it and to monitor its growth at regular intervals. The NHS AAA screening programme aims to reduce aneurysm-related mortality through early detection, appropriate monitoring and treatment.

Interested in shaping the NHS App?



Join the NHS App feedback panel.

Help us test new features we're developing to understand what our users need from the app and make sure it works for everyone.

https://feedback.digital.nhs.uk/jfe/form/SV_d7pUuYdqDVKfIcy



Need urgent help for your mental health?



Call 111 and select the mental health option



If you've accessed urgent mental health support via NHS 111 and would like to give feedback, please scan this QR code.



Little things like a daily walk make a **big difference**

to your mental health

Better Health every mind matters

Learn more



<https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/be-active-for-your-mental-health/>

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Dr Khan & Partners click here:

<https://accurx.nhs.uk/patient-initiated/F81001>

St Georges Medical Practice click here:

<https://accurx.nhs.uk/patient-initiated/F81142>

accurx is a digital triage and online consultation platform that is ideal for those unable to make the 8am telephone queue.

Rushbottom Lane Surgery Opening Times

Mon to Fri 08:00 - 18:30* Sat* & Sun Closed

*Out-of-Hour's appointments available. Ask at reception.

Appointments can be booked by Telephone from 8.00am Mon-Fri

Appointments can be booked in person by queuing outside from 8.30am Mon-Fri

As a registered patient at the Rushbottom Lane practices, you have access to a range of locally provided additional services through their partner organisations. Visit the surgery's **Attached Services** page to learn more. <https://www.thekhanpractice.nhs.uk/attached-services>

If you have any feedback or suggestions for articles in future issues of our **UPDATE** magazine, then please email us.

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