

what you need to know about...

Osteoporosis

by Dr Isobel Bleehen

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. These fractures can be slow to heal or heal poorly. Osteopenia is thinning of the bone to a lesser degree but may progress to osteoporosis. Osteoporosis is a common condition affecting men and women, with postmenopausal women most at risk as they no longer produce oestrogen, which is protective against bone loss. Bones get thinner as we age and 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 we feel may be 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 the age of 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 further 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 at the hospital. The results will help your doctor to 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 whether you have osteoporosis or not 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 one of a group of drugs called bisphosphonates, the most common being Alendronate. 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 prescribed as supplements along with the bisphosphonates. HRT has some effect in preventing osteoporosis but is not licensed for this purpose alone because

waiting room gossip... Will I live to see 80?

I recently registered with a new GP. After two visits and exhaustive tests, he 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, rambling or cycling?' 'No, I'm a gym 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...?'

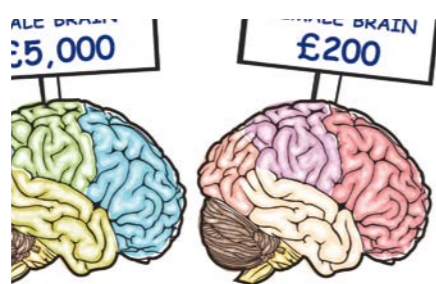


Illustration: Evie Efthimiou

digest this...

- **19,138** patients are now registered at The Pinn
- **174** patients did not attend their appointments at the surgery in October
- **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 pa:** the cost of dementia services in Britain (according to Oxford University)

of links with breast cancer and cardiovascular disease.

What follow up will I have?

Your doctor will want to see you a few weeks after starting medication to make sure you are not experiencing any problems, 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 the doctors are happy to discuss any questions you may have about osteoporosis and further information is available from:
The National Osteoporosis Society
www.nos.org.uk or
Patient UK www.patient.co.uk



**Free bereavement support
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the pinn piper

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pinn patients'
association

Changes in the NHS

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 and we need to address this, so that by 2013 Harrow has balanced accounts to hand over to our local GP commissioning group, which will 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 it is sensible to purchase such medication over the counter for many people.
- GPs must ensure we make best use of services like physiotherapy, which may provide little benefit in self-limiting sprains or aches, which 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 over-

stretched, 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 via 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 every Harrow resident expects.



Free Internet Service

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 and password from Reception.

Patients' Association Quiz

Saturday 10 March 2012

Put the date in your new diaries now!

staff news

As the practice grows, it's inevitable that staff turnover will be affected and we constantly review matters and consider alternative ways of working. With that in mind, we are utilising the skills of in-house clinicians to enable us to manage demand more efficiently and take some of the pressure off GPs.

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.

Nurse Practitioner Ann Gate, with 20 years experience in general practice, 13 of which are as a Nurse Practitioner, has also joined our team. She has been trained to assess and diagnose patients with minor illnesses and conditions and is able to prescribe. Ann will be offering urgent appointments and will also see unregistered walk-in patients. She will be joined soon by another experienced Nurse Practitioner, Odette Thomas, and between them they will offer a further 200 appointments a week.

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 has 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 Dr Lakhani and his wife on the birth of their beautiful baby boy, Pranav, born in July.

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 just 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.

If you were stranded on a desert island, what 3 things would you like to have with you?

I'd take 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 any 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 wk 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 mths. 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!



pinn pipeline

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 Mehul Lakhani
Dr Leah Flitman
Dr Subali Nallamala
Dr Naheed Sarwar
Dr Leah Keylock

Pinn Patients' Survey – positive results!

Ipsos MORI administers the national GP Patient Survey on behalf of the Department of Health. Every quarter, a different sample of adult patients receive 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 to other Harrow PCT practices. For further details see www.gp-patient.co.uk

- 96% Satisfied with surgery opening hours (84% across Harrow)
- 93% Satisfied with overall care (76% across Harrow)
- 91% Would recommend The Pinn to new Pinner residents (76% across Harrow)
- 68% Easy to get through on the 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)

Gold dust?

These are some of the many comments I hear when a patient walks in to see me. Most are what I would classify as my 'usual' patients i.e. people who regard me as their doctor and have done so for many years. There is a perception in the Pinner community that something has gone terribly wrong with the appointment system at The Pinn; I will try and explain how the situation has arisen and how our appointment system currently works.

In the 'old days' at Eastcote Road, the Practice consisted of Drs Shah, Nicholls, Kelshiker and myself working full-time and Drs Edwards and Bleehen working part-time. With the move to the new building Dr Nicholls retired, Dr Shah went part-time and last year 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 and currently the partnership consists of myself, Drs Kelshiker and Lakhani, with Dr Bleehen continuing to provide part-time clinical sessions. We also employ fifteen salaried GPs, some working full-time but the majority working on a part-time basis.

But 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 each do only 5 clinical sessions during the week. Even Dr Kelshiker and I, who are in theory full-time, do approximately only 5-6 clinical sessions each week. This is not because we are lazing about, shopping or drinking coffee, but we have taken on many other varied commitments within the NHS. One of the side effects of becoming more experienced is that you are required to take on various other roles to help shape and develop the NHS for the future. Although right now, as the NHS develops, this is extremely important, it takes 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 number of hours he does in the evenings and at weekends. I continue to teach a GP registrar (someone training to become a fully-fledged GP), at present Dr Anokhee Shah. She works full-time in the Practice but at least one to two of my sessions each week are devoted to teaching/training her. 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 also obliged to sit on various medical committees looking at a number of aspects of NHS funding.

We are all aware that appointments with Drs Kelshiker, Bleehen, Shah and myself are like 'gold-dust' and therefore we have divided our Practice into teams headed by one of the Partners with Dr Bleehen and Dr Shah sharing the fourth team. 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 and we discuss various aspects of patient care and 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 capable 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