

NEWSLETTER

Message from Dart Patients Group

The NHS is making big changes to local health care. Our hospital is to be closed and our Minor Injuries Unit will not reopen. On the positive side, the NHS will open a new modern Health and Wellbeing Centre at Riverview in Townstal during 2017 which will accommodate our Surgery, community clinics including physiotherapy, a pharmacy, Dartmouth Caring and, most importantly, intermediate care beds.

For community hospital care and minor injuries, Dartmouth residents will now have to go to the new Totnes NHS hub where most clinics will also be held. The MIU will have X-ray capabilities and be open from 8 am to 10 pm seven days a week. Improved transport is the key to making this work.

We have been firmly told that the Dartmouth Hospital is not fit for purpose and cannot be retained. Faced with this reality, your Patient Participation Group has focused its efforts on seeking the best possible outcome for Dartmouth. We consider that the plan to create a new Health and Wellbeing Centre at Riverview is a real plus. It will provide a modern facility where all local health services can be based in a "joined-up" way and have room to expand. The 4+ intermediary care beds will be close to the doctors and have nursing care with committed NHS oversight. Better staffed Rapid Response Teams will provide enhanced home health care. There is strong evidence that patients treated at home if they can be do better than in hospital and this is now the aim.

In the face of reduced funding, the NHS planners have worked hard to come up with a new model of care that is both affordable and likely to improve health care. The most critical issue still to be resolved is the underfunding of social care and an absolute shortage of trained carers. The PPG is supporting a plan to provide a more attractive career for carers with NHS sponsored training and a qualification that would open up the possibility of progressing into nursing. What is clear is that Dartmouth will be expected to look increasingly to its own resources, led by Dartmouth Caring, to look after our elderly residents.

The Future of Community Services in Dartmouth

As most of you will be aware the South Devon and Torbay CCG Governing Body met on 26th January and approved the recommendations for the future of community services.

This followed a 12 week consultation and feedback process. For Dartmouth this means the closure of the hospital and clinic and the development of a Health and Wellbeing Centre, co-located with the GP surgery.

Medical beds will be available at Totnes and intermediate care beds will be available in Dartmouth. At present plans are underway for this Centre to be at Riverview Care Home. All community services and the GP surgery will be located in the building. This will give a much improved location and premises for the Practice and enable us to work closely with the local community services. These are exciting times and as further plans emerge we will keep our patients fully informed.

Kathy Congdon

Practice Manager

Double Congratulations!

We would like to offer our congratulations to Graham Ray, who is our current IT Lead. Graham not only got married towards the end of last year but has also recently been appointed Business Manager for the Practice. There will be a period of transition between now and the end of summer and we look forward to working with Graham in his new role.

WELL DONE!

Other Practice News

We are very pleased to welcome some new members of staff to our various teams....

Alicia Wadson has joined our Admin team as an apprentice.

Reception are pleased to have **Debbie Di-Bello** on board.

Gavin Wollacott has joined the Practice as our new Nurse Practitioner, please turn over to find out more about him!

A new role of Nurse Practitioner within the Practice.

What is the role of a Nurse Practitioner?

A Nurse Practitioner is a registered nurse who is practising nursing at a level beyond that which their initial training has prepared them for, having been prepared via a discrete university-based programme of advanced nursing education. This means they utilise clinical skills in consultations, which are not typically used by the majority of nurses, such as focused history taking, physical examination, and of minor ailments diagnosis (Barrett 2015).

Who is the Nurse Practitioner?

Dartmouth Medical Practice appointed Gavin Wollacott back in December 2016. Gavin started his academic journey in 2009 at the University of Nottingham where he undertook his Bachelor of Sciences degree in Adult Nursing. His first job as a qualified nurse was in a prison as a Practice Nurse. Later going onto work in a specialist unit for burns and plastic surgery. He then moved to the southwest and was able to undertake a diverse role as a Nurse Consultant, specialising in health informatics focusing on the use of IT and increasing patient safety through its use, but after moving south and traveling the width and breadth of the county he looked for something more local: South Hams Hospital. Having worked at Kingsbridge MIU for over a year and settled into life in Slapton, Gavin then sought out new challenges and found himself arriving at Dartmouth in December last year. Gavin is currently undertaking his MSc in Advancing Practice, this will mean over time he'll be able to undertake a further extended role such as prescribing independently, managing long term conditions and seeing a wider variety of patients.

Why do we need a Nurse Practitioner?

Dartmouth Medical Practice serves a wide variety of patients with differing care needs, with the known problem to recruit GPs and provide a service to need the increasing needs of the population, Practices must look at how best to use the resources available. Gavin is able to see most minor ailments such as coughs, colds, sinus infections, ear & throat complaints, along with urine infections and many more. By having this nurse led service we are able to release appointment time from the GPs to increase capacity with non-acute problems helping to reduce the waiting time to see a GP. Alongside his clinical duties, Gavin also oversees the nursing services at the practice and supports with the development of the practice.

Meet our Nursing Team.



Nurse Practitioner/Lead Nurse:

Gavin



Practice Nurse:

Krissy, Katy and Nettie



Healthcare Assistant:

Helen, Kate and Kim

Pardon?

If you have a problem with **blocked ears** they will not always need to be washed out (irrigated). Did you know that wax is normal and it provides protection for your ears. **Your ears should be self cleaning, however it is often beneficial to instil a few of drops of olive oil once a week into your ear as this helps to reduce any build up of wax and maintains a healthy ear canal.** If you use cotton buds to try and remove wax it will only push it further down the ear canal and you could cause damage to your ear.

Kimberley - Health Care Assistant

High Blood Pressure

High Blood Pressure, medically known as 'hypertension' can rarely make you ill. It is referred to as a 'silent killer' because usually there are no known symptoms and can therefore go undiagnosed. Having high blood pressure greatly increases your risk of having a heart attack or stroke. It can also lead to other problems, such as kidney failure, heart failure and problems with your vision. For most people there is no obvious cause for their high blood pressure; doctors sometimes call this primary hypertension or essential hypertension. There are a number of factors that can increase the risk of developing high blood pressure and include smoking, being overweight or obese, not doing enough physical activity, eating too much salt, drinking too much alcohol, having high blood pressure in your family and your age.

In a very small number of people, the cause of high blood pressure can be identified; doctors sometimes call this secondary hypertension. For example, an abnormal production of hormones from the adrenal glands can lead to high blood pressure. If your doctor gives you treatment for the hormonal condition, your blood pressure should then return to normal. Other causes of secondary hypertension include: kidney disease, diabetes and some medicines, such as oral contraceptives and some over-the-counter and herbal medicines.

The following can all help to control your blood pressure.

- Be physically active.
- If you're overweight, try losing some weight.
- Cut down on salt.
- Eat more fruit and vegetables.
- If you drink alcohol, limit the amount of alcohol you drink
- Stop smoking.
- Reduce stress.

If you're known to have high blood pressure it is important that we monitor it at regular intervals; we are currently in the process of calling over 200 patients that need a blood pressure check.

Help us to help you by keeping your appointment once booked or send us four consecutive days of readings that you have taken at home. Ideally these should be taken twice a day and forms for recording your results are available from reception.

More information can be found on the following link <https://www.bhf.org.uk/publications/heart-conditions/blood-pressure>.

Nettie —Practice Nurse