

REQUESTS BY TELEPHONE:

A polite reminder to patients that any requests for results must be phoned for **after 2pm** and any requests for a home visit must be made by **10am**.

TRY NOT TO WORRY!

If you get a letter, message or call from us telling you to book an appointment with the doctor following a result, please try not to worry. Your doctor will have already looked at the result and deemed that your condition can be reviewed at their next available appointment, which may entail a wait to be seen.

Please be assured that we will always contact you urgently (often by telephone) should you need to be aware of any results which could be caused by a serious health problem.



IMPORTANT NOTICE

As part of our plan to continue to provide a better to service to our patients, we will now be offering evening and weekend GP and nurse appointments. These will commence from Monday 12th November 2018 – please check with reception for more information.

*Please note however that these may not be within your usual practice or with your usual GP or nurse



Evening and weekend appointments

Evening and weekend GP and nurse appointments are now available.

If you need more flexibility to see a health professional, you can now book an appointment in the evening or at the weekend. Appointments can be booked as normal with your usual GP practice, although you may be seen at a different surgery and not by your own GP.

BLOOD RESULTS:

Please allow at least 5 **working days** for blood results to come through – this allows the Doctor to receive and review the results – and please always phone after 2pm for results.

TESTS ARRANGED BY HOSPITAL

We are often asked about results, or actions on results of tests that have been arranged by the hospital. Patients should be aware that we do not automatically receive copies of results from the hospital, and that such results will always go to the doctor who organised the test in the first place.

This is in line with current guidance which states that the doctor requesting the test has the responsibility of ensuring that the result of such a test is acted upon. Therefore should you need hospital test results or have a query on what action is required, then please contact the hospital directly. They are obliged to answer your queries.

VISIT US AT OUR WEBSITE:

We are constantly updating our website with useful information and links to external resources; you can also access information on booking/cancelling appointments and repeat prescriptions

www.churchwood-surgery.co.uk

STAY WELL THIS WINTER

Book in with the nurse, attend our Flu clinic or incorporate your flu jab with your GP appointment

FLU SEASON IS OFFICIALLY UPON US!

Flu vaccination is available every year on the NHS to help protect adults and children at risk of flu and its complications.

Flu can be more severe in certain people, such as:

- anyone aged 65 and over
- pregnant women
- children and adults with an underlying health condition (such as long-term heart or respiratory disease)
- children and adults with weakened immune systems

Who should get the flu vaccine?

The flu vaccine is routinely given on the NHS to:

- adults 65 and over (including adults over 18 at risk of flu)
- pregnant women
- children aged 2 and 3
- children in reception class and school years 1, 2, 3, 4 and 5
- children aged 2 to 17 years at risk of flu

- For 2018, there are 3 types of flu vaccine:
- a live quadrivalent vaccine (which protects against 4 strains of flu), given as a nasal spray. This is for children and young people aged 2 to 17 years eligible for the flu vaccine
- a quadrivalent injected vaccine. This is for adults aged 18 and over but below the age of 65 who are at increased risk from flu because of a long-term health condition and for children 6 months and above in an eligible group who cannot receive the live vaccine
- an adjuvanted trivalent injected vaccine. This is for people aged 65 and over as it has been shown to be more effective in this age group

ZERO TOLERANCE BEHAVIOUR POLICY

The Practice has a policy of “zero tolerance” of verbal and physical violence towards GP’s, staff or other patients.

The practice will request the removal of any patient from the practice list who is aggressive or abusive towards a doctor, member of staff, other patient, or who damages property. All instances of actual physical abuse on any doctor or member of staff, by a patient or their relatives will be reported to the police as an assault.

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FLU MYTHS VS. FLU FACTS

MYTH
THE FLU SHOT CAN GIVE ME THE FLU

FACT
FLU VIRUSES USED IN FLU SHOTS ARE INACTIVATED, SO THEY CANNOT CAUSE INFECTION

MYTH
I SHOULD WAIT TO GET VACCINATED SO THAT I'M COVERED THROUGH THE END OF THE SEASON

FACT
PEOPLE SHOULD GET A FLU SHOT AS SOON AS THEY ARE AVAILABLE BECAUSE IT TAKES ABOUT TWO WEEKS FOR ANTIBODIES TO DEVELOP

MYTH
VACCINES ARE NOT PROVEN TO PREVENT THE FLU

FACT
IF YOU GET THE FLU VACCINE, YOU ARE ABOUT 60% LESS LIKELY TO NEED TREATMENT FOR THE FLU

MYTH
IT IS BETTER TO GET THE FLU THAN TO GET A FLU VACCINE

FACT
GETTING THE FLU SHOT PROVIDES BENEFITS SUCH AS THE POTENTIAL TO REDUCE ILLNESS AND PREVENT TIME LOST FROM WORK

A GUIDE TO NEW 4-STRAIN FLU VACCINES

A QUADVALENT (4-STRAIN) VACCINE

It covers two of the vaccine available. Was the season that helps provide protection against four flu virus strains. This means the vaccine is designed to protect against those flu virus strains, but of four that usually circulate.

WHAT'S THE BIG DEAL?

Since the late 1980s, at least one have been

FOUR MAJOR FLU STRAINS THAT HAVE CIRCULATED

most spread each flu season, making it challenging for experts to choose which three flu virus strains to include in seasonal flu vaccines.

IN 4 OF THE LAST 11 FLU SEASONS

(2001-2 through 2011-12)

MISMATCH

at least one of the four strains included in seasonal flu vaccines circulated and spread.

Of the 120-130 million doses of flu vaccine projected to be available for the 2013-14 flu season, manufacturers estimate that

30-32 MILLION DOSES

will be

4-STRAIN FLU VACCINES



For more information on quadrivalent vs. trivalent flu vaccines, go to www.nhs.uk/flu/vaccinations

★ HEALTHY RECIPE OF THE MONTH: ★

A new feature we are including in the monthly newsletter to inspire our(selves) and our patients to keep on track this winter!

THE BEST HEALTHY TURKEY CHILLI

INGREDIENTS

2 teaspoons olive oil
1 white onion, chopped
3 garlic cloves, minced
1 medium red bell pepper, chopped
500g extra lean ground turkey or chicken (99%)
2 tablespoons chilli powder
2 teaspoons ground cumin
1 teaspoon dried oregano
1/4 teaspoon cayenne pepper
1/2 teaspoon salt, plus more to taste
1 can chopped tomatoes
250ml chicken stock
2 cans dark red kidney beans, rinsed and drained
1 can sweet corn, rinsed and drained
For topping: cheese, avocado, tortilla chips, sour cream

INSTRUCTIONS

Place oil in a large pot and place over medium high heat. Add in onion, garlic and red pepper and saute for 5-7 minutes, stirring frequently. Next add in ground turkey and break up the meat; cooking until no longer pink. Next add in chilli powder, cumin, oregano, cayenne pepper and salt; stir for about 20 seconds.

Next add in tomatoes, chicken broth, kidney beans and corn. Bring to a boil, then reduce heat and simmer for 30-45 minutes or until chili thickens and flavors come together. Taste and adjust seasonings and salt as necessary. Garnish with anything you'd like.

Makes approx 6 servings

To make this recipe in the slow cooker: Reduce the chicken broth to 1/2 cup and brown the turkey and onions before adding to the slow cooker.

Nutrition Information

| |
|-------------------------------|
| Serves: 6 servings |
| Serving size: 1/6th of recipe |
| Calories: 336 |
| Fat: 3.7g |
| Carbohydrates: 46.7g |
| Sugar: 9.5g |
| Fiber: 17.4g |
| Protein: 31.8g |

Recipe type: Chili, Healthy, Dinner, Gluten Free

Prep time: 10 mins

Cook time: 45 mins

Total time: 55 mins



Contacts:



Churchwood Medical
Practice
Tilebarn Road
St.Leonards-On-Sea
East Sussex, TN38
9PA



Enquiries :
01424 853888
Appointments:
01424 853999
Fax:
01424 850190
Out of hours: 111



hrccg.churchwoodpractice@nhs.net



<http://www.churchwood-surgery.co.uk>

TRUST IMPROVES ITS RATING FOR EMERGENCY RESPONSE

The Trust has been rated as 'Substantially Compliant', against the core standards for Emergency Preparedness, Resilience and Response, a significant improvement compared with 'partially compliant' in 2017.

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions, to an outbreak of an infectious disease or a major transport accident. Emergency preparedness, resilience and response is a programme of work that shows NHS organisations have a plan for, and can respond to, a wide range of incidents and emergencies while maintaining services.

Kevin Claxton, Head of Emergency Preparedness, Resilience and Response (EPRR) said: "We live in an increasingly unpredictable world, and the NHS and this trust has to be prepared to deal with any emergency or incident. We are not complacent and there is more work to do, but we are in a much better place than we were a year ago."

As a 'Category 1 responder' under the Civil Contingencies Act 2004, the Trust is required to meet core standards set out in the NHS Emergency Preparedness, Resilience and Response Framework. In this annual assessment ESHT achieved compliance against 61 out of 64 core standards which has resulted in the Trust being assessed as substantially compliant.

TRUST PROMOTES FIRST UK MALNUTRITION AWARENESS WEEK

The Trust's Nutrition and Dietetic teams have taken part in the first national Malnutrition Awareness week with displays at Conquest Hospital and Eastbourne DGH, explaining malnutrition; how to identify malnutrition, what the effects are, and what to do if individuals are identified as being malnourished in hospital or the community.

During the week the Nutrition and Dietetic teams encouraged people to undertake the British Association for Parenteral and Enteral Nutrition's (BAPEN) Malnutrition Self Screening Tool, with an opportunity to win a food hamper kindly donated by Nutricia.

It is estimated that 1 in 10 people over the age of 65 in the UK are malnourished or at risk of malnutrition. Malnutrition affects every system in the body and results in increased vulnerability to illness, increased complications, and in very extreme cases even death. Furthermore, malnutrition is a major public health issue estimated to have cost £19.6 billion in just one year in England alone at the last estimate, about 15% of the total expenditure on health and social care.

Lucinda Silva, Advanced Specialist Dietitian/Team Lead Acute said: "We were keen to promote the first ever national Malnutrition Awareness Week. We wrongly assume that malnutrition and dehydration belong to the past – but the reality is that poor nutrition and hydration are often not recognised by older people, families or health care professionals. The risk of becoming undernourished increases significantly as people age, and it is further complicated by the common myth that losing weight is a normal part of ageing, when it should actually raise alarm bells. We are all well aware that obesity causes serious health problems, but there are also serious health consequences for older people, who are at the other end of the scale, and don't eat enough. We want to help tackle these common misconceptions, and raise awareness about the importance of eating well in later life."