

16 November 2015

HORMONE REPLACEMENT THERAPY

NICE says we GPs aren't prescribing enough HRT. There has been a huge fall in prescriptions since the disadvantages, including a link with breast cancer, hit the front pages. NICE rightly says that "Women with symptoms of menopause should not suffer in silence." The advice is basic – women should be given the pros and cons of HRT and be allowed to make their own decisions. Fair enough. My experience, though, is that many women want advice on alternatives to HRT given the worrying stories they have seen in the papers. It's not always GPs saying 'thou shalt not' as NICE seems to suggest. The bottom line is, if you have symptoms that are unacceptable, look carefully at the pros and cons and make a decision based on the risks and benefits – which, after all, is what we do with any other form of treatment.

For more info see: <https://www.nice.org.uk/news/article/women-with-symptoms-of-menopause-should-not-suffer-in-silence>

CLEVER WOUND DRESSINGS

Bath Uni reveals this week that there is now "a 'smart' medical dressing, developed by their scientists, that changes colour when it detects infection" This "will improve treatments for burns patients and help combat the global problem of antibiotic resistance by reducing the unnecessary use of antibiotics."

The reason the boffins started their quest was that "children with burn wounds are particularly susceptible to bacterial infections because of their immature immune systems. Such infections can slow wound healing, leading to longer hospital stays as well as increased risk of permanent scarring. In severe cases, burn infection can lead to sepsis, which can kill."

The difficulty is that it's hard for docs to diagnose infections quickly at the patient's bedside. Existing methods take up to 48 hours and require removing the wound dressing which is painful and distressing for the patient and may result in slower healing and potentially life-long scarring. Due to this time delay, when a child with a burn shows symptoms of a possible infection, the clinician often has to treat them with antibiotics as a precaution before their infection is confirmed.

What's wrong with that? Well, treatment with antibiotics when there is no infection can lead to bacteria becoming resistant to them – and antibiotic resistance has been identified by the people who know about these things as one of the biggest health threats we face today.

KNIGHTSWOOD DAY CENTRE

This facility, run by a registered charity/not for profit organisation whose aim is to "reduce isolation and to promote independent living", has been around for years. What makes it newsworthy is that there is now transport from SWF to the centre to make it accessible to all.

So, what's it all about? Jo Foley, who is happy to talk to anyone and everyone about Knightswood, says: "Based in Southminster, our day centre offers not only respite for carers but also an opportunity to make friends, learn new skills, and partake in physical and mental activities. Our staff provides a range of games and crafts for our clients if they wish to participate and musical entertainment is often provided by our team of dedicated volunteers. We provide a range of services to empower older people to make choices, helping them to reach their optimum level of health and fitness and to lead rich, safe fulfilling lives. The centre has 3 lounges, an airy dining room and television room. Our staff can also provide bathing and toileting facilities." You also get a jolly good meal. It's not free – but it's good value and I'm told there are 'subsidies' available.

To find out more, contact Jo on 01621 772273 or 07800565438 – or email pathway@dengiept.org.uk. You can also talk to her, if you so wish, about 'Home from Hospital', a service providing a free rapid response for clients within Mid Essex over the age of 65, who may need additional re-assurance and practical support after discharge from hospital.

NHS CRISIS? AGAIN?

In January of this year, Andy Burnham told the BBC that the NHS was in crisis. Well he would say that wouldn't he! Figures were quoted which showed that "The NHS in England has missed its four-hour A&E waiting time target with performance dropping to its lowest level for a decade. From October to December, 92.6% of patients were seen in four hours – below the 95% target. The performance is the worst quarterly result since a target was introduced at the end of 2004."

As we near the end of the year we are hearing much the same stories all over again. Junior doctors are threatening to strike, waiting times are up, appointments are being cancelled or postponed again and again ... and so on and so forth. What's to be done?

Stephen Adams for The Mail on Sunday reports on a "Watershed poll reveals two-thirds of patients say they would pay to see an NHS doctor to help plug £30 billion black hole." The bullet points are as follows: "Almost half of people surveyed said they would pay for individual services. The poll dismisses idea people are wedded to free at the point of delivery. Voters want politicians to come up with new ways to fund the NHS." All this takes place whilst "The NHS is £1bn in the red for the first three months of the financial year."

We are getting far too much disturbing news – and this is before winter sets in and the pressures on the NHS reach a peak. When things are as bad as they are now – when the service you are getting reaches a point which is unacceptable and when GPs have to subsidise the NHS in order to continue providing some sort of service to their patients – every option has to be examined in a new light. In my time in general practice I've enjoyed playing Father Christmas every day of the year – but somebody has broken it to the new breed of doctors and patients that Father Christmas doesn't exist.

Dr John