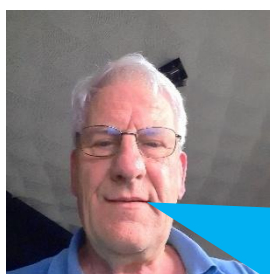




UPDATE



John Hall
PPG Chair

A reminder that our next **PPG** meeting with the surgery is
15th October at 18.30

The meeting will be held within the surgery and on TEAMS

For those that unable to make the 18.30 start,
you are welcome to join us at any time during the meeting.

Below is an **UPDATE** list from both Rushbottom Lane Surgeries. This shows the number of wasted appointments last month (September 2025), where patients just **Did Not Attend**.

St Georges Medical Practice September 2025				Dr Khan & Partners September 2025 DNA's			
Clinician	Appointment	Minutes	Hours	Clinician	Appointment	Minutes	Hours
GP	14	260	4hr 20min	GP	84	1,258	20hr 58min
ANP	16	240	4hr 00min	ANP	3	45	0hr 45min
Nurse	33	540	9hr 00min	Nurse	82	1,440	24hr 00min
TOTAL	63	1,040	17hr 20min	TOTAL	169	2,743	45hr 43min

Combined total number of **Did Not Attend**

WASTED:-	Appointments	Minutes	Hours
September	232	3,783	63hrs 03mins
August	139	2,198	36hrs 38mins

GP APPOINTMENT?
CAN'T MAKE IT?
DON'T NEED IT?

CANCEL IT!

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

Rushbottom Lane Surgery received
14,879 Incoming telephone calls during
the month of September 2025



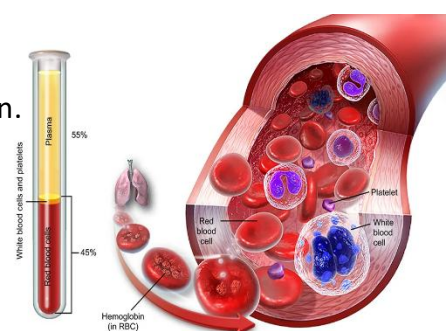
Here are just three of the awareness events taking place in October 2025

International Plasma Awareness Week 6th – 10th

International Plasma Awareness Week (IPAW) is held annually to raise global awareness about source plasma collection, recognise the valued contributions of donors (the people who roll up their sleeves to save lives), and increase understanding about plasma protein therapies and rare diseases.

What is the purpose of IPAW?

- Raise global awareness about source plasma collection.
- Recognise the contributions of plasma donors to saving and improving the lives of patients living with rare and/or genetic conditions around the world.
- Increase understanding about lifesaving plasma protein therapies and rare diseases.



Let your friends and family know that #PlasmaDonorsSaveLives and plasma donation is essential for countless patients around the world!

Oct 15th is SUDEP Action Day

SUDEP stands for: - **Sudden Unexpected Death in Epilepsy**

It's when someone with epilepsy dies and no other cause of death can be found during the post-mortem. This is the leading cause of death in people with uncontrolled seizures.

Each year, more than 1 in 1,000 people with epilepsy die from SUDEP. Many of those are often young and otherwise healthy individuals.

SUDEP occurs most often at night or during sleep when the death is not witnessed, leaving many questions unanswered. There may be evidence that a person had a seizure before dying, but this isn't always the case.

No one knows what causes SUDEP, but many areas are being looked at.

Continued on page 4

CMT Awareness Month



This month, the spotlight is on **Charcot-Marie-Tooth disease (CMT)**, a hereditary condition that affects the peripheral nerves, leading to muscle weakness and sensory changes, particularly in the hands and feet. Throughout October, CMT UK is increasing efforts to raise awareness of the condition and the resources available to support those living with CMT. It's an opportunity for us all to spread the word, share knowledge, and help more people understand this condition, which was first described in 1886 by doctors Charcot, Marie, and Tooth. Join us this October in supporting the CMT community, raising awareness, and advancing the future of care and treatment for those with Charcot-Marie-Tooth disease. Together, we can make a difference.

<https://www.cmt.org.uk/>

Majority of Crisps, Nuts and Popcorn Failing 'Healthy' Test Ahead of UK's Junk Food Ad Ban

Action on Salt and Sugar based at *Queen Mary University of London*, reveals that most savoury snacks on supermarket shelves fail to meet the government's 'healthier' criteria due in part to excessive salt and sugars. With the upcoming restrictions set to impact companies that fail to reformulate, Action on Salt and Sugar is urging companies to take responsibility and improve the nutritional profile of their products.

- New report exposes excessive salt and sugars in popular snacks and raises alarm ahead of October 2025 advertising restrictions.
- Majority of products fail to meet government's criteria for healthier food – with missed opportunity for brands who haven't complied to salt and sugar reduction targets.
- Nearly one in three ready-to-eat popcorn products are saltier than a packet of cheese & onion crisps.
- Call for government to 'get tough' on food industry and set new stricter, mandatory salt and sugar reduction targets.

In the analysis of over 1,200 crisps, nuts and popcorn snacks, a staggering 77% of crisps, 56% of nuts, and 88% of popcorn would be scored 'less healthy' under the government's guidelines – justifiably restricting some products from being advertised on TV and online before 9pm from October 2025.

Often regarded as a healthier snack, many **ready-to-eat popcorn** products contain excessive levels of salt and sugar. Shockingly, 27% of all ready-to-eat popcorn products exceed the government's voluntary maximum salt targets – with over one in three saltier than a packet of cheese & onion crisps. Meanwhile, 42% of popcorn surveyed would also receive a red warning label for total sugars, with **Morrisons Market Street Toffee Flavour Popcorn** with a shocking 59.1g of sugar per 100g – equivalent to more than 7x teaspoons per serving, far exceeding a child's maximum daily limit.



Some **crisps** also continue to provide excessive levels of salt in our diets, with one in three products requiring a high (**red**) salt warning label on the front of the pack.

Meanwhile, plain **nuts** are naturally low in salt, but many flavoured varieties fail to meet healthier standards. Nearly one in four flavoured nuts exceed salt targets.



STOP TOBER

Helping you split up with smoking this October

Search Stoptober

BECAUSE THERE'S ONLY **ONE YOU**



QUIT SMOKING AND BREATHE



Better Health LET'S DO THIS

Stop smoking for Stoptober and you're five times more likely to quit for good

SUDEP - Sudden Unexpected Death in Epilepsy

What causes SUDEP?

It is not known for sure, but it's unlikely that there's a single cause to explain all SUDEP deaths. Possible reasons it happens include:

- ✓ **Heart rhythm changes**
- ✓ **Brain function** – Seizures may suppress or interfere with the function of vital areas in the brainstem. These areas are responsible for breathing and heart rate as well as other important body functions. As a result, changes in brain function could cause dangerous breathing and heart rate changes.
- ✓ **Breathing changes** – a seizure may cause someone to have pauses in breathing. If these last too long, oxygen in the blood may reduce to dangerous levels
- ✓ **Other causes** – either from a combination of the above or as a result of factors not yet known.

Can SUDEP be prevented?

Research has shown that actions **can** be taken to reduce risks for many people with epilepsy. Taking positive steps to reduce seizures as much as possible is the best defence against SUDEP. For most people living with epilepsy today, the disease can be controlled with [available therapies](#) and good [seizure-management practices](#). For example, avoiding [seizure triggers](#) and working with and [epilepsy specialist](#). And for people with the most severe types of [difficult to control epilepsy](#), there are steps an individual can take to lower one's risk, including:

- ✓ [Epilepsy surgery](#)
- ✓ [Neurostimulation devices](#)
- ✓ [Dietary therapies](#)
- ✓ [Participating in research](#)

What are the risk factors?

Anyone having seizures could be at risk of dying prematurely because of them. The frequency and severity of someone's seizures is a key sign that they are at more risk. However, SUDEP also occurs in people who have infrequent seizures too. Research has identified many risk factors: –

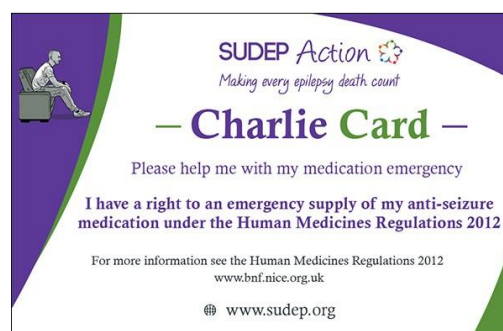
- Generalised tonic-clonic seizures. Risk increases with the number of convulsive seizures experienced.
- Seizures when sleeping or shortly after waking (sometimes known as nocturnal seizures).
- Not taking anti-seizure medication as prescribed.
- Seizures not controlled by medication (also known as treatment-resistant epilepsy).
- Changing lifestyle factors can increase risk and impact on routines and stress, for example, moving home, going to university or pregnancy.
- Other health conditions.
- Gender – SUDEP is more common in men, but women can still be at risk.

Another risk factor is how long someone has lived with epilepsy, and if it started at a young age.

The Human Medicines Regulations 2012 allows for people to make a request for an emergency supply of their medication without a prescription. This is if: there is "immediate need" for the medication, and it is not possible in the circumstances to get a prescription "without undue delay".

People with epilepsy can apply for a free "Charlie Card"

<https://www.charitycardshop.com/sudepaction/product/97>



SUDEP Action

For one-to-one support after an epilepsy death contact our support team today. Phone: - 01235 772852 or email: - support@sudep.org

Join our mailing list to receive regular emails filled with supporter information, news and events.

<https://sudep.org/newsletter-sign-up/>

Gastro-oesophageal reflux disease

Gastro-oesophageal reflux disease (GORD) is a common condition, where acid from the stomach leaks up into the oesophagus (gullet). It usually occurs as a result of the ring of muscle at the bottom of the oesophagus becoming weakened.

GORD causes symptoms such as heartburn and an unpleasant taste in the back of the mouth. It may just be an occasional nuisance for some people, but for others it can be a severe, lifelong problem. GORD can often be controlled with self-help measures and medication. However, occasionally surgery may be needed to correct the problem.

Symptoms of GORD can include:

- heartburn (an uncomfortable burning sensation in the chest that often occurs after eating)
- acid reflux (where stomach acid comes back up into your mouth and causes an unpleasant, sour taste)
- oesophagitis (a sore, inflamed oesophagus)
- bad breath
- bloating and belching
- Feeling or being sick
- pain when swallowing and/or difficulty swallowing

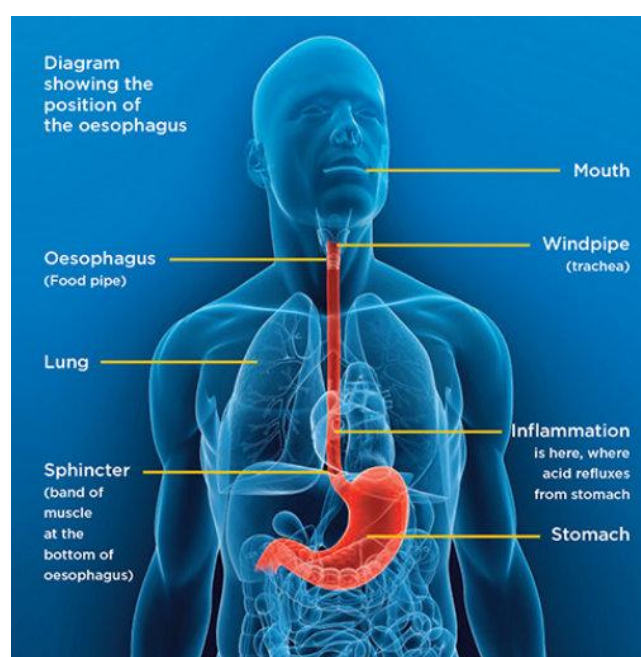
You can often control the symptoms of GORD by making some lifestyle changes and taking over-the-counter medication. You don't necessarily need to see your GP if you only have symptoms occasionally. You can ask your pharmacist for advice on treatments.

When to see your GP

Visit your GP if you're worried about your symptoms, or if:

- you have symptoms several times a week
- over-the-counter medications aren't helping
- your symptoms are severe
- you have difficulty swallowing
- you have possible signs of a more serious problem, such as persistent vomiting, vomiting blood or unexplained weight loss

Your GP will usually be able to diagnose GORD based on your symptoms, although they may refer you for some tests.



Next month is: - Movember

Movember supports men's mental health, suicide prevention, prostate cancer, and testicular cancer

Men's Health Awareness Month



Beware of a new Amazon Scam!

My Husband ordered me some expensive jewellery. But instead, motorcycle parts came.

Luckily, they fit his bike.

A fourth monkey has emerged.



**He sees no one, hears no one,
and speaks to no one.**

**I know how it will all
end for me.....**

**One of my kids will
unplug my life-
support to charge
their phone...**



Insomnia

Insomnia means you regularly have problems sleeping. Everyone needs different amounts of sleep.

- On average:**
- adults need 7 to 9 hours
 - children need 9 to 13 hours
 - toddlers and babies need 12 to 17 hours

You are probably not getting enough sleep if you're constantly tired during the day.

Some of the most common causes of insomnia are:

- noise
- uncomfortable beds
- a room that's too hot or cold
- stress, anxiety or depression
- alcohol, caffeine or nicotine
- shift work

How you can treat insomnia:

DO

- ✓ go to bed and wake up at the same time every day
- ✓ relax at least 1 hour before bed, for example, take a bath or read a book
- ✓ make sure your bedroom is dark and quiet – (use curtains, blinds, an eye mask or ear plugs if needed)
- ✓ exercise regularly during the day
- ✓ make sure your mattress, pillows and covers are comfortable

DON'T

- ✗ do not smoke or drink alcohol, tea or coffee at least 6 hours before going to bed
- ✗ do not eat a big meal late at night
- ✗ do not exercise at least 4 hours before bed
- ✗ do not watch television or use devices, like smartphones, right before going to bed, because the blue light makes you more awake
- ✗ do not nap during the day
- ✗ do not sleep in after a bad night's sleep and stick to your regular sleeping hours instead

See your GP if:

- changing your sleeping habits has not helped your insomnia
- you've had trouble sleeping for months
- your insomnia is affecting your daily life in a way that makes it hard for you to cope

Jess's Rule

Jess's Rule is a primary care initiative to encourage GPs teams to rethink a diagnosis if a patient presents three times with the same symptoms or concerns, particularly if symptoms unexpectedly persist, escalate, or remain unexplained.

Named after Jessica Brady, a 27-year-old engineer who died in 2020 of stage four cancer after numerous failed attempts to get a proper diagnosis from her GP practice. Over five months, she had more than 20 consultations with her GPs for symptoms like abdominal pain, weight loss, and chronic fatigue. Despite her increasingly debilitating condition, her concerns were dismissed as long Covid and stress, based on the assumption that she was too young to have a serious illness.

This left Jess having to seek private healthcare. It was then that she was diagnosed with stage 4 adenocarcinoma Cancer. Sadly, Jess died just three weeks later.



Jessica's parents, Andrea and Simon Brady, began campaigning for "Jess's Law" following their daughter's tragic death. Their petition for improved cancer diagnosis in young adults gained nearly half a million supporters. Research from the Nuffield Trust and Health Foundation, also cited by proponents of the rule, found that half of all cancer diagnoses in 16-to-24-year-olds required three or more GP consultations, compared with just one in five for the general population.

Jess's Rule
'Three strikes and we RETHINK'

R Review the case thoroughly after three unresolved or escalating presentations.

E Elevate the concern for a 'fresh eyes' approach and clinical reassessment.

T Think again—especially if the original diagnosis was unsubstantiated.

H Hear the patient fully and consider what's changed or been missed.

I Invite a second opinion or peer discussion within Primary Care.

N Navigate referral to secondary care where appropriate.

K Keep continuity with the same GP and ensure in-person assessment if previous care was remote.

Logos: RCGP Royal College of General Practitioners, CEDAR TRUST, NHS England, Department of Health & Social Care

The Rule builds on the principles set out in the GMC's Good Medical Practice, particularly the duty to adequately assess a patient's condition, take account of their history and symptoms, and arrange timely investigation or treatment based on clinical judgement and patient need. It reinforces the importance of working in partnership with patients and acting promptly when concerns persist or escalate. Many GP teams already apply a version of "three strikes and rethink" in their routine practice. Jess's Rule formalises this instinctive approach, providing a consistent structure to support reflection and timely action. Jess's Rule was officially rolled out across England in September 2025. It is an initiative from the Department of Health and Social Care (DHSC) and NHS England, and it is supported by the RCGP.

MACMILLAN Cancer information and support

If you or someone you care about has been diagnosed with cancer, we're here to help. Find out how we support you and get information about different cancer types.

Cancer A to Z - <https://www.macmillan.org.uk/cancer-information-and-support>

- Find information about all types of cancer, including diagnosis, treatments and drugs, as well as advice to help with the different ways cancer may impact your life.
- Find information about getting a diagnosis, what to expect from treatment, and managing practical and financial worries.

The Macmillan Support Line offers confidential support to people living with cancer and their loved ones.

If you need to talk, we'll listen. 0808 8089 00

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

PPG-RushbottomLane@gmx.com

This month's issue has been sponsored by:-



first4feet
Foot Clinic & Physiotherapy

Expert foot care for all ages

Contact Us:

Hadleigh
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Rayleigh
01268 931149

Westcliff
01702 554445



www.first4feethadleigh.co.uk

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- Corn and Callous Removal
- Hard Skin Removal
- Treatment of Verrucae
- Treatment of Fungal Nail
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- Hayfever Injection
- B12 Injection
- Ear Wax Removal
- Home Visits
- Care Home Visits
- Physiotherapy
- Reflexology

Have a treatment and feel like walking on air!



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>