

# UPDATE



**John Hall**  
PPG Chair

A reminder that our next **PPG** meeting with the surgery is  
**Wednesday 8<sup>th</sup> July at 6.30pm**  
 The meeting will be held within the surgery and on **TEAMS**  
  
**For those 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 (June 2026), where patients just **Did Not Attend**.

St Georges Medical Practice June 2026 DNA's				Dr Khan & Partners June 2026 DNA's			
Clinician	Appointment	Minutes	Hours	Clinician	Appointment	Minutes	Hours
GP	29	455	7hr 35min	GP	67	900	15hr 00min
ANP	5	75	1hr 15min	ANP	3	98	1hr 38min
Nurse	24	365	6hr 05min	Nurse	63	930	15hr 30min
<b>TOTAL</b>	<b>58</b>	<b>895</b>	<b>14hr 55min</b>	<b>TOTAL</b>	<b>133</b>	<b>1,928</b>	<b>32hr 08min</b>

**Combined total number of **Did Not Attend****

WASTED:	Appointments	Minutes	Hours
June	191	2,823	47hrs 03mins
May	205	3,125	46hrs 13mins

**Don't need or can't make your appointment?**  
**Cancel it so that someone else can be seen.**  
**Call the surgery number and select option 6 - Or -**  
**Text CANCEL in response to the appointment text reminder from the surgery**  
**Or email: - [reception.rushbottomlane@nhs.net](mailto:reception.rushbottomlane@nhs.net)**



**Rushbottom Lane Surgery  
has 20,273 patients**

**Over the past three months,  
the Surgery received an  
average of 15,289 incoming  
telephone calls per month.**



**Rushbottom Lane PPG  
have 725 members**

## Here are just three of the awareness events taking place in July 2026

### Alcohol Awareness Week 6<sup>th</sup> – 12<sup>th</sup> July 2026

This **Alcohol Awareness Week**, we're simply inviting you to take 2 minutes to explore the role alcohol is playing in your life. This could mean understanding more about your alcohol risk level, cutting back on how much you drink, experimenting with an alcohol-free experience or simply learning more. There's no one-size fits all approach.

Whether it's sleepless nights, low energy, increased anxiety or a lingering sense of feeling not quite right, alcohol can affect us in ways we don't always realise, having a knock-on effect on our health and wellbeing, our relationships, our productivity, and those we love. It can also put us at real risk of developing many other long-term health conditions such as liver disease, high blood pressure, stroke, and cancer.

When we drink less alcohol, the benefits often reach far beyond ourselves, strengthening our relationships, our families, and improving our working lives, communities, and society. In a world where big alcohol companies glamorise alcohol as central to everyday experiences – from birthdays and barbecues to sofa nights and cheering on our team – it's understandable that alcohol often feels like an inevitable part of so many of our lives.

### 24<sup>th</sup> July Samaritans Awareness month.

The "**Talk to Us**" campaign, organised by the **Samaritans**, will be observed throughout July 2026. This campaign aims to raise awareness about the importance of mental health and the availability of emotional support. It encourages people to reach out for help whenever they need it and to support the organisation's mission. The campaign will include various activities and events organised by Samaritans branches across the UK and Ireland, reminding people that talking can make a significant difference, especially for those struggling with mental health problems.



**We are losing too many to silence.**

**Help us shout about saving lives this Samaritans Awareness month.**

<https://www.samaritans.org/>



**Sarcoma Awareness Month** is observed every July to shine a light on sarcoma, a rare and often misunderstood form of cancer.

**Sarcoma is often called the "forgotten cancer" because of its rarity and the lack of public understanding compared to other cancers.**

Sarcoma, a group of cancers that begin in the bones and soft tissues. Because sarcoma is rare and its symptoms can be mistaken for other conditions, early detection and proper diagnosis are vital. There are more than 70 different subtypes of sarcoma, making diagnosis and treatment complex.

This month-long observance encourages education about the signs and symptoms of sarcoma, supports those living with the disease, and advocates for increased research funding to find better treatments and ultimately a cure.

**Sarcomas account for only about 1% of all adult cancers, but around 15% of childhood cancers.**

# Kidney Stones

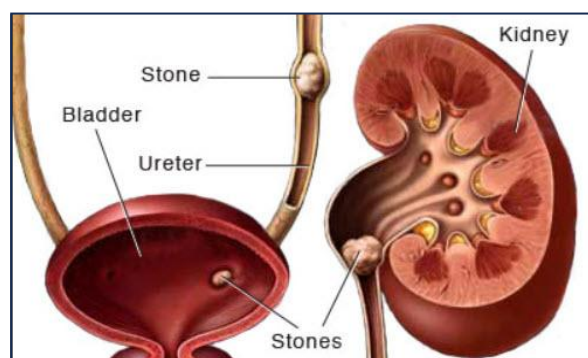
Kidney stones affect more than 1 in 10 people and are usually found in the kidneys or in the ureter, the tube that connects the kidneys to your bladder. Stones are produced from chemicals which have crystallised in concentrated urine; the crystals can enlarge over time (like stalactites or stalagmites in a cave). They can be extremely painful and can lead to kidney infections or the kidney not working properly if left untreated.

Your body gets rid of unwanted chemicals through your kidneys; they are filtered out of your bloodstream and passed into your urine. But, under certain conditions, they can crystallise in your urine and develop into a stone.



Very small kidney stones are unlikely to cause many symptoms. They may even go undetected and pass out painlessly when you pee. Larger kidney stones can cause symptoms, including:

- pain in the side of your tummy (abdomen) or groin – men may have pain in their testicles
- a high temperature
- feeling sick or vomiting
- feeling sweaty
- blood in your urine
- severe pain that comes and goes
- urine infection

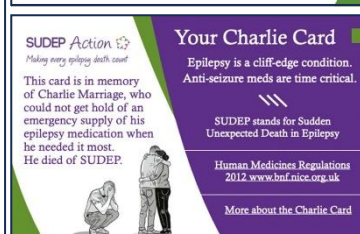
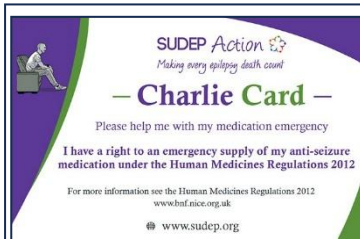


When a stone moves down from your kidney into your ureter (the tube that carries urine from the kidney to the bladder), you may get severe pain (known as **ureteric colic**). This can be very unpleasant, often with nausea and vomiting. A ureteral obstruction is a blockage in one or both tubes (ureters). Ureteral obstruction can be cured. However, if it's not treated, symptoms can quickly move from mild pain, fever, and infection, to excruciating pain, severe loss of kidney function, sepsis, and death.

Your urine is usually a dark yellow colour in the morning because it contains a build-up of waste products that your body's produced overnight. But during the day, keeping your urine clear helps to stop waste products getting too concentrated and forming stones. You can tell how diluted your urine is by looking at its colour. The darker your urine is, the more concentrated it is.

Drinks like tea, coffee and fruit juice can count towards your fluid intake, but water is the healthiest option and is best for preventing kidney stones developing.

The best way to prevent kidney stones is to make sure you drink plenty of water each day to avoid becoming dehydrated.



## Epilepsy – Emergency Medication

Sometimes, people with epilepsy experience delays in getting their repeat prescriptions because of occasional shortages in medications supply.

The Charlie Card is a self-advocacy tool for if you find yourself without your regular anti-seizure medications. You can request a minimum emergency supply from **any chemist**, to tide you over until you receive your regular prescription.

The Charlie Card highlights the legal framework allowing emergency supply under the Human Medicines Regulations 2012.

Charlie Marriage was unable to obtain access to his medication when he needed it. He subsequently died of **SUDEP** in 2021. (**Sudden Unexpected Death in Epilepsy**)

Order your card, and read about Charlie - <https://sudep.org/charlie-card/>

# Should appointments remain Free?

Most GP surgeries in the UK are legally **independent private businesses**. They operate under a hybrid model. While they are contracted to provide free NHS care to patients, they are run as small businesses and are not directly owned or managed by the NHS but operate under contract to them.

Most surgeries are owned and run by a partnership of senior GPs (who act as business owners) rather than being employed by the government. They employ their own administrative, nursing, and clinical staff.

The British Medical Association (BMA) GP committee, plans to ballot its members before June 2027 to decide whether to push for an alternative 'Plan B' contract, citing years of chronic underfunding and mounting workload crises. This alternative contract could allow family doctors to carry out more private work, potentially introducing a means-tested, subscription-based service for GP consultations, similar to the model used for NHS dentistry.

Think tank group, '*Policy Exchange*', backed by former health secretary Sir Sajid Javid, has separately proposed introducing flat-rate co-payments, suggesting fees like £20 to visit a GP to help reduce excessive wait times.

While some GPs have voiced support for a small fee to curb missed appointments (DNAs) or manage high demand, the wider BMA and health charities like '*Healthwatch*', caution that this threatens the core NHS principle of care being free at the point of need.

## The Arguments '**For**' Healthcare Charges

- **Deterring Unnecessary Use:** Proponents argue that small fees encourage people to use services more responsibly and reduce trivial or 'just in case' appointments.
- **Lowering Missed Appointments:** Charging a nominal fee upfront could act as a financial incentive for patients to show up, reducing the costly issue of missed GP slots.
- **Raising Additional Revenue:** Co-payments can serve as a supplementary funding stream to inject much-needed cash directly into struggling local practices.
- **Increasing Patient Leverage:** Some argue that paying a fee could empower patients to demand higher standards and more time from their clinicians, treating healthcare as a valued commodity.
- **Aligning with International Models:** Advocates point out that many highly successful European healthcare systems successfully utilise primary care co-payments.

## The Arguments '**Against**' Healthcare Charges

- **Deterring Necessary Care:** Opponents and public health experts highlight that fees discourage people from seeking early medical advice. This risks delayed diagnoses for serious conditions like cancer, ultimately costing the NHS more in long-term acute care.
- **Exacerbating Health Inequalities:** Flat fees create a disproportionate financial barrier for low-income families. This forces vulnerable populations to choose between finances and medical care.
- **High Administrative Red Tape:** Setting up systems to process payments, track bills, and manage exemptions introduces heavy layers of bureaucracy that consume the very revenue the fees are meant to generate.
- **Shifting the Burden:** Charging for one service (like a GP visit) often causes patients to "hoard" multiple conditions into a single short appointment, or simply redirect themselves to free alternative emergency services like A&E.
- **Eroding Core NHS Principles:** Critics firmly argue that charging fundamentally destroys the founding ethos of the NHS: that healthcare should be entirely free at the point of delivery based on clinical need, **not** the ability to pay.

**Would you be willing or even able to pay?**

## Q&A with Nurse Sandra Pearson

Sandra is the ANP/Nurse Manager for Rushbottom Lane Surgery and has worked here since 2006. This is an incredibly important and demanding job. So, we asked Sandra about her role and what it involves.

**Q. Do you work for both surgeries?**

*A. I have worked for both practices for several years now but did initially start just on the Khan practice.*

**Q. Are you Full-time or part-time and how long is your working day?**

*A. I am full time, but my hours vary, i.e. a Monday I work 5 hours but on Thursday I work 12 hours.*

**Q. Where did your nursing career start and how did it lead to your current job?**

*A. My nursing career started during my 6<sup>th</sup> form days at school where I became a volunteer at my local surgery after a visit from an external speaker. I then applied for my nurse training and was offered a space at The Royal London Hospital but had to wait for nearly 1 year so worked as an HCA (Healthcare Assistant) at a local psychiatric inpatient unit. I then completed my training and then spent the next 11 years in the speciality of dialysis and transplantation, and 6 years were at the Renal unit at Basildon Hospital. Then in 2006 I joined Rushbottom surgery.*

**Q. What is a typical working day for you?**

*A. I never really know what I'm coming in to, but it usually incorporates elements of chronic disease, minor ailments and other nurse roles.*

**Q. What is the most rewarding part of your role?**

*A. Ensuring that my patients have the best care. Being able to make them laugh or smile at difficult times.*

**Q. What are the frustrations in your day?**

*A. Unrealistic expectations.*

**Q. Is there anything that we patients could do to make your working day easier?**

*A. If unable to attend to ensure appointments cancelled.*

**Q. Has nursing changed much since you?**

*A. I think what has changed within nursing since I first started has been the develop of the extended roles of nurses. The workload has increased within the field of nursing both in secondary care and primary care. There is greater demand of appointments for patients. Nurses are now skilled a lot more in specialised areas i.e. asthma/diabetes and this makes them the prime candidate to review the patients.*

**Q. How do you wind down at the end of the day?**

*A. I enjoy walking my dog and socialising with friends.*

**Q. Which type of holiday would you choose; Spa or Activity?**

*A. I enjoy both holiday settings dependant on whom I am away with, such as family or friends.*

**Q. Gym, running - or sofa and a glass of wine at the end of the day?**

*A. I go to Pilates regularly. But do enjoy a nice glass of wine sitting watching tv. 😊*

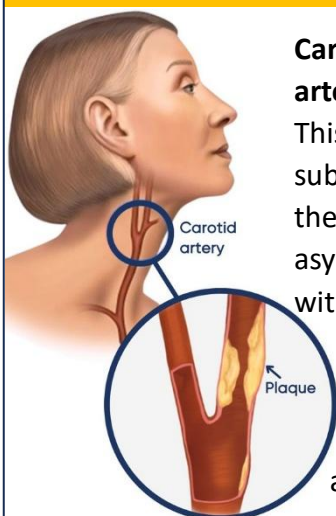


Waiter: - *"How do you like your steak, sir?"*

Sir: - *"Like winning an argument with my wife."*

Waiter: - *"Rare it is."*

## Carotid Artery Stenosis



**Carotid artery stenosis** is a condition characterised by the **narrowing of the carotid arteries**, which are located on either side of the neck and supply blood to the brain. This narrowing is typically caused by the buildup of **plaque**, which consists of fatty substances and cholesterol deposits, leading to reduced blood flow and increasing the risk of stroke. The majority of carotid artery stenoses are mild or moderate, and asymptomatic, but approximately 10% to 15% of all ischaemic strokes are associated with carotid artery stenosis.

Your body's circulatory system is a network of tubes that carry blood (containing nutrients and oxygen) to all the parts of your body.

When they're healthy, these arteries are smooth and open, like a clean pipe that allows the free flow of fluid without anything in the way.

You can develop carotid artery stenosis in either of the two arteries in your neck or in both.

This condition can worsen over time without medical care, leading to stroke with severe complications.

There are several factors that can increase your chance of developing this condition over time. Some of these are factors you can change. Some contribute to and compound other factors: -

- Smoking.
- Sedentary lifestyle.
- Diabetes.
- Obesity.
- High Blood Pressure (hypertension).
- Age.

# Members Stories - Update

## Fibromyalgia - Neuromodulation Device

**Recap:** A member with long term Fibromyalgia, decided to trial a device called, **Sereni Stim™** (April issue).

Unfortunately, our member will not be able to give a full assessment on this product now.

She said that she did manage to use the **Sereni Stim™** (a Cervical Neuromodulation Device) several times, despite the pain. But apart from suffering with Fibromyalgia, she also suffers with **Carotid Artery Stenosis** on one side (see page 6). So as this device fits around the neck, this meant that the pulsing sensation was causing greater pain on her carotid artery, which was already swollen and painful.



**Our member said that she really hopes she can try again later in the year.**



<https://www.facebook.com/groups/8128412363840904/>

## Benfleet Community First Responders

Benfleet | Daws Heath | Hadleigh | Thundersley



Benfleet First Responders are a team of Volunteers trained by the East of England Ambulance Service Trust and we attend to certain medical emergency incidents within the Castle Point area.

We dedicate our free time to those who need immediate medical assistance, and we are trained to perform lifesaving CPR before ambulance crews and paramedics arrive.

We rely heavily on donations and sponsorship to help buy the essential equipment needed to perform our potentially live saving duties. We always welcome new volunteer recruits to join our team who wish to help and support members of this community just like we do.

If you would like further information about what we do or would like to join our team, please visit the EEAST webpages.

<https://www.eeastamb.nhs.uk/Join-the-team>



**Benfleet Community First Responders**

Account: **50183028**

Sort: **82-12-08** Virgin Bank



Thank you on behalf of the Benfleet Community First responders for your support!

<https://www.facebook.com/groups/8128412363840904/>



# Going on Holiday?.....

Passport, Tickets...**MEDICATION!**

**Remember to order your meds  
14 days before you go!!**

NeuroSisters Presents

# NeuroFest

A joyful day celebrating neurodivergent creativity and community

Stallholders, crafters, makers, artists, small businesses & community groups welcome

Friday 31 July • 10 AM - 4 PM  
St Nicholas Church, Canvey Island

Neurodivergent stallholders and organisations supporting neurodivergent people especially encouraged

To book your stall, email: [neurosistersuk@hotmail.com](mailto:neurosistersuk@hotmail.com)

If you have any feedback or suggestions for future articles, please email us.  
[PPG-RushbottomLane@gmx.com](mailto:PPG-RushbottomLane@gmx.com)

**Benfleet Community First Responders**

We are delighted to invite you to a **Basic Life Support session!**

The workshop will be hands-on, completely practical and very enjoyable. It will give you the confidence to act quickly and effectively in a real emergency.

What will be covered?

- ✓ CPR Training
- ✓ Use of a Defibrillator
- ✓ Choking
- ✓ Stroke
- ✓ Other vital skills

Monday 13<sup>th</sup> July  
1pm-3pm  
H.O.M.E Hub  
Brook Rd, Benfleet  
SS7 5JF

**kinderessex**  
H.O.M.E HUB  
HELPING OVERCOME INSTABILITY EXPLORING

**RSVP  
Kelly 07305 707742**

## Time to Learn Sessions 2026 - 2027

The surgery will close at 1.00pm on the dates below and re-open at 8.00am the following morning.

This is protected time for clinicians and staff to attend training sessions.

**Patients should contact 111 with any medical issues during this time.**

Tuesday 7th July 2026

Tuesday 8th Sept 2026

Tuesday 6th October 2026

Tuesday 3rd November 2026

Tuesday 1st December 2026

Tuesday 2nd February 2027

Tuesday 2nd March 2027