



Rushbottom Lane

Patient
Participation
Group

UPDATE

Below is an **UPDATE** list from both Rushbottom Lane Surgeries. This shows the number of wasted appointments last month (January 2026), where patients just **Did Not Attend**.



Can't make it? 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**

St Georges Medical Practice Jan 2026 DNA's				Dr Khan & Partners Jan 2026 DNA's			
Clinician	Appointment	Minutes	Hours	Clinician	Appointment	Minutes	Hours
GP	29	488	8hr 08min	GP	84	1,185	19hr 45min
ANP	6	90	1hr 30min	ANP	4	60	1hr 00min
Nurse	24	395	6hr 35min	Nurse	71	1,135	18hr 55min
TOTAL	59	973	16hr 13min	TOTAL	159	2,380	39hr 40min

Combined total number of Did Not Attend

WASTED:- Appointments Minutes Hours

January 2026	218	3,353	55hrs 53mins
December 2025	256	3,536	58hrs 56mins

Disclaimer:

"The information contained within the following articles, do not necessarily represent the views or advice given by the surgery or the NHS as a whole"



**Rushbottom Lane Surgery
received 17,110 Incoming
telephone calls in January 2026**

Here are three of the awareness events taking place in February 2026



NHS Children's Health Matters campaign week (Feb 9th – 14th) supports parents and carers in nurturing their children's physical and mental wellbeing, offering guidance for everyday health as well as helping recognise when your child might need additional care.

Organised by [Place2Be](#), with the theme "*This is My Place*," focusing on the importance of feeling a sense of belonging for mental well-being. Schools, families, and communities are encouraged to use free resources from [the Children's Mental Health Week website](#) to explore belonging and raise funds for children's mental health support.



**Rare
Disease
Day
Feb 28th**

Rare Disease Day is observed every year on 28 February (or 29 February in leap years—the rarest day of the year). It is a globally coordinated movement dedicated to rare diseases, raising awareness and generating change for the 300 million people worldwide living with a rare disease, their families and carers.

Every year, thousands of events are organised across the world. This year, events are taking place in over 100 countries, striving for equity in social opportunities, healthcare, and access to diagnosis and therapies for people living with a rare disease.

Since its creation in 2008, Rare Disease Day has played a crucial role in building an international rare disease community—multi-disease, global, and diverse, yet united in purpose. Everyone can help, by spreading the word on social media, organising events, illuminating buildings, monuments, and homes, sharing experiences online and with friends, calling on policymakers, and shining a light on people living with a rare disease.

A disease is rare, when it affects fewer 1 in 200 people. There have been more than 6000 rare diseases identified. 70% of rare diseases start in childhood. 72% rare diseases are genetic.



HEART MONTH in 2026 is the entire month of February, with major UK charities, like the British Heart Foundation (BHF) and HEART UK. This campaign raises awareness of heart-related health conditions and promotes healthy living habits to help reduce the risk of heart diseases.

Key Themes & Activities for 2026:

- **Walk for Hearts (BHF):** Take on a personal challenge to walk 28, 50, or 100 miles in February to fund life-saving research.
- **10,000 Step Challenge (HEART UK):** Aim for 10,000 steps daily to boost well-being and raise funds to combat high cholesterol, a major risk factor for heart disease.
- **CPR Training:** The **BHF** promotes their free online **RevivR** tool to learn CPR in 15 minutes.
- **Cholesterol Focus:** Both **BHF** and **HEART UK** emphasise understanding cholesterol levels to prevent heart attacks and strokes.
- **Workplace Wellness:** Offers for onsite cholesterol testing and general heart health initiatives for employees are available.

Your health, your way. Self-refer Today!

Direct access to expert Physiotherapy care, without a GP appointment.

You can now refer **yourself** to a range of healthcare services for faster care, without a GP appointment.

There are lots of local services to help you, including:

- Support for minor eye problems
- Foot care
- Stopping smoking
- Weight management
- Physiotherapy
- And much more.



Ready to self-refer?

Simply scan the QR code on the right with your phone camera to find out more.

OR

Visit www.midandsouthessex.ics.nhs.uk and search 'Get The Care You Need Quicker'

SCAN ME



residents skip the 8am rush

Thousands more residents are finding it easier and quicker to access their GP through online consultations, as new figures show a record number of people requesting help online throughout October 2025. More than 200,000 online consultation requests were submitted across mid and south Essex in October, which is almost three times the number recorded a year ago, and a 27% rise on the September 2025 numbers. The increase follows national changes introduced on the 1st October 2025, which require GP practices to keep online request systems open throughout surgery hours, helping end the morning call queue often experienced by patients.



For many residents, it means greater flexibility and reduced stress when contacting their GP. Around one in three online requests in October were for non-clinical reasons such as admin requests and repeat prescriptions, meaning fewer people were calling their GP and waiting in call queues for non-urgent requests. Crucially, the rise in online use is not replacing other routes – it is giving patients further choice.

However, a total online triage system does increase pressure on the surgery, and some surgeries have found it impractical to continue to operate that way, as both medical and nonmedical staff must sift through all the requests to see which need to be treated first and by whom (GP, nurse etc).

Rushbottom have opted for a combination system of, phone call bookings (from 8am), in person booking at reception (from 8.30am) and online (from 6am), and appears to work best for most patients and staff.

Rushbottom surgeries use:  **accurx** as their online triage and administration system.

Links for both surgeries can be found on the back page of this magazine and on the surgery website.

Gilbert's Syndrome

Gilbert's syndrome, (also called: unconjugated hyperbilirubinemia, familial non-hemolytic bilirubinaemia or constitutional hepatic dysfunction) is a common liver condition, and most people are diagnosed in their teens or early 20s. It can run in families and does not usually cause serious problems. Most people have few or no symptoms and may not even know that they have it. But this is not the case for everyone.

Gilbert's syndrome is caused by a higher-than-normal amount of bilirubin in your blood and is often diagnosed by accident when you have a routine blood test for another reason. Bilirubin is a yellow chemical; it is made when your liver breaks down old red blood cells. Normally the bilirubin is then removed from your body in your poo. Some special proteins called enzymes help this process along, but if you have Gilbert's syndrome, there is a difference in one or more of these enzymes.

Genes are instructions for making proteins, we inherit our genes from our parents and pass them on to our children. But sometimes there can be a small mistake when a gene is copied. This is called a "mutation". A gene with a mutation is also called a "variant gene". We all have lots of variant genes, most of them are harmless.

Several different variants are known to cause Gilbert's syndrome. In the UK the most common variants are in a gene called UGT1A1. These variants mean you make less of an enzyme also called UGT1A1.

The variant genes that cause Gilbert's syndrome can be passed on from parent to child. This is why Gilbert's syndrome often runs in families. But the variant genes on their own do not always cause symptoms. Many people who inherit the variant gene will not have any symptoms of Gilbert's syndrome. So even if you have the condition, other members of your family might not.

In people with Gilbert syndrome, bilirubin levels may increase due to:

- Illness, such as a cold or the flu.
- Fasting or eating a very low-calorie diet.
- Dehydration.
- Menstruation.
- Strenuous exercise.
- Stress.

Quick summary

- Gilbert's syndrome is a liver condition that can run in families.
- It is caused by a build-up of bilirubin in your blood.
- It is a long-term condition that is usually diagnosed in teenagers and young adults.
- Many people have no symptoms.
- The most common symptom is jaundice (a yellow colour to your eyes or skin) that comes and goes by itself.
- It might increase the risk of getting gallstones.
- Most people will not need any treatment.
- Gilbert's syndrome is usually considered harmless; it does not cause cirrhosis or serious liver damage.
- It can affect how some medicines work.
- If you have more serious symptoms, it is important to have more tests. It is possible to have another condition at the same time as Gilbert's syndrome.



Make an appointment with the surgery if you have jaundice, which has many possible causes.

Community mental health service user survey



We want to hear about your experience of community mental health services in mid and south Essex. The feedback you share will support us in devising a service that is informed by lived experience.

We want feedback from individuals who have used, or supported someone using, any of the community mental health services listed below.

- NHS Talking Therapies (previously IAPT)
- Recovery College
- Healthy Minds (Previously known as Wellbeing Hubs, Happy Hubs, 18-25s, and Positive Pathways services)

- Depression & Wellbeing Calls
- Individual Placement & Support (IPS)
- Mental Health Practitioners in GP Practices – Core Services
- Physical Health Checks for Severe Mental

This survey closes at 5pm on Wednesday 18th February 2026

https://virtualviews.midandsouthessex.ics.nhs.uk/service-user-survey?tool=survey_tool#tool_tab

Help inform the Medicines and Healthcare products Regulatory Agency's Women's Health Plan


The Patients Association are looking for women to take part in our focus group to help develop a Women's Health Plan for the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is a government agency that oversees the use of medicines and medical devices in the UK. A medical device is a healthcare product or piece of equipment that a person uses for a medical purpose, and can include things like contact lenses, insulin pumps and blood glucose monitors.

As part of a wider initiative for reducing health inequalities, the MHRA is developing a Women's Health Plan. The plan aims to encourage innovation in medicines and medical devices for women's health and address different outcomes between men and women when using these, without adding unnecessary regulations. We're looking to host a discussion with women on the early themes identified by the MHRA for this plan, and what is likely to have the biggest impact for them in their use of medicines and medical devices throughout their lives.

The focus group will take place on Wednesday, 18th February, and patients will receive an £80 Love2Shop voucher for their contributions.

If you wish to take part in our focus group, we will collect your name, contact information and demographic data for the purpose of forming a panel. All the information will be stored securely and confidentially in line with the Patients Association's data privacy policy. Your name and personal details will not be shared with any third parties. You are free to exit the survey at any time – you can do this by closing your browser.



 **the patients association** <https://www.surveymonkey.com/r/MHRAWHP>

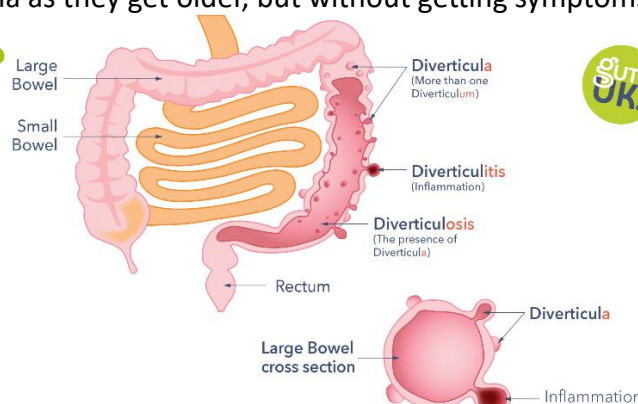


Diverticular disease of the large bowel (colon).

Diverticular disease is extremely common in the developed world. Diverticulosis is a condition that occurs when small pouches, or sacs, form and push outward through weak spots in the wall of your colon. When diverticulosis causes symptoms, bleeding, inflammation, or complications, doctors call this condition diverticular disease. Most people will get some diverticula as they get older, but without getting symptoms.

What does diverticular disease look like?

- **Diverticulum:** A diverticulum is a small pouch about 1cm in size which sticks out from the wall of the large bowel.
- **Diverticula:** This refers to more than one **Diverticulum**. The most common site for diverticula is on the lower part of the large bowel on the left-hand side. They are permanent unless the affected part of the bowel is surgically removed.
- **Diverticulitis:** Diverticulitis means the condition that occurs when a single diverticulum or several diverticula become inflamed or infected.
- **Diverticulosis:** You may have heard the term diverticulosis, which means the presence of diverticula, this is not the same as diverticular disease. Most people with diverticulosis do not have, or go on to develop, diverticular disease. The great majority of people with diverticulosis will live out their lives never having symptoms. Having symptoms is diagnosed as diverticular disease.



For more information check out these websites

<https://www.nhs.uk/conditions/diverticular-disease-and-diverticulitis/>

<https://gutscharity.org.uk/advice-and-information/conditions/diverticular-disease/>

Improving antibiotic care is good for patients

Switching to oral antibiotics from intravenous drips in hospitals is helping Essex patients heal quicker.

Mid and South Essex NHS Foundation Trust have been working on improvements in the use of antibiotics and patient care by moving from IV antibiotics to oral treatment sooner. This will work for people with certain infections who are showing improvements on IV antibiotics, who are then eligible for moving to oral antibiotics. This seemingly small change is already making a huge difference, meaning patients recover faster, spend less time in hospital, and benefit from safer care as it reduces the risk of adverse drug reactions by over 10%.

The Trust's Antimicrobial Stewardship group is working to improve how antibiotics are used in its hospitals and reduce antimicrobial resistance, which happens when bacteria and infections stop responding to antibiotics, making them harder to treat and more dangerous.

Dr Faisal Bin-Reza, Consultant Microbiologist at the Trust, said: "This change is already having a positive impact on patients. When we switch from IV to oral antibiotics at the right time, it means patients recover faster, can leave hospital sooner, and avoid unnecessary complications.

It also reduces pressure on our teams, with it taking 22 minutes for nurses to prepare and give IV medication and just 80 seconds for oral antibiotics. It's a great example of how better tools and teamwork lead to safer care."

Shorter hospital stays also free up beds, which reduces pressure on bed numbers. There are environmental gains too, using IV antibiotics means using single use plastic bags, giving sets, and fluids, all with a heavy carbon footprint. Oral tablets are far lighter on the planet.

Calling all Mums, Dads and Grandparents



Mid and South Essex
Integrated Care
System



Mid and South Essex

Have you heard about the free
Children's Health Matters guide?

It explains when to treat
children at home for minor
illnesses, when you should call
111, and when symptoms are
life-threatening, and you should
seek emergency help.

Access the free NHS guide here:

<https://brnw.ch/21wPNZW>

Children's Health Matters guide

Get information and advice on caring
for your child when they're unwell

**CHILDREN'S
HEALTH
MATTERS**



Rushbottom Lane Surgery Opening Times

Mon to Fri 08:00 - 18:30* Sat* & Sun Closed

*Out of hours 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

Online via Accurx from 6.00am 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 on the website to learn more: <https://www.thekhanpractice.nhs.uk/attached-services>



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.

Available from 6.00am

Time to Learn Sessions 2025 - 2026

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 2nd March 2026

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

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