



Boultham Park Medical Practice

Patient Participation Group

Newsletter

December 2017



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Editorial

Welcome to the Christmas edition of the newsletter and it is hoped that you will be encouraged to take a copy home with you although an electronic copy will also be available on the Boultham Park Medical Centre webpage as usual.

There is something for everyone in the newsletter including items on flu, norovirus and meningitis provided by NHS Choices. There is also information about the Moorland Local People Project and helping with the Boultham Moor Wood.

We also welcome new faces at the Practice.

We have included another item on how to use the online services including how to change your password.

There is also some important information on opening times during the holiday period

Finally, your Patient Participation Group wish you all warm, festive greetings for the season



Viruses

As the calendar races towards winter, we all need to start thinking about self-care and what we can do to look after ourselves over the coming months. Inevitably, the normal winter pressures will see GP and NHS resources stretched even further with people worried about common colds, flu and the norovirus. The majority of the time these conditions are self-limiting and don't need a GP appointment or A&E attendance.

Norovirus, which causes diarrhoea and vomiting, is one of the most common stomach bugs in the UK. It's also called the "winter vomiting bug" because it's more common in winter, although you can catch it at any time of the year. Norovirus can be very unpleasant but it usually clears up by itself in a few days. You can normally look after yourself or your child at home.

Try to avoid going to your GP, as norovirus can spread to others very easily. Call your GP or NHS 111 if you're concerned or need any advice.

What to do if you have norovirus

If you experience sudden diarrhoea and vomiting, the best thing to do is to stay at home until you're feeling better. There's no cure for norovirus, so you have to let it run its course. You don't usually need to get medical advice unless there's a risk of a more serious problem (see **When to get medical advice**). To help ease your own or your child's symptoms:

- Drink plenty of fluids to avoid dehydration. You need to drink more than usual to replace the fluids lost from vomiting and diarrhoea – as well as water, adults could also try fruit juice and soup. Avoid giving fizzy drinks or fruit juice to children as it can make their diarrhoea worse. Babies should continue to feed as usual, either with breast milk or other milk feeds.
- Take paracetamol for any fever or aches and pains.
- Get plenty of rest.
- If you feel like eating, eat plain foods, such as soup, rice, pasta and bread.
- Use special rehydration drinks made from sachets bought from pharmacies if you have signs of dehydration, such as a dry mouth or dark urine – read more about treating dehydration.

- Adults can take antidiarrhoeal and/or anti-emetic (anti-vomiting) medication – these are not suitable for everyone though, so you should check the medicine leaflet or ask your pharmacist or GP for advice before trying them.

Babies and young children, especially if they're less than a year old, have a greater risk of becoming dehydrated. Advice about looking after babies and children under five who have diarrhoea and vomiting can be found at:

<https://www.nhs.uk/conditions/pregnancy-and-baby/pages/diarrhoea-vomiting-children.aspx>.

Norovirus can spread very easily, so you should wash your hands regularly while you're ill and stay off work or school until at least 48 hours after the symptoms have cleared, to reduce the risk of passing it on (see **Preventing norovirus** below).

When to get medical advice

You don't normally need to see your GP if you think you or your child has norovirus, as there's no specific treatment for it. Remember; **antibiotics won't help because it's caused by a virus.**

Visiting your GP surgery with norovirus can put others at risk, so it's best to call your GP or NHS 111 if you're concerned or feel you need advice.

Get medical advice if:

- Your baby or child has passed six or more watery stools in the past 24 hours, or has vomited three times or more in the past 24 hours
- Your baby or child is less responsive, feverish, or has pale or mottled skin
- You or your child has symptoms of severe dehydration, such as persistent dizziness, only passing small amounts of urine or no urine at all, or reduced consciousness – babies and elderly people have a greater risk of becoming dehydrated
- You have bloody diarrhoea
- Your symptoms haven't started to improve after a few days
- You or your child have a serious underlying condition such as kidney disease and have diarrhoea and vomiting

Your GP may suggest sending off a sample of your stool to a laboratory to confirm whether you have norovirus or another infection.

How is norovirus spread?

Norovirus spreads very easily in public places such as hospitals, nursing homes and schools. You can catch it if small particles of vomit or poo from an infected person get into your mouth, such as through:

- **Close contact with someone with norovirus** – they may breathe out small particles containing the virus that you could inhale
- **Touching contaminated surfaces or objects** – the virus can survive outside the body for several days
- **Eating contaminated food** – this can happen if an infected person doesn't wash their hands before handling food

A person with norovirus is most infectious from when their symptoms start until 48 hours after all their symptoms have passed, although they may also be infectious for a short time before and after this.

You can get norovirus more than once because the virus is always changing, so your body is unable to build up long-term resistance to it.

Preventing norovirus

It's not always possible to avoid getting norovirus, but following the advice below can help stop the virus spreading.

- Stay off work or school until at least 48 hours after the symptoms have passed. You should also avoid visiting anyone in hospital during this time.
- Wash your hands frequently and thoroughly with soap and water, particularly after using the toilet and before preparing food. Don't rely on alcohol hand gels, as they do not kill the virus.
- Disinfect any surfaces or objects that could be contaminated. It's best to use a bleach-based household cleaner.
- Wash any items of clothing or bedding that could have become contaminated separately on a hot wash to ensure the virus is killed.
- Don't share towels and flannels.
- Flush away any infected poo or vomit in the toilet and clean the surrounding area.
- Avoid eating raw, unwashed produce and only eat oysters from a reliable source, as oysters can carry norovirus.

How to Self Help with Flu

To help you get better more quickly:

- Rest and sleep
- Keep warm
- Take paracetamol or ibuprofen to lower your temperature and treat aches and pains
- Drink plenty of water to [avoid dehydration](#) (your pee should be light yellow or clear)

A pharmacist can help with flu

- A pharmacist can give treatment advice and recommend flu remedies.
- Be careful not to use them if you're taking paracetamol and ibuprofen tablets as it's easy to take more than the recommended dose.
- Speak to a pharmacist before giving medicines to children.

Flu myths and truths

FALSE - Having flu is just like having a cold

Colds, even heavy ones aren't the same as having flu. Flu starts suddenly and often severely and you may spend a day or 2 in bed. The symptoms may be similar but with flu you are more likely to have a fever, aches and pains and feel weak and exhausted. For the elderly and those classed as in clinical risk groups the effects of flu can be much much more serious and that is why it is strongly recommended that people in these groups have the seasonal flu vaccine as early as possible to provide the maximum protection. If you think you are entitled to a free seasonal flu vaccine please contact the surgery – while we have run our major Saturday clinics we still have some vaccines available.

Flu

1. Appears quickly within a few hours
2. Affects more than just your nose and throat
3. Makes you feel exhausted and too unwell to carry on as normal

Cold

1. Appears gradually
2. Affects mainly your nose and throat
3. Makes you feel unwell but you're okay to carry on as normal – for example, go to work

FALSE – Flu can be treated with antibiotics

Flu is a virus and antibiotics, which work against bacterial infections, will not help its treatment. You can get relief from flu symptoms by taking over the counter cold and flu remedies from your local pharmacies

FALSE- Flu Vaccines have nasty side effects

It is a myth that the flu vaccine can give you flu – it is an inactive vaccine. In most cases the side effects of the flu vaccine are mild or non-existent and usually the only thing that happens is you may feel a slight soreness where you had the vaccination or mild muscle aching.

True – Pregnant Women can have the flu jab.

Pregnant women are encouraged to have the flu vaccine whatever their stage of pregnancy. If you get flu while you are pregnant it can make you very ill which is bad for you and your baby. Having the flu jab while you are pregnant will help protect you and your baby after it is born.

FALSE – You only need the flu jab once

There are many strains of flu so each year the World Health Organisation identifies the most likely strains to affect us. This year, the flu outbreaks in Australia (a good indicator of what is to come here) have been much more pronounced. The flu vaccine we have available should help minimise the risk to the elderly and those in clinical at-risk groups.

Thank you

To all the nurses and reception staff who gave up their Saturdays to run the big flu clinics. The team vaccinated over 1700 patients over 3 Saturdays. These are 1700 appointments over and above their normal weekly workload. Thank you to all the patients who valued their appointment and turned up – unfortunately we did have over a 100 patient who failed to turn up!

If you still have not had your flu vaccination this year please contact the surgery as soon as possible to make your appointment.

Repeat Prescriptions

The recent changes made to the ordering of repeat prescriptions has gone well. As anticipated, the changes were not universally popular, but the vast majority of patients have accepted the necessary changes with good grace. As a reminder, we can accept medication requests in writing – either written down on normal paper or using the white part of your prescription which lists the medications you are on. If you get your prescriptions delivered by a pharmacy, please make sure that you receive this part of your prescription with your medicines. Alternatively, you may order your prescriptions online – this method of ordering has proved very popular with a much increased uptake for this service. This service also enables you to book or cancel GP appointments online, view a lot of information such as your medical records as well as some test results.

Practice Survey

Prior to changing how prescriptions were ordered, we did a survey of the usage and knowledge of our online services. The feedback was mixed in terms of knowledge, with some patients well versed in how it worked, how to register and how to use the service while others were either not aware or wanted more information. The results were discussed at the last Patient Participation Group Meeting. Most of the actions needed have been addressed through the campaign to promote the online service that we tied in with the changes to the ordering of prescriptions. The initial reason for the survey was because we felt that the online services were not being used as much as they could be and therefore access to services was not as good as it could be. We will have to wait a couple more months to find out the actual usage now from the NHS performance data, but given the hundreds and hundreds of additional online registrations and extra use for ordering medication, we are confident that we will see a significant change in the usage figures.

Frailty

We are currently doing a piece of work around frailty. This means different things to different people, but for the purposes of the work we are doing which will include capturing falls and medication data amongst other things. We are using something called the e-frailty tool which looks at a whole raft of information and uses an algorithm to give a frailty score. This clever piece of IT is but a tool that we use to look at information and how we can best use this to assist in the care provided. We are required to look at those classed as severely frail and then those classed as moderately frail. Please do not worry about this if you are asked. The vast majority of people in either of these categories will be known to our GPs and the appropriate care is already being given.



Acceptable Behaviour by Patients

Message from Neil Hewson – Practice Manager

It is unfortunate that I have to raise this issue but raise it I must.

The surgery staff have the right to work in a pleasant environment free from abuse and confrontation- as do all patients and members of the public who use our building/waiting rooms. As the Practice Manager, I make it my job to step in where I can, to avoid the staff and patients having to face rude, confrontational and occasionally foul mouth and abusive people who think they have a right to intimidate our staff in order to get what they want.

Unfortunately of late, the number of times I have had to do this has noticeably increased. Whether or not the perpetrator thinks their behaviour or language used is acceptable is irrelevant if it makes my staff feel threatened or uncomfortable.

We will always try to do our best for all of our patients, but when the answer to the question is not what someone wants, it does not mean we are being unhelpful and it certainly does not give the right to anyone to behave inappropriately. Failure to behave appropriately may well have further consequences including, if necessary, removal from our list of patients.

Please respect the staff, who have a very difficult job, and in return, they will respect you and do everything in their power to help. We welcome feedback, but I can only do something about a problem if I am made aware of it.

If you don't like what we do, please write it down and either post it or give it to the staff, politely, and I will look at it to see what we can do.

Equally, if you do like what the staff do, please take the time to tell them – it does make a difference.

Meningitis.....is serious

School leavers are particularly at risk of acquiring Meningitis, which can kill. The meningitis vaccine is highly effective. Any patient born between 01.Sep.98 and 31.Sep.99 is eligible for this vaccination



MenACWY Vaccine

Teenagers and "fresher" students going to university for the first time are advised to have a vaccination to prevent meningitis and septicaemia, which can be deadly.

What is the MenACWY vaccine?

The MenACWY vaccine is given by a single injection into the upper arm and protects against four different strains of the meningococcal bacteria that cause meningitis and blood poisoning (septicaemia): A, C, W and Y. The MenACWY vaccine is called Nimenrix.

At what age should teenagers and young people have the vaccine?

The MenACWY vaccination is being offered to teenagers and also to first-time college and university students who haven't already had the vaccination.

Schoolchildren

Children aged 13 to 14 (school year 9) are being offered the MenACWY vaccine in school as part of the routine adolescent schools programme, alongside the 3-in-1 teenage booster, and as a direct replacement for the Men C vaccination.

Older teenagers

The vaccine provides important protection and all teenagers born between 01.Sep.98 and 31.Sep.99 are advised to arrange vaccination now with their GP. In addition, anyone born on or after 1st September 1996 who missed their routine school vaccination in Year 9/10 or the catch up vaccination can receive it from their GP up to their 25th birthday

University students

Students going to university or college for the first time, including overseas and mature students, who have not yet had the MenACWY vaccine remain eligible up to their 25th birthday.

They should contact their GP to have the MenACWY vaccine before starting university or college. If that's not possible, they should have it as soon as they can after they arrive.

Why teenagers and students should have the MenACWY vaccination

Cases of meningitis and blood poisoning (septicaemia) caused by a highly virulent strain of Men W bacteria have been rising since 2009. Older teenagers and new university students are at higher risk of infection because many of them mix closely with lots of new people, some of whom may unknowingly carry the meningococcal bacteria at the back of their noses and throats.

Anyone who is eligible for the MenACWY vaccine should have it, even if they've previously had the Men C vaccine. The MenACWY vaccine is highly effective in preventing illness caused by the four meningococcal strains, including the highly virulent Men W strain.

The dangers of Men W disease

Cases of meningitis and septicaemia due to Men W have been increasing in England, from 22 cases in 2009/10 to 210 in 2015/16. The increase is almost entirely due to the aggressive Men W strain. Although this is rare, it can spread rapidly and cause serious illness in otherwise-healthy children and adults.

With early diagnosis and antibiotic treatment, most people with meningococcal disease make a full recovery. But one in three teenagers with Men W have died as a result of the disease. Those who recover can be left with serious long-term health problems, such as amputation, deafness, blindness, epilepsy and learning difficulties. Men W infections are more likely to be fatal than the more common Men B strain.

The MenACWY vaccine has previously been recommended only for people at increased risk of meningococcal disease, including people with no spleen or a spleen that doesn't work properly; for Hajj pilgrims; and for travellers to countries with high rates of meningococcal disease, including parts of Africa and Latin America.

MenACWY vaccine effectiveness

The MenACWY vaccine is highly effective against serious infections caused by four different meningococcal groups (A, C, W and Y). The vaccine contains only the sugar coating found on the surface of the four groups of meningococcal bacteria. It works by triggering the body's immune system to develop antibodies against these sugar coatings without causing disease.

How do meningococcal bacteria spread?

Meningococcal disease, including Men W, is caused by a bacterium called *Neisseria meningitidis* (also called the meningococcus). These bacteria can be divided into 13 different groups, of which five (groups A, B, C, W and Y) are responsible for nearly all serious meningococcal infections.

The meningococcal bacteria live in the back of the nose and throat in about 1 in 10 people without causing any symptoms or illness. Older teenagers are most likely to carry and spread the meningococcal bacteria. The bacteria are spread from person to person by prolonged close contact – such as coughing, kissing or sneezing – with a person carrying the bacteria.

Very occasionally, the meningococcal bacteria can cause serious illness, including meningitis and septicaemia. Meningococcal infections can strike at any age, but babies, young children and teenagers are especially vulnerable.

Babies, older people and the MenACWY vaccine

The MenACWY vaccine is currently recommended for teenagers as they are most likely to carry the meningococcal bacteria at the back of their noses and throats. The MenACWY vaccine protects teenagers when they're most at risk of meningococcal disease. It also stops them carrying and spreading the bacteria to other people. Vaccinating teenagers should also help protect other people, including babies and older people, against meningococcal disease, including the highly virulent Men W strain.

How to spot meningitis and septicaemia

Men W disease, like all meningococcal infections, can come on suddenly and progress very quickly. All meningococcal infections can cause meningitis and septicaemia, but Men W can also cause other illnesses, such as pneumonia and joint infections (septic arthritis).

Early symptoms of meningococcal disease can include:

- Severe headache
- Diarrhoea/vomiting
- Neck stiffness
- Severe muscle pain
- Fever
- Cold hands and feet
- Drowsiness and difficulty to wake up

A rash of tiny red pinpricks may also develop once septicaemia has set in. This rash does not fade under pressure – for instance, when gently pressing a glass against it (the "glass test").

If you, or a child or adult you know, has any of these symptoms, seek urgent medical advice. Don't wait for the rash to develop. Early diagnosis and treatment with antibiotics are vital.

For more information on Meningitis , please see the NHS Choices website:

www.nhs.uk

Other stuff you may not know:

As of the beginning of October, the Health Visitors are now employed by the local authority rather than the NHS

There is a national shortage of Hepatitis B vaccines and we are unable to get any into stock. If you think you need this vaccination, please speak to a Practice Nurse for more advice.

We are currently unable to obtain pneumococcal vaccines. Those aged over 65 are recommended to have a pneumococcal – normally this is only required once after the age of 65 but may depend on other potential at risk clinical conditions. Unfortunately, there is a current national supply shortage of this vaccine too.

New Faces

We'd like to welcome back to the Practice Dr Vanessa Tan. Many of you will remember Dr Tan who was here until the end of Jul as a GP Registrar. We are delighted that she has now returned to us a GP and she will be working with us for 6 sessions per week, normally across Wednesday's Thursday & Fridays.

Since the last newsletter many of you will also have noticed another new face, Mrs Sue Agius. Sue is an advanced nurse practitioner and is working alongside the GPs. Sue, who is an independent nurse prescriber (ie she can issue prescriptions), works alongside the GPs seeing mainly acute conditions. She also has a wealth of experience as a nurse of many years' experience in GP Practices.

Congratulations

..... to Sue Cooper our Senior Practice Nurse and chronic disease lead nurse. Sue has recently completed all the necessary parts of her training to become an independent nurse prescriber. What that means for her patients now is that within her clinics principally around diabetes and COPD/Asthma she can issue the prescriptions rather than having to wait for a GP to do it. This will hopefully make life easier for both her and her patients. A lot of work goes into these qualifications so it is nice to see that this has paid off for Sue and that she has something concrete to show for her efforts.

Thank you

As many of you will know, 01 October was national Older Peoples Day. As the first of Oct was on a Sunday we weren't open, but on Tues 3rd Oct we held an Older People' Day clinic. This was focussed on patients who had difficulty with, or had concerns about, mobility. The event was run by Cathy Burton, the LCHS physio who works out of our surgery. Cathy is a very experienced physio and with help from her own physio student and our trainee medical student, provided some valued advice, guidance and exercises for those who attended. Whilst only a pilot event at this stage, the event was undoubtedly as success and if resources can be made available then it is something we would definitely like to run again.

Christmas and New Year Prescriptions

Christmas is coming – please plan ahead for Christmas and make sure that you order your repeat medications in good time. We need 48 hrs from your request to guarantee having your prescription ready for you. Please don't leave it until the last minute.



As well as the surgery being closed for specific periods over the Christmas, so will some of the local pharmacies. So please give some thought to ensure you order your medications in a timely manner

Christmas and New Year Opening Times

We will be open as normal over the Christmas and New Year periods except for the following dates:



23rd December 2017 – Pre-booked only
25th December 2017 – Closed
26th December 2017 – Closed
27th December 2016 – Open as Usual
Open as usual until:
01st January 2018 – Closed

When the surgery is closed, please only use the hospital accident and emergency department for genuine accidents and emergencies. Coughs, colds and minor ailments are not emergencies and should not normally be taken to A&E.

The NHS 111 service provides advice and guidance and can direct you to appropriate services when we are closed. Local pharmacies can also provide advice and over the counter medicines

Contact details for data protection officers United Lincolnshire Hospitals NHS Trust

Data Protection Officer
Information Governance Office
Lincoln County Hospital
Greetwell Road
Lincoln
LN2 5QY
dpo@ulh.nhs.uk
01522 512512



Lincolnshire Partnership NHS Foundation Trust

Subject Access Request Team
Trust Headquarters Unit 9, The Point Lions Way
Sleaford
NG34 8GG
records@lpft.nhs.uk
01529 222327

Lincolnshire Community Health Services NHS Trust

Access to Information Team
Unit 14, The Point
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Lincolnshire County Council

Subject Access Request Team Serco Local & Regional Government
2nd Floor, Thomas Parker House
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Please contact your own General Practice directly for a copy of your GP

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