

Staines Health Group Newsletter

Welcome to the eleventh edition of “SHG News”.

Apologies to all avid readers of our newsletter – I have missed an edition and jumped from Winter to Summer – missing Spring altogether. The news of an impending CQC visit, combined with the demands of the NHS Year End was enough to send us into overdrive and I’m sorry to say the Newsletter failed to make it to the top of the ‘to-do’ list. I’m now in the post CQC inspection euphoria phase and writing this in the wonderful English summer – raining hard outside and lightning and thunder rolling around the skies!

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CHILDRENS CORNER:

Sore throats

The terms *sore throat*, *strep throat*, and *tonsillitis* often are used interchangeably, but they don’t mean the same thing. Tonsillitis refers to tonsils that are inflamed. Strep throat is an infection caused by a specific type of bacteria, *Streptococcus*. When your child has a strep throat, the tonsils are usually very inflamed, and the inflammation may affect the surrounding part of the throat as well. Other causes of sore throats are viruses and may only cause inflammation of the throat around the tonsils and not the tonsils themselves.

In infants, toddlers, and pre-school children, the most frequent cause of sore throats is a viral infection. No specific medicine is required when a virus is responsible, and your child should get better over a seven- to ten-day period. Often children who have sore throats due to viruses also have a cold at the same time. They may develop a mild fever, too, but they generally aren’t very sick – there is no need to consult a doctor.

One particular virus (called Cocksackie), seen most often during the summer and autumn, may cause a child to

have a somewhat higher fever, more difficulty swallowing, and a sicker overall feeling. If your child has a Cocksackie infection, she also may have one or more blisters in her throat and on her hands and feet (often called Hand, Foot, and Mouth disease). Infectious mononucleosis or Glandular Fever can produce a sore throat, often with marked tonsillitis and swollen glands; however, most young children who are infected with the mononucleosis virus have few or no symptoms.

Strep throat is caused by a bacterium called *Streptococcus pyogenes*. To some extent, the symptoms of strep throat depend on the child’s age. Infants with strep infections may have only a low fever and a thickened or bloody nasal discharge. Toddlers (ages one to three) also may have a thickened or bloody nasal discharge with a fever. Such children are usually quite cranky, have no appetite, and often have swollen glands in the neck. Sometimes toddlers will complain of tummy pain instead of a sore throat. Children over three years of age with strep are often more ill; they may have an extremely

painful throat, fever over 102 degrees Fahrenheit (38.9 degrees Celsius), swollen glands in the neck, and pus on the tonsils.

Diagnosis and Treatment

Antibiotics are of no use in a viral sore throat which accounts for most instances that are accompanied by coughs and colds. Whether to consult a doctor depends on how unwell your child is. Please see our leaflet ‘treating your infection’ (attached) for information on when to seek help.

Prevention

Most types of throat infections are contagious, being passed primarily through the air on droplets of moisture or on the hands of infected children or adults. For that reason, it makes sense to keep your child away from people who have symptoms of this condition. However, most people are contagious before their first symptoms appear, so often there’s really no practical way to prevent your child from contracting the disease.

ADULTS INFO:

PSA testing & prostate cancer

The prostate gland lies just below your bladder. It helps produce healthy sperm. Problems with the prostate can affect how you urinate and your sexual function.

Prostate cancer is caused when some cells in the prostate start to grow out of control. Slow-growing cancers are common. They may not cause any symptoms or shorten your life. Prostate cancer is the second most common cause of cancer deaths in UK men. Each year about 47,000 men are diagnosed with prostate cancer and about 11,000 die from the disease. Prostate cancer is rare in men under 50. The most common age of diagnosis is between 65 and 69.

Symptoms

Most early prostate cancers do not have any symptoms. If there are symptoms, many are the same as those caused by an enlarged prostate that is not cancerous. Symptoms can include problems urinating, pain when ejaculating, pain or stiffness in the lower body, extreme tiredness and loss of appetite.

Risk

You are at higher risk of prostate cancer if you:

- have a family history of prostate cancer
- are of black ethnic origin – the lifetime risk is 1 in 4 compared to 1 in 8 for white men
- are overweight or obese

There is no clear evidence to recommend PSA testing more for high risk men than low risk men.

PSA test

The PSA blood test measures the level of PSA in your blood. A raised PSA level can mean you have prostate cancer. But it can also mean you have a condition that is not cancer, such as enlargement of the prostate or a urinary infection.

Test results and follow-up

If you have a raised PSA level you might need further tests, including a biopsy. This involves taking small samples of your prostate through your back passage and checking them for cancer.

If you have prostate cancer, your specialist will discuss options. Men with slow-growing cancers may be offered active surveillance. This involves repeat PSA tests to monitor the cancer, with treatment offered if the cancer starts to progress. Possible treatments include surgery, radiotherapy and hormone therapy. Side effects of treatment can include problems with erections, loss of fertility and incontinence.

OLDER FOLK:

Age UK

Age UK is working closely with NHS England to help improve older people's access to talking treatments. Older people are dramatically underrepresented as users of talking therapies, thought to be in part because of a perceived stigma attached to seeing a 'therapist' or having 'counselling'. This campaign aims to help more older people get the help they need.

Do you say:

- I'm no use to anyone anymore
- I feel tired all the time, I have no energy
 - My memory is terrible
 - I've gone on too long
 - I don't get out much now
 - I don't enjoy things
 - I'm a burden on my family

Do you have:

- Unexplained aches and pains

- Poor sleep
- Poor appetite
- Disability from physical illness

You may be suffering from depression and anxiety which are NOT normal aspects of ageing. They can make physical illness worse and prevent rehabilitation. They are treatable, speak to your GP about talking therapies.

Shingles

Last call for patients approaching their 80th birthday – if you've not yet had a shingles vaccination you will become ineligible once you turn 80. We have invited all eligible patients who've not yet had it so please don't miss out.

*"A merry
heart
doeth good
like
medicine"
- King
Solomon*

MEET THE GP:

Sadly and all too soon, we have said goodbye to Dr Butt – he worked part time for us and another independent provider – unfortunately for us they made him an offer he couldn't refuse and is now advising other GPs in primary care. We wish him well in his new role.

Dr Patel is due to return from her maternity leave at the end of August.

Dr Nwanze started her leave in June – having another baby boy shortly thereafter – all our best wishes to the family.

Whilst these changes are going on we are using more locums than usual and we appreciate patients frustration with not

being able to see their 'usual' GP. To try to keep some semblance of continuity, Dr Hassan will stay with us covering the end of Dr Patels leave, Dr Nwanze's leave and then the sessions left by Dr Butt. From September onwards we will have 5 'regular' doctors and will rely on our locums less and less – until the next time....

CARERS COUNT:

If you have dementia, or care for someone with dementia, the Alzheimer's society is there to help. Their experienced, friendly Dementia Advisors are available to answer your queries about dementia and talk to you about their group and one-to-one support services in your area.

If you and those you care for agree, they can refer you to the Dementia Navigators, who provide unique support tailored to the needs and circumstances of the person with dementia. Call 01932 855582 or email: surrey@alzheimers.org.uk.

HOW TO:

Access smoking cessation advice and services

Contact QUIT51 – Tel 0800 622 6968 – email contact.quit51@nhs.net or visit the website:

www.quit51.co.uk

QUIT51 run group sessions here in the practice on Wednesday evenings, contact the number above for further information.

DID YOU KNOW?

Abdominal Aortic Aneurysm (AAA) programme

Men over 65 years old, who've not been previously screened can self-refer to the NHS Abdominal Aortic Aneurysm (AAA) programme. For local details visit www.nhs.uk/aaa where you can find contact details for screening covering your postcode area. If you have just turned 65 you will be automatically invited by the service.

Sadly deaths from ruptured AAA account for 1.7% of all deaths in men aged 65 and over and around one in 70 men over 65 has an AAA.

“Not only will giving up cigarettes put more money in your pocket, your body will thank you for it.”

– [Auliq Ice](#)





Staines Health Centre
Borges Way
Knowle Green
Staines
Middx.
TW15 1NL

Phone:
01784 265229

E-mail:
staineshealthgroup@nhs.net

www.staineshealthgroup.co.uk

*"First the doctor told me the good news. I was going to have a disease named after me."
- Steve Martin*

FOCUS ON:

Chronic Obstructive Pulmonary (Lung) Disease – COPD

COPD is the umbrella term for people with persistent (chronic) bronchitis and/or emphysema. It affects people who smoke, usually over 40 years old and men more than women. Smoking inflames and damages lung airways causing the airflow to the lungs to be restricted (obstructed). Symptoms include cough, breathlessness, wheeze and recurrent flare-ups (exacerbations) with coloured sputum and increasing shortness of breath. A flare-up of COPD is one of the most common reasons for an emergency admission to hospital. Chest pain and coughing up blood are not common features of COPD and should be reported to your GP. If you have symptoms but are not currently diagnosed, see your GP

who may refer you to our respiratory nurses for reversibility testing to confirm the diagnosis. You will then be seen regularly to ensure your symptoms are as well controlled as possible. The main thing you can do to help is to stop smoking. All patients with COPD are offered a one-off pneumococcal vaccination and annual influenza vaccination. Where appropriate, referral to pulmonary rehabilitation and oxygen therapy are made. COPD is a serious, life-long condition which can be helped through good management but cannot be cured.

FROM A PATIENT'S PERSPECTIVE

A huge thank you to our two PRG (Patient Representative Group) reps who came along to our CQC inspection in May and spent some time speaking to the inspector. We had a grueling day with inspectors talking to staff and patients all day long, interviewing doctors, nurses, reception staff and myself for most of the day. Although we have only had the draft report, I am pleased to say we received 'GOOD' in every element and indeed there were no areas in which we were instructed to improve or provide further evidence. Overall the staff were delighted with the result and relieved after the long and stress full build up. My thanks too to all patients who provided feedback to the CQC on their enquiry cards – the inspector was impressed that NO negative com-

ments were received and every card complemented the practice in one respect or another.

I also wish to feed back on the consultation we conducted with our PRG on the use of 'urgent' appointment slots in May. We asked for views on ending our system of holding some urgent appointments for release at 2.00 p.m. This is now frowned on in progressive circles and felt to be an outdated practice.

The views of our PRG members were mixed with some agreeing that all slots should be released in order and others feeling that the elderly may be disadvantaged as they are often not able to call early for appointments and may miss out. We have considered all responses and decided to continue to hold a few slots but at the same time, release some pm appointment slots during the morning. Whatever we do, we rarely have enough slots to satisfy pa-

tient demand and some degree of 'allocation' is almost always necessary. We do urge you not to ask for urgent slots for non-urgent matters especially colds and viral type illnesses.

Please visit the **PHARMACIST** for over the counter symptom relief.

If you have any comments or items for the next newsletter, feel free to contact us via our generic email: staineshealthgroup@nhs.net, leave a message with reception or write to me via the practice address.

Heather Lovatt.
Practice Manager