



Patient Participation Group

## Charlbury Patient Participation Group Newsletter Issue No.6 October 2019

### **CHARLBURY MEDICAL PRACTICE PATIENT PARTICIPATION GROUP**

Welcome to the autumn newsletter from the Charlbury Patient Participation Group (CPPG). In this edition we cover facts about the MMR vaccine, Primary Care Networks, Safe and Well visits and more:

- Childhood Immunisation Programme and MMR vaccine.
- The First Aid Unit at Chipping Norton Health Centre
- More about Primary Care Networks, clinical pharmacists and social prescribing
- The Oxford Biobank
- We welcome Dr Nikki Jones
- Safe and Well visits in your own home

### **MEASLES, MUMPS and RUBELLA (German measles)**

#### **Key facts**

**Measles** is a highly infectious viral disease which can lead to serious complications such as pneumonia and encephalitis (inflammation of the brain) This is the most concerning feature of infection with measles which may cause lasting brain damage and permanent impairment. In addition, measles infection damages and suppresses the whole immune system. This means that people who have had measles are more likely to catch other infectious diseases. This effect can last for as much as three years. Worldwide, measles is still a major cause of death, especially among children in resource-poor countries.

#### **Mumps**

Mumps is a contagious viral infection that used to be common in children before the introduction of the MMR vaccine.

#### **Who's affected?**

Most cases of mumps occur in young adults (usually born between 1980 and 1990) who did not receive the MMR vaccine as part of their childhood vaccination schedule or did not have mumps as a child.

Once you have been infected by the mumps virus, you normally develop a life-long immunity to further infection.

Swelling of the parotid glands is the most common symptom of mumps. The parotid glands are a pair of glands responsible for producing saliva. They're located in either side of your face, just below your ears.

Both glands are usually affected by the swelling, although sometimes only one gland is affected. The swelling can cause pain, tenderness and difficulty with swallowing.

More general symptoms often develop a few days before the parotid glands swell. These can include:

- headache
- joint pain
- feeling sick
- dry mouth
- mild abdominal pain
- feeling tired
- loss of appetite
- a high temperature (fever) of 38C (100.4F), or above

In about 1 in 3 cases, mumps doesn't cause any noticeable symptoms.

### **When to seek medical advice**

If you suspect mumps, it's important to call your GP.

While the infection isn't usually serious, mumps has similar symptoms to other, more serious infections, such as glandular fever and tonsillitis. It's always best to visit your GP so they can confirm (or rule out) a diagnosis of mumps.

**It's also important to let your GP know in advance if you're coming to the surgery so they can take any necessary precautions to avoid the spread of infection.**

### **Treatment for mumps**

There's currently no cure for mumps, but the infection should pass within 1 or 2 weeks.

Treatment is used to relieve symptoms and includes:

- getting plenty of bed rest and fluids
- using painkillers, such as ibuprofen and paracetamol – aspirin should not be given to children under 16
- applying a warm or cool compress to the swollen glands to help relieve pain

### **Complications**

Mumps usually passes without causing serious damage to a person's health. Serious complications are rare.

But mumps can lead to viral meningitis if the virus moves into the outer layer of the brain.

Other complications include swelling of the testicles or ovaries (if the affected person has gone through puberty).

### **Preventing mumps**

A child can be protected against mumps by making sure they're given the combined MMR vaccine for mumps, measles and rubella.

Young people who missed out on the MMR vaccine can ask to be vaccinated. At the time of writing there is a suspected outbreak of mumps at universities in South Wales.

**Rubella** (German measles) is a rare illness that causes a spotty rash. It usually gets better in about 1 week. It can be serious if you get it when you're pregnant....see below.

The main symptom of rubella is a red or pink spotty rash.

The rash takes 2 to 3 weeks to appear after getting rubella and is infectious from 1 week before the symptoms start and for 4 days after the rash first appears.

Rubella can also cause:

- aching fingers, wrists or knees
- a high temperature of 38C or above
- coughs
- sneezing and a runny nose
- headaches
- a sore throat
- sore, red eyes

It's very unlikely to be rubella if you have had both doses of the [MMR vaccine](#) or had rubella before.

Rubella is very rare in pregnancy. But if you get it when you're pregnant, rubella could harm your baby.

It can cause:

- loss of the baby ([miscarriage](#))
- serious problems after the baby is born – such as problems with their sight, hearing, heart or brain

The risk is highest if you get rubella early in pregnancy.

There's not thought to be a risk to your baby if you get rubella after week 20 of your pregnancy.

### **Important**

Stay off nursery, school or work for 5 days after the rash appears.

Also try to avoid close contact with pregnant women.

### **Current measles risks in the UK and Europe**

In 2018 there were 966 laboratory confirmed measles cases in England - nearly four times as many as the total number confirmed in 2017 (259 cases). **The majority of measles cases have been in people who are not vaccinated, especially young people aged 15 and over who missed out on MMR vaccination when they were younger.** About 30% of those infected have been admitted to hospital.

At the moment most UK measles cases are linked to travel in Europe. Measles cases have also been linked to music festivals and other large public events. [Public Health England is advising people to check that they are vaccinated against measles](#) before they travel abroad or go to large public events in the UK or elsewhere.

Numbers of measles cases are currently high in several European countries. There were [over 82,500 measles cases in Europe in 2018](#) . There have been particularly serious outbreaks in Serbia, Ukraine, Georgia, Greece, Romania, Italy, and France, with over 40% of cases in Europe occurring in adults over the age of 20.

Travellers have brought a number of measles cases into the UK recently, and these are expected to continue. All travellers are advised to check that they are up to date with MMR vaccination before they travel. If you are travelling with a baby, the MMR vaccine can be given from six months of age before travelling to a country where measles is a risk or where an outbreak is taking place. See the [travelhealthpro.org.uk website](http://travelhealthpro.org.uk) for more information

### **What are the symptoms?**

Measles usually starts with cold-like symptoms, red painful eyes and sensitivity to light, a high temperature, and greyish-white spots in the mouth and throat. A red-brown confluent rash usually appears a few days later, spreading from behind the ears to the rest of the body. A child with measles will have to spend about five days in bed and could miss more than two weeks of school. Even in developed countries such as the UK, around one in every 15 children with measles will develop more serious complications, such as severe ear infections, pneumonia, and rarely, encephalitis, ( inflammation of the brain) .

### **How is it passed on?**

Measles is spread through water droplets, coughed or sneezed by infected individuals. People who have measles are infectious from when the first symptoms appear until 4 days after the rash appears. NHS advice for anyone who thinks they may have measles is to stay at home and call their GP or NHS 111. This reduces the risk of measles being spread to vulnerable people such as young babies and people with weakened immune systems.

**Measles is one of the most infectious diseases; if a child who is not immunised comes into contact with someone who has measles, it is very likely that they will catch the disease and risk developing serious complications.**

## **Childhood immunisation programme**

Some infectious diseases can kill children or cause lasting damage to their health. Your child's immune system needs help to fight those diseases. Immunisation gives protection against some infectious diseases. Vaccines stimulate the body to produce antibodies that fight infection. Immunisation is also known as 'vaccination', 'jab' or 'injection'.

### **Why childhood immunisation is important**

Immunisation prepares the body to fight serious infections that might happen in the future. Young babies are very vulnerable to infections, so they need to be protected as early as possible.

Your child needs several different vaccines to be fully protected, so it's important to complete their childhood immunisation programme.

You have seen what can happen when a child isn't immunised above.

## **When babies and children get the vaccination**

The immunisation programme gives vaccines to babies and children at different ages. Routine immunisation for babies begins when they're two months old. Your child needs several vaccines to protect them from infections, so it's important to complete their immunisation programme.

From September 2019 the HPV vaccine is now offered to 12 to 13 year old boys and girls. Some babies in high-risk groups get a BCG vaccine for protection against tuberculosis (TB) when they are born. Higher risk infants might also get extra vaccinations against hepatitis B. Your doctor or health visitor will give you more information if your child needs protection.

## **Getting your child immunised**

Before your child starts school, they usually get their vaccinations at your doctor's surgery or local health clinic. The Child Health system or the doctor's surgery usually sends you the invitation to make a vaccination appointment.

Your child can get some vaccinations in school. The school will contact you before they give your child a vaccine.

If you have any questions, please ask your health visitor, doctor, school nurse or a practice nurse in the doctor's surgery.

A full list and timetable of childhood vaccinations is available on the NHS website: [www.nhs.uk](http://www.nhs.uk)

## **First Aid Unit in Chipping Norton**

The First Aid Unit in Chipping Norton is moving a few steps from Chipping Norton Community Hospital to the Chipping Norton Health Centre.

The First Aid Unit will continue to deliver care for minor injuries Monday to Friday evenings: 5pm to 9pm and at weekends and bank holidays from 10am to 9pm. The unit is open to any member of the public who requires care and treatment which is provided by clinicians from NHS South Central Ambulance Service. **No need to make an appointment.**

## **Minor Injuries Unit, Witney Community Hospital**

This unit offers treatment for minor injuries such as deep cuts, broken bones, severe sprains, eye injuries or minor head or sports injuries. Open every day 10am to 10:30pm including 25, 26 December and 1 January 2020. **No need to make an appointment.**

**NHS111.** If you have an urgent medical concern and need advice or medical treatment, call 111 for free 24 hours a day, 7 days a week

**A&E/999.** Use A&E only if you have a serious life threatening injury or illness such as:

- Loss of consciousness
- Heavy bleeding
- Severe chest pain or breathing difficulty
- Serious burns, strokes or fits

### **Call 999 for an ambulance if your child:**

- stops breathing
- won't wake up
- has a spotty, purple-red rash anywhere on the body that doesn't fade when you press a glass against it – this could be a sign of blood poisoning (septicaemia)
- is under 8 weeks old and you're very worried about them
- has a fit for the first time, even if they seem to recover
- has a severe allergic reaction (anaphylaxis)
- if you think someone may have seriously injured your baby

### **Trust your instincts. You know what is different or worrying behaviour in your child.**

## **Primary Care Networks**

### *Rural West Primary Care Network*

General practice has changed again.

GP practices must work formally together in groups in order to improve patient care. This is part of the NHS long-term plan which will focus more on prevention and on delivering quality outcomes by integrating services.

The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

The Charlbury Practice is linked with Burford, Broadshires Carterton and Bampton GP practices in the Rural West Primary Care Network.

Dr Vivienne Austin from Burford Medical Practice is the Clinical Director of the combined service which came into being on 1 July 2019. It will take some time to fully form into a functioning unit providing the additional services envisioned in the NHS long term plan.

In the first year, 2019/2020, every Primary Care Network will receive 70% of the funding to employ one clinical pharmacist and 100% of the funding for one social prescriber.

Your GP won't change because of the new structure so you won't see any difference in how you access your day-to-day care.

Patient representation will be a key part of the new system and Charlbury Patient Participation Group will be working with neighbouring patient groups in the rural West to strengthen patient representation in the new Network.

### **What is a Clinical Pharmacist?**

Clinical Pharmacists are increasingly working as part of general practice teams. They are highly qualified experts in medicines and can help people in a range of ways. This includes carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes and value through a person-centred approach.

Clinical pharmacists in GP surgeries will resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing help to manage long-term conditions, advising people taking multiple medicines and giving clinical advice about treatments.

They will also manage medicines shortages by suggesting suitable alternatives where appropriate.

### **What is Social Prescribing?**

Social prescribing enables people working within the Practice to refer patients to a social prescriber or link worker.

Link workers spend time with the person and focus on what matters to them. They connect people to community groups and agencies for practical and emotional support. People, their families and carers may be physically introduced to community groups, so that they don't have to make that first step to join a group and to meet new people on their own.

Link workers also work to support local community groups to be accessible and sustainable and also help people to start new groups.

Social prescribing works for a wide range of people, including people

- with one or more long-term condition
- who need support with their mental health
- who are lonely or isolated
- who have complex social needs which affect their health and wellbeing.

People, their families and carers can refer themselves to social prescribing link workers.

The sense of belonging that comes from being part of a community group and meeting people in similar circumstances can reduce loneliness and anxiety. It can help people find a new sense of purpose, enjoying activities they might not otherwise have tried before, such as arts, cultural activities, walking, running, gardening, singing and making connections to the outdoors.

For more information about social prescribing go to: [www.oxfordshireccg.nhs.uk](http://www.oxfordshireccg.nhs.uk)

**The Oxford Biobank:** this organisation is gathering information from healthy men and women who are interested in being approached in the future for research studies. It is the largest random population-based cohort in the UK. This is really important for studies which involve very particular people.

If you volunteer for this, then you will be asked to visit the Churchill hospital where they will ask you various questions about your health, take measurements and do a really simple scan of your whole body with a device which just goes about 30cm ( a foot) above you as you lie down.

Currently, the Biobank is interested in recruiting people without diabetes, who are healthy and aged 30-50 years old.

Also they are keen to recruit patients who have Type 2 Diabetes aged between 25 and 75 years old.

Are you interested in helping patients of the future?

Go to <https://www.oxfordbiobank.org.uk/> for more information.

## **We welcome Dr Nikki Jones to Charlbury Medical Practice**

Dr Nikki Jones joined the practice on 23 September 2019.

Dr Jones will work a full day, every Monday, Tuesday, and Wednesday every week and every other Thursday morning for a women's health clinic.

Dr Slowther will leave the practice at the end of October.

**Charlbury Medical Centre will be closed on 25 and 26 December and 1 January 2020**

### **GP weekly attendance:**

**Dr Brookes-White: Monday, Thursday, Friday**

**Dr J Maroni Monday, Tuesday, every other Wednesday afternoon**

**Dr K McIntyre Wednesday, Thursday, Friday**

**Dr N Jones Monday, Tuesday, Wednesday, every other Thursday morning**

More information can be found on the Medical Centre website:

[www.thecharlburymedicalcentre.nhs.uk](http://www.thecharlburymedicalcentre.nhs.uk) Click on opening times and then go to surgery days and times.

### **Online booking**

- a) Patients wishing to use the internet to book appointments with a GP, request repeat prescriptions and view their GP medical record and blood test results can register for Patient Access by filling in a form available from the Medical Centre. Photo ID and proof of address is required when returning the completed form to the Centre.
- b) When registered, patients can book GP appointments online. When visiting the Patient Access service at any time, available appointments can be viewed and booked for the following week and for 2 weeks beyond that.
- c) Same day appointments only appear online at 8.00 a.m. on each working day – only appointments for the day in question can be booked. Appointments for the remaining working days in the current week are not shown –each day's appointments will appear on the site at 8.00 a.m. on the day.



## **Safe and Well Visits in your own Home by Oxfordshire Fire and Rescue Service.**

The Oxfordshire Fire and Rescue Service has been carrying out home fire safety checks for over 15 years, providing advice and fitting smoke alarms where necessary. The visit now includes other aspects of home safety, including:

- Preventing falls in the home
- Staying well and warm
- Scams and doorstep crime prevention
- Smoking. How to manage smoking safely, which is a leading cause of fire in the home.
- Alcohol misuse. This is a contributing factor to the cause of fires in the home.

Those who may be entitled to a Safe and Well visit include people who fit one or more of the characteristics below:

- Over 65 years of age; or has young children
- Lives alone
- Has a physical and /or learning disability
- Has any sensory impairment
- No working smoke alarms are present in the property.
- Substance or alcohol dependent
- Unable to protect themselves from harm
- Fire risk concerns, e.g. burn marks, electrical faults, hoarding, unsafe cooking or heating practices.

A Safe and Well visit should take no longer than an hour and is carried out by firefighters or a member of the Fire and Rescue Service Home and Community Safety Team.

**For more information call 08000 325 999; or visit [www.365alive.co.uk](http://www.365alive.co.uk)**