

# healthspace

helping you make the most of your health

Issue no 14

October 2006

## Flu Vaccinations



### What is Flu?

Influenza (flu) is a highly infectious illness caused by a virus – the influenza virus. It tends to start suddenly with symptoms such as fever, chills, headache, aching muscles and feeling generally unwell, together with a cough or sore throat. It is usually much more than a simple head cold, although people sometimes call a heavy cold 'flu'. Colds are more likely to start gradually with a sore throat and stuffy or runny nose and to be less severe.

Flu is spread by coughs and sneezes from people who are already infected with the virus and it can spread very rapidly.

Influenza is around every winter. Most of it occurs within a few weeks, so that a lot of people are ill at the same time. The viruses are always changing, so this winter's flu will be slightly different from last winter's. If it is a very bad year, this may amount to what is called an epidemic. How much flu there will be each year is difficult to predict.

### How serious is Flu?

For most people, flu is a nasty experience and it can lead to more serious illnesses such as bronchitis and pneumonia which may require treatment in hospital. Sadly, every winter a lot of mainly older people die from influenza.

### How does the vaccine work and is it effective?

About a week to ten days after the vaccine is injected, your body makes *antibodies* to the vaccine viruses. These antibodies help to protect you against any similar viruses you then come into contact with. This protection lasts for about a year.

Most people who have been vaccinated will not get the kinds of flu from which the vaccine was made but if you do catch flu, it is likely to be milder than if you had not been vaccinated.

### Does the vaccine have side effects?

Flu vaccine is very safe and as it does not contain any live virus it cannot cause flu. You may get some soreness where the vaccine was injected. Less often, people get a slight temperature and aching muscles for a couple of days after being vaccinated. You should not be vaccinated if you have any serious allergy to hens' eggs. If in doubt, ask your doctor.

### What is the best time to be vaccinated?

The best time to be vaccinated is between September and early December, ready for the winter.

### Are you entitled to a flu vaccine?

This Autumn, as part of a yearly national campaign, flu vaccination is being offered to protect **everyone who is aged 65 (by 31 March 2007) or older** as they are at risk of serious illness should they catch flu. The flu vaccine is also recommended if you fall into one or more of the following groups

All those aged over 6 months in the following recommended clinical risk groups only

Diabetics

Chronic Heart Disease

Chronic Respiratory Disease (e.g. COPD, emphysema, cystic fibrosis)

Children who have previously been admitted to hospital for lower respiratory tract disease.

Asthmatics (ONLY those requiring continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission)

Chronic renal (kidney) disease

Chronic liver disease

Immunosuppression (e.g. patients on chemotherapy, HIV infection, asplenia (without spleen) or splenic dysfunction).

Stroke

(Ref [www.dh.gov.uk](http://www.dh.gov.uk))

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## Flu Vaccinations Cont.

If you fall into one or more of the above at risk groups, please make an appointment to attend the surgery for this vaccination.

If you telephone your surgery and there is no answer immediately this may be due to the increased number of calls they are receiving due to the flu campaign; please be patient and try again later. It is advisable to avoid peak times such as Monday mornings or first thing any morning when surgeries are usually particularly busy answering telephone calls. You may be asked a few questions to when making the appointment to ensure that you meet the criteria as we are only able to vaccinate the at risk groups.

Due to delays in delivery of the flu vaccines our flu clinics may be later than usual this year. Please bear with us in this delay.

Beverly Evanson



Flu Clinics are now being booked for

### STOKE GIFFORD MEDICAL CENTRE

Saturday 7<sup>th</sup> October 9.00 – 11.30  
 Monday 23<sup>rd</sup> October 12.00 – 1.30  
 Tuesday 7<sup>th</sup> November 12.00 – 1.30  
 Tuesday 21<sup>st</sup> November 12.00 – 1.30  
 Thursday 23<sup>rd</sup> November 12.00 – 1.30  
 Thursday 30<sup>th</sup> November 12.00 – 1.30  
 Saturday 9<sup>th</sup> December 9.00 – 12.00

### CONYGRE MEDICAL CENTRE

Saturday 14<sup>th</sup> October 9.00 – 11.00  
 Monday 23<sup>rd</sup> October 12.00 – 1.30  
 Thursday 16<sup>th</sup> November 12.00 – 1.30  
 Thursday 30<sup>th</sup> November 12.00 – 1.30  
 Saturday 9<sup>th</sup> December 9.00 – 12.00

## Coping With Colds and Viruses

We are all familiar with the symptoms—Sneezing, runny or blocked nose, sore throat, sometimes with fever, headache, cough or hoarse voice. Most adults get 2 to 4 colds a year (often getting less frequent as you get older) but for children this can be 6-10 times a year. There are more than 100 different types of virus that can cause colds—this is one of the reasons it is difficult to produce a vaccine to protect against them. Some mild colds may only last 2-3 days but often they last a week or more. **Here are some tips for preventing and coping with colds (the remedies suggested are all available over the counter at a pharmacy):**

**F Hand washing** Is one of the best ways to avoid catching or spreading a cold. People with colds easily get cold viruses onto their fingers which can then spread to other people or to objects that other people may touch. Cold viruses can survive for up to 3 hours outside the nose and so can cause infection. People with colds should wash their hands (eg after blowing their nose) and dispose of tissues rather than leave them around. To avoid catching a cold avoid close contact and wash your hands if you touch articles or objects that may be contaminated with cold viruses

**F Cough & Sneezes** also spread cold viruses (especially during the first 3 days of a cold) so take cover if you can and encourage some ventilation rather than producing a room full of viruses.

**F Simple Remedies** can do a lot to relieve the symptoms of a cold although will not shorten it. Keep it simple—*Paracetamol* or *Ibuprofen* are best for symptoms of headache and sore throat. Decongestants can be helpful for re-

**F Decongestant Drops & Sprays** (eg *Otrivine*, *Sinex*) can rapidly and effectively unblock the nose. They are fine to use but sometimes they can irritate and if used for too long (say more than 5 days) can make the problem worse. We sometimes see people who use these for weeks or months on end and find it difficult to stop. See a doctor if you are in that situation.

**F Decongestant Tablets** can also be helpful for the blocked nose. The commonest one used is *Pseudoephedrine*. There is a caution over their use if you are on blood pressure treatment, although trials suggest they are safe at the correct doses.

**F Antihistamines** of the older type (*brompheniramine*, *chlorpheniramine* & *clemastine*) are also quite effective at reducing sneezing and runny nose. The downside is that they can cause drowsiness (and so may be helpful at night) and can also affect prostate problems and glaucoma. The more modern antihistamines used in the treatment of hayfever appear not to help colds.

**F Don't ask for Antibiotics for a cold.** They simply don't work against cold viruses. Not only are they a waste of money in this situation but excessive and inappropriate use leads to resistant bacteria. This is a major problem in medicine. Antibiotics should be reserved for serious infections where possible.

**F Natural Remedies.** Despite my enthusiasm for good nutrition and natural remedies, there is no good research support for the use of high doses of vitamin C or for zinc or *Echinacea* in treating the common cold, but hot drinks and steam inhalations can be soothing

Dr J Jelfs



## Practice Pointers

**H**ere are some reminders about the services the practice offers and how to make best use of them:

1. You can book a limited number of appointments up to 1 week in advance, otherwise book on the day. Phone lines open at 8.30am. and again at 1.30pm. A leaflet on the appointment system is available in the surgery.
2. Telephone consultations can be booked if you just need to speak to a doctor, not see one face to face. This can be a convenient way of getting the advice you need. Ask the receptionist for a telephone consultation.
3. We have Nurse Practitioner appointments available for new undiagnosed illness, particularly minor illness.
4. We no longer hold Saturday morning surgeries at our medical centres. If you have an urgent medical problem (not a routine problem) at the weekend then phone the practice number and you will be able to access NORDOC, the out-of-hours service based at Southmead Hospital. The calls are triaged by NHS Direct most of the time.
5. If you need routine contraceptive care (new Pill prescription etc) then please make an appointment to see a practice nurse rather than a doctor.
6. If you are on treatment for high blood pressure and need a routine blood pressure check (usually once or twice a year) this can be carried out by a practice nurse rather than taking a doctor's appointment.
7. GP appointments are normally at 10 minute intervals. This means that it may not always be possible to deal with a long list of problems at a single appointment. We appreciate your help in trying to keep to these times to avoid undue waiting.
8. We do our best to keep to appointment times but apologise for those occasions when you are kept waiting. This is usually because something unforeseen has occurred or a patient has needed more time because of a serious or difficult problem.
9. If you have previously seen a doctor and simply need to discuss results of tests then a telephone consultation may be more appropriate. You can book a telephone consultation through the receptionist. Alternatively you can ask the receptionist whether your results were normal or whether you need to see a doctor to discuss.
10. We run an Asthma Clinic at both medical centres to improve the symptoms of patients with asthma and to help prevent serious episodes. If you are having some

problems with your asthma (eg having to use your reliever inhaler more than once a day) then please book an asthma clinic appointment. It is a good idea to have a routine review every 1-2 years. If it is inconvenient to attend the clinic then why not book an asthma clinic telephone consultation with the asthma nurse! A lot can be achieved even just over the telephone.

11. Insurance or HGV Medical Examinations can be carried out in the practice. These examinations are private and not part of NHS provision. They are carried out at various times during the week but can sometimes be difficult to fit in because of the demand for NHS appointments. We will do our best to meet your requirements but please understand that our work with sick people has to take priority.
12. The first week of an illness is covered by a self-certificate from your employer. You should not need an appointment simply for a medical certificate during this time.
13. If you cannot attend your appointment please let us know so that the appointment is not wasted but can be offered to someone else.
14. If you need a doctor urgently when the medical centres are closed then phone 0845 1205585.

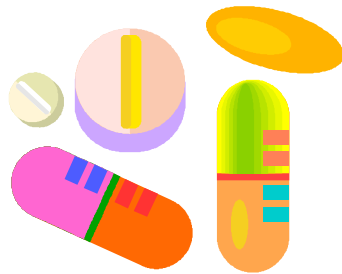
## Practice Requests

Please can you make sure that the practice has your correct address and contact details. This will help us if we need to contact you or refer you to the hospital, and minimise any delay trying to find your correct details my give us.

Thank you

## Using Antibiotics Wisely

One of the greatest breakthroughs of modern medicine has been the development of antibiotics for treating disease caused by bacteria. Alexander Fleming, a Scottish scientist, is credited with discovering the first antibiotic, Penicillin. In 1928, he noticed that bacteria could not survive on a plate that contained a mould commonly found on bread. He went to show that the effect was due to a substance made by the mould. However penicillin was not available to the general public until the early 1940's when scientists learned how to produce and purify large amounts of penicillin. In this way, antibiotics have been based upon natural substances that resist the growth of bacteria. Since the quite a number of antibiotics have been developed and are in widespread use for treatment of such conditions as pneumonia, meningitis, & septicaemia.



***But what if we no longer had any antibiotics that were effective? Could it be that antibiotics could be confined to just a brief period of human history?***

In the context of human history antibiotics are a very recent development and already serious problems are emerging. We are now all too aware that there are 'superbugs' such as MRSA that are resistant to most antibiotics and that they can be a major threat.

The worrying thing is that more bacteria are becoming resistant to antibiotics and fewer new antibiotics are being discovered or developed. Because of this there are changes to the way that antibiotics are being used. Minor infections should be dealt with by the body's immune system even if an antibiotic is available. Antibiotics should be reserved for situations where they may be essential for recovery or where significant or prolonged illness is involved.

### ***What does this mean in practice?***

Well GP's are increasingly reluctant to prescribe antibiotics for minor illness. This means that the majority of throat infections, tonsillitis, ear infections, bronchitis, gastroenteritis, minor skin infections, will not be prescribed antibiotics. In many cases they make hardly any difference to the illness in any case. Many of these infections are caused by viruses, and antibiotics make no difference to these at all. Most of these things are self limiting and will get better by themselves in a few days or a week or two. If you are worried you may have something that needs active treatment by all means see a doctor—but please don't be surprised if antibiotics are not prescribed. We want to preserve the use of antibiotics for life-threatening illness when they are really needed.

Dr J Jelfs

## Patient Satisfaction Survey

During October the practice will be asking patients to fill in a practice satisfaction survey. If you have seen a doctor or nurse practitioner during your visit we would appreciate it if you could take the time after the consultation to fill in the survey form. This is a government requirement for GP's who provide medical services and to give you, the patient, the chance to have your say about the service we provide.

If you are asked to complete the survey then you will be given a questionnaire form and asked to answer the questions and put the form in an envelope and pass it back to the survey coordinators. Your answers will be completely anonymous.

There will be individuals at each practice site who will be asking you to fill in a questionnaire, they will also ask you who you have seen so they can give you the correct form. The survey is completely voluntary and you are not obligated to do it, but we would appreciate your help by taking part.



## We would like to hear from you.



If you have any ideas for articles, information that you would like included in 'healthspace' in the future please let us know. There are comments slips that you can fill in with any ideas located in the reception/foyer of both surgeries. These can be used to put forward suggestions about services you would like to see and improvement you think could be made.

We will do our best to put suggestions that are possible into action. These suggestions can be anonymous although if you would like feedback on whether your suggestions are possible it would be good to give us your name and contact details.

If you would also like to write an article for healthspace we would like to hear from you. Articles about how you have coped with illnesses or chronic disease etc that you feel would benefit others by sharing please get in touch with us at the surgery or discuss it with the doctor or nurse you usually see.

It is important for us to have your input as the people who use our services this can help us make improvements we can. We will consider all your suggestions, however we can not always guarantee that suggestions you make will be able to be implemented due to other factors.

Thank you for your time and we look forward to hearing from you.

Emily Nicholls  
(Practice Development Co-ordinator)

## Referrals to the Hospital Service

If you have been referred to the hospital for an outpatient appointment you will hear from the hospital regarding this. Sometimes the hospital will send you an appointment date or sometimes they will write to you asking you to contact them to arrange the appointment date. If you are asked to contact the hospital appointments office it is essential that you do so, otherwise an appointment will not be made.



Please ensure we have your current address and contact details otherwise the appointment will not reach you.

Once an appointment date has been offered it is very important that you attend. If you are unable to attend for any reason, you must contact the hospital to let them know in good time.



If an appointment has been made, but the patient fails to attend, then hospital time is wasted, other patients are disadvantaged and the practice is still charged for the appointment. We are then charged a second time if another appointment has to be offered. Outpatient appointments are now charged for at a tariff price, Ranging from £91 to £281 depending on the speciality.

Please help us and the hospitals to provide an efficient service and to avoid wasted resources by being sure to attend your appointment. If an appointment is no longer required, please make sure that you contact the hospital and let them know.

Dr G Deakin

# New Child Immunisation Schedule

***From September 2006 the Pneumococcal Vaccination has been added to the childhood immunisation programme. The revised schedule will now be as follows:***

Date	Vaccinations
8 Weeks	DTaP/IPV/Hib <b>Pneumococcal</b>
12 Weeks	DTaP/IPV/Hib Meningitis C
16 Weeks	DTaP/IPV/Hib Meningitis C <b>Pneumococcal</b>
12 Months	Hib Meningitis C
13 Months	MMR <b>Pneumococcal</b>
3 Years 4 Months—5Years	DTaP/IPV MMR
13—18 Years	DTaP/IPV

## Pneumococcal Infection

This can cause many diseases, for example pneumonia, septicaemia (blood poisoning), meningitis, bronchitis and ear infection. Some of these diseases can cause death or severe disabilities.



Children under the age of 2 years of age are at an increased risk and so all under 2's will be included in a catch up programme (Child Health will send out a red card when your child is scheduled to have the injection. Please do not make an appointment unless invited to do so by Child Health as there are only allocated supplies each month).

For more advice please look at the following website:  
[www.imunisation.nhs.uk](http://www.imunisation.nhs.uk)

### Key :

**DTaP = Diphtheria, Tetanus & Pertusis (whooping Cough)**

**IPV = Inactivated Polio Vaccine**

**Hib = Haemophilus Influenzae type b**

**MMR = Measles, Mumps & Rubella**

**New to the schedule in Bold**

The most frequently asked question is : - Is it possible to overload the immune system by giving too many vaccines?

From birth babies' immune systems protect them from germs that surround them. Without this protection babies would not be able to cope with the tens of thousands of bacteria and viruses that cover their skin, nose, throat and intestines. There is no evidence that any vaccine programme overloads a child's immune system. In theory, a baby could respond to around 10,000 Vaccines at any one time (Offit et al, 2002). So the baby can and does easily cope with any additional dose of vaccine to the immunisation programme

Ruth Houghton

## Parental Consent for Vaccinations

### Parental Consent for young children

Consent is needed at the occasion of each visit.

#### Who can give consent?

According to the law— Those with parental responsibility. Mothers automatically have parental responsibility for their children. Fathers also have parental responsibility if they are married to the mother when the child was conceived or born or if they got married to her later. By law unmarried fathers do not automatically have parental responsibility.

Prior to 1 December 2003 they could obtain this by:-

- ! Parental responsibility order granted by the court.
- ! Residence order granted by the court.
- ! Parental responsibility agreement witnessed by the court.

Since 1st December 2003 and unmarried father who is the natural father of the child can also acquire parental responsibility if he is named as the father on the child's birth certificate. Unmarried fathers who are already on the child's birth certificate before 1st December 2003 will not automatically acquire parental responsibility. To gain parental responsibility they must have one of the three ways listed above.

Due to the complexity of the law and because we need to adhere to this for each immunisation visit if the adult who brings the child doesn't have parental responsibility then we require either:

**C** Written permission from the person with parental responsibility for the specific immunisation due to be given at the visit.

OR

**C** The person with parental responsibility to make themselves available via telephone to give their consent at the time of the visit.

Ruth Houghton

## Private Flu Vaccinations



Influenza is a viral infection affecting the respiratory system. It usually strikes between October and May. It lasts from 3-5 days but complications can follow and last for up to 3 weeks! All those aged 65 or over, carers and those with certain medical conditions are entitled to a free NHS vaccination. If you do not qualify, GP Care offers any patient a flu vaccination.

**With winter approaching ,  
protect yourself now - only £15.**

**Local venues and evening appointment available**

**Contact GP Care for further details and to book your appointment.**

**Tel:0117 969 6371 or e-mail: [Info@gpcare.org.uk](mailto:Info@gpcare.org.uk)**



## STOKE GIFFORD MEDICAL CENTRE

Ratcliffe Drive, Stoke Gifford, Bristol  
BS34 8UE

Tel: 0117 9799430



## CONYGRE MEDICAL CENTRE

3 Conygre Road, Filton, Bristol BS34  
7DA

Tel: 0117 9692661

### OPENING TIMES:

Stoke Gifford Medical Centre: 0815-1230, 1330-1815 weekdays

Conygre Medical Centre: 0830-1200, 1330-1800 weekdays

(Conygre Medical Centre is closed on Fridays from 12 noon)

WEBSITE: [www.stokegiffordmedical.co.uk](http://www.stokegiffordmedical.co.uk) [www.conygremedical.co.uk](http://www.conygremedical.co.uk)

*If you need urgent medical advice when the  
medical centre is closed, telephone this number:*

**0845 1205585**

NHS DIRECT For simple health advice call 0845 4647

DOCTOR'S CONSULTING SESSIONS															
	Mon			Tue			Wed			Thurs			Fri		
	am	aft	pm	am	aft	pm	am	aft	pm	am	aft	pm	am	aft	pm
GD				S		C			C		S		S		S
JJ	C		S	S		S				S	S		C		
CE	S			S	S					S		C	S		
JB	C		S				S	S		C					S
KA	S	S					S		S				C		
MW	S		C				S		S	C					S
KH				C	C		C								
BF	S		S	C		S	S						S	S	
ZR	S		C				S	S		S		S	S		

KEY: doctors are indicated by initials

am = 8.30-11 aft = 2-4pm pm = 3.20-5.30

C = Conygre Medical Centre S = Stoke Gifford Medical Centre

*The plan is a guide - there will be variations due to holidays,  
professional development etc*

healthspace

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Dr Graham Deakin

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Dr Monica Warnock

Dr Kate Hodges

Dr Bronwyn Faulkner

Dr Zoe Read

Practice Manager

Mary Nicholls

helping patients make the most appropriate use of the services provided

promoting the health of the whole person

promoting the health of the whole community

discussing items of general medical interest

questions, comments and suggestions are welcome

\*

## Mission Statement

"we aspire to be a friendly forward-looking medical practice offering a high standard of care within a supportive team sensitive to the needs of the whole person"

\*

Edited by Emily Nicholls

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