

THE PATIENT PARTICIPATION GROUP
Queen Edith Medical Practice - Complementing the Work of the Practice
NEWSLETTER NO 10: June 2017

Welcome to our 10th newsletter. This contains:

- A comprehensive article from Dr Hussey on Hay Fever (very topical given recent high pollen counts)
- Up-dates and news from the Practice, the PPG (yes, we have been rather busy of late) and Addenbrooke's.
- an interview with our newest GP, Diane Eichelsheim

Treating hay fever

Hay fever is a common condition caused by allergy to pollen. This is most common in spring and summer, when grass and tree pollens are released. Unfortunately some people suffer into the autumn; this is usually a reaction to fungal spores released by moulds growing on dead leaves and vegetation.

The symptoms of hay fever include: sneezing, runny or blocked nose, itchy, red eyes, itchy throat, mouth or nose or cough.

Before seeing your GP, you should visit your pharmacist to treat your symptoms with over-the-counter medications. These are cheap and effective and a prescription is not needed. The pharmacist will advise you as to the best medicines to buy.

Only make an appointment to see your GP if your symptoms don't improve after using these over-the-counter medicines.

Treatment options for hay fever include:

1. Pollen avoidance.
 - Try to avoid being outdoors when the pollen count is high, especially during the evening and after rain.
 - Avoid bringing pollen into the house eg with cut flowers. Dogs and cats can also carry pollen on their fur.
 - Keep car windows shut when driving.

2. Antihistamines

Antihistamines treat hay fever by blocking the action of the chemical histamine, which the body releases when exposed to an allergen (something that the person is allergic to). They are the mainstay of hay fever treatment. They're most effective when taken orally but also come as nasal sprays and eye drops. They are particularly good at treating sneezing, runny noses and itchy eyes, but less effective at clearing a blocked nose. You can use antihistamines as:

- "as-required" treatment – you take them when you first notice you're developing the symptoms of hay fever.
- preventative treatment – for example, if you know there's going to be a high pollen count, you can take them before leaving the house in the morning.

Newer antihistamine tablets, such as cetirizine and loratadine, are the best choice as they need only to be taken once a day and are usually not sedating.

3. Corticosteroid nasal sprays and drops

When pollen triggers an allergic reaction, the inside of your nose becomes inflamed. Corticosteroids can reduce this inflammation and prevent hay fever symptoms. Corticosteroid nose sprays (e.g. Beconase, Flixonase) are better than antihistamine tablets at preventing and relieving nasal symptoms, including sneezing and congestion. They're most effective if you start using them a couple of weeks before your symptoms begin, as the effect takes a few days to build up. For this reason they work best when used regularly and are not suitable for 'as required' use.

4. Nasal decongestants

Hay fever can cause a blocked nose. A decongestant, in the form of a nasal spray (e.g. Otrivine) can relieve this. Decongestants reduce the swelling of the blood vessels in the nose, which opens your nasal passages and makes breathing easier. In contrast to steroid nasal sprays, these work within 15 minutes so are very good for a quick fix. Unfortunately, nasal decongestants cannot be used continuously for longer than seven days. Prolonged use may cause dryness in your nose and can make the symptoms of congestion worse than ever (this is known as rebound congestion).

5. Eye drops

Eye drops containing antihistamine, such as azelastine and olopatadine, act to reduce the inflammation in your eyes. Because these drops drain down the lacrimal ducts to the back of the nose, they may also improve nasal symptoms. These can be used on an as required basis and tend to act quickly. The most useful eye drops contain the active ingredient sodium cromoglicate (e.g. Opticrom). This drug works to prevent the release of histamine on the surface of the eye and so is extremely effective in treating itchy eyes. It has a slow onset of action and so, like steroid nose sprays, should be regarded as a preventative drop and used regularly through the hay fever season to keep symptoms at bay.

6. Other treatments

Occasionally a doctor will prescribe a short course of steroid tablets to bring severe symptoms under rapid control. These cannot be given long-term because of the risk of side effects such as osteoporosis and weight gain.

Finally, desensitization treatment (immunotherapy) is sometimes used to treat very severe hay fever. This involves the exposure of the patient to increasing doses of pollen, over the course of weeks, in an attempt to weaken the allergic reaction that drives the hay fever. This is usually effective but there is a risk of causing a major allergic reaction or even death. For this reason desensitisation is only carried out in hospital.

Practice News

New Staff Welcome to Laura McClure as our new Practice Nurse. Laura has 10 years nursing experience in hospitals around the country, with most recently at Papworth Hospital. This is her first foray into the world of practice nursing, so she will be training over the next few months to bring her up to speed on the wide range of skills required. We are sure Laura will soon become a familiar face to you all!

Equipment We have also now secured two extra PCs for the practice – an additional one for reception, plus an extra one for our main office. As a result of this, we are currently in the process of hiring extra reception/admin staff to enable us to have two members of staff working in the reception office where possible and to have a dedicated prescription clerk each day as we mentioned in our 'Practice Plan' following last years' patient survey.

Repeat Prescriptions

Wasted or unused medicine is a serious and growing problem within the NHS which we would like you to help us tackle. It is estimated that as much as £300million is wasted every year on unused or partially used medication! Therefore, over the next couple of months, we will be tightening up the quantities of repeat (and acute) medication issued, to a maximum of 2 months/56 days at a time. We are aware that there have been discrepancies over the years with this, with some patients having been issued 3 months' worth (or more) at a time. If you usually receive more than 2 months at a time, this quantity will be reduced to 2 months at some point over the next few months (with over 4000 patients on regular repeat medication it may take us a while to amend all!). Please note, that it will not work the other way round i.e. if you currently receive 1 month/28 days' worth at a time, this will not be changed unless there is valid reason to do so – prescribing guidelines from the local CCG (Clinical Commissioning Group) actually advise that 1 month should be the normal maximum, but as a practice we understand that there are certain situations where this is not practical. For example, if you are going on holiday, or abroad, for any length of time, then we may, as a one-off, issue a maximum of 3 months'/84 days' worth provided you submit a written request for this).

Flu Clinic 2017 – Wednesday 4th October

Our annual flu clinic will take place on Wednesday 4th October at The Queen Edith Chapel with the format following that of previous years - get the date in your diary now! We will send out invitation letters to all eligible patients in September.

News from the PPG

- Our PPG has been meeting for well over 2 years in its present form. We have decided to formalise that by preparing a constitution, which will be put to our first AGM, planned for November 2017 (final details will be in our next Newsletter, scheduled for September)
- At our April PPG meeting we agreed that, having spent the last several months preparing, analysing and actioning the Patient Survey, we should now look forward, and plan to set up some new activities for the PPG.
- From a checklist of possible PPG activities issued by the National Association for Patient Participation (we are members), we chose those we wished to pursue. These are largely based around Health Promotion and include
 - raising awareness of key public health messages
 - organising talks or presentations on key topics
 - producing a directory of self-care programmes (initially we will focus on older people)
 - raising awareness of existing activities for exercise and well being
- We have set up some 'focus groups' from PPG members to look at these and report back.
- We will, no doubt, be featuring more about these initiatives in future newsletters.
- In addition, we are about to create 2 PPG Folders, one for each Waiting Room, which will tell you all about the PPG and its activities, together with back numbers of our newsletters.

Addenbrookes Update

It is good to see that generally, there has been an improvement in performance against key indicators:

- 4 hour wait in the Emergency Department – the national target of 95% of patients seen within 4 hours was met in April and May, a noticeable improvement over the past 12 months.
- the number of cancelled operations decreased in April and is now less than 1% of all planned operations
- Delayed Transfers of Care aka 'Bed-blocking'
(Beds are filled with patients who medically are ready for discharge but suitable arrangements are not available at home or in the community. The result is beds are not available for A&E arrivals and planned operations have to be cancelled because of the lack of a bed)

Bed Days lost in 2017 (figures for June to Dec 2016 were all over 2000)

January	2663
February	1954
March	1900
April	1875

This is a sustained improvement over recent months, but still the number of days lost in April represents 6.7% of total bed capacity

- Disappointingly, the hospital continues to fall just short of the national waiting time target for operations / treatments; this is that at least 92% of all non-urgent operations or treatments are achieved within 18 weeks from the day the appointment is booked.

I am not sure whether the overall financial performance of the hospital is good or bad news. It incurred a loss of £53.4m in the 12 months ending 31.3.17; this was considerably better than the previous 12 months but is still a massive loss. The target for 2017/8 is to reduce this loss to £42m

PROFILE – DR DIANE EICHEL SHEIM (interview by John Abbott, PPG member)

Diane's early years were spent in the Netherlands and she followed a fascination with science by graduating in medicine. Whilst at university, she spent a term in Cambridge and fell in love with the city. She returned here to train and qualify as a General Practitioner (GP) and, after a nine month post at the Norwich and Norfolk Hospital, she undertook three years of GP training. She worked at Bottisham surgery, before coming to QEMP in August 2016.

She derives considerable satisfaction from her work as a GP, as it enables her to influence and monitor the health of local families over time, and she enjoys the feeling that she is contributing to the well-being of the whole community. Diane relishes the fact that GPs need to call on a range of skills, and perform a wide variety of tasks. A good day is when at the end she has given all patients the time and attention they need and deserve. Conversely, she is frustrated when pressures don't allow her to practise in this way. Diane is very supportive of the PPG and wonders whether it could, as one of its activities, take the initiative in the promotion and encouragement of good health.

She is a keen sportswoman, playing hockey regularly, and running the occasional half marathon. She holidays often in France and has a weakness for chocolate!

Message from the Editor

I hope you have found this newsletter of interest. Although I don't get much feedback from you, my PPG colleagues and I always welcome comments on these newsletters and suggestions for future articles. Please feel free to contact me at rogercrabtree77@gmail.com