# **Childhood Vaccination**

As we return to life as it was before the pandemic, there are increasing outbreaks of a number of (mostly childhood) diseases; for instance Respiratory Syncytial Virus (RSV), measles, scarlet fever, chickenpox, hepatitis, and diphtheria. Lower vaccine coverage in MenACWY, MMR, pre-school and one-year boosters can lead to outbreaks of these diseases and we cannot afford to be complacent. While not all these diseases are vaccine preventable, for those that are vaccination is the best protection. We also need widespread vaccination to provide herd protection for those too young, or too unwell, to be vaccinated.

The COVID-19 vaccination programme has increased vaccine health literacy, but the importance of the protection given by the national routine immunisation schedule is also important. One of the important factors (which doesn't apply to Covid-19 or flu vaccination) is the provision of lifelong protection from these diseases.

Since the start of the COVID-19 pandemic there has been a significant drop in the number of children receiving their vaccinations, especially MMR – and there are many reasons why routine vaccinations may have been missed. As a result, in England, around 1 in 10 eligible under-5s have not had their full MMR vaccination. This leaves these children unprotected and increases the risk of measles outbreaks in nurseries and schools.

Measles is a very contagious viral illness which used to be common in childhood but is now rare due to the vaccination programme. Even a small decline in MMR uptake can lead to a rise in cases. As international travel resumes, there is more chance for measles to be brought in from countries where it is still common. Hence catching-up children who have missed their MMR vaccines is important. Keep in mind that MMR gives lifetime protection against mumps and rubella (German Measles) as well as measles.

Vaccination remains the best defence against infection, so it is very important children have their routine vaccinations and catch up on any they may have missed.

It is never too late.

Source: UKHSA Vaccine Update #329, May 2022

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# Barnabas Patient Voices

**Next Meeting** 

Wednesday 20 July 13:30; on Zoom

# General Practice is the bedrock of the NHS

No longer need your appointment or telephone call-back?

Then please tell us!

# **Current Challenges Facing GP practices**

We hear a lot of complaints about difficulty getting access to doctors, so let's try to put them in some perspective. Much of this is applicable to **every** GP practice in the country; Barnabas is in no way special. This is a factual statement of the way things work, and why – and for good reasons.

- Keep in mind that the Practice is under huge pressure. The pandemic has forced practices to change the way in which care is given. This has been a challenge to both patient and practice alike.
- 2. All doctors will give you a face-to-face appointment if you need one (as they always have). But they will now triage you first over the phone and treat you that way if they consider they safely can. A large percentage of cases can be treated quite successfully with a phone call and maybe a couple of photos.
- 3. As employers, GPs have a legal duty to provide safe working conditions for both themselves and their staff as well as for their patents.
- 4. Restricting the number of patients in the surgery is a protection for everyone. If staff at the surgery get Covid and spread it around then the whole surgery could be closed for the duration, which means you, the patients, are potentially left without care.
- 5. Covid is still out there. We still have incredibly high infection rates in London
- The practice is still having to be especially cautious. We want to open up the surgery again, and we will do this gradually as it is considered safe for the doctors, the staff and the patients.
- Phoning the Practice can be a fraught experience because of long holds. We understand this and are working to ease it.
- 8. On average each phone call takes 5 minutes of a receptionist's time. By comparison, handling or redirecting an email, eConsult or prescription request electronically to the right clinician takes a couple of minutes.
- 9. If you must phone the Practice, pick your time. You will get stuck in the queue longer first thing in the morning (especially on a Monday). Try to call later in the day. But yes, if you call late in the afternoon there may be no free slots for you that day. eConsult on our website is an alternative to using the phone and is accessible from 8:00am to 6:30pm Monday to Friday.

(Continued on page 3)

#### **NEWSROUND**

## **History of the Practice**

# We Want Your Reminiscences

At a recent *Barnabas Patient Voices* meeting, it was agreed that we should put together a short history of Barnabas
Medical Centre.

We know many of you will have memories of the Practice's earliest days, and we'd very much like to record them before they are lost.

We hope this will make a useful piece of local history, and be an interesting project for us patients.

As a retired museum curator I have agreed to put this together, so I'd love to hear from you. Email me at noreen@barnabasvoices.org.uk or leave a note for me (Noreen Marshall) at reception.

# Blood Tests at Wadham Gardens

Greenford Green Clinic (aka. Wadham Gardens) tell us they now do blood tests on Monday, Wednesday and Thursday mornings up to 13:40. However tests have to be booked by your GP and there is no walk-in service.

They're probably as booked up the Barnabas phlebotomist, but if Barnabas is fully booked this may be an option for anyone unable to go to Ealing Hospital.

WHAT CAN WE
IMPROVE
ON P

#### You said ...

You didn't like the long queue times when telephoning the Practice.

## We did ...

This happens because the new phone system answers and queues all calls rather than giving an engaged tone. So we have worked with our suppliers to streamline the service, invested in additional staff, and updated our processes ... and will continue to do so.

(Continued from page 2)

- 10. If you have the Practice's admin email address then yes, you can email. However the email address is not on the website; this is to avoid us being inundated with spam.
- 11. If you can, the best option is to use the eConsult facility, accessible through the Practice website. It can be cumbersome but this is to ensure true emergencies are caught and redirected, and also to give the doctor as much information up-front as possible. Improvements to functionality and use are being released in the coming months.
- 12. Having had a call, if you need to be seen face-to-face you will be asked to come in to the Practice and given an appointment time as before.

# How can you help?

- 1. If possible use eConsult to request treatment or advice. This will then free up our phone lines for other patients.
- 2. If you are able, get access to the on-line services via our website and use this to order your repeat prescriptions.
- 3. Please read the notices on the Medical Centre door as they advise you on protocols before entering. Face coverings are still mandatory unless you exempt.
- 4. Please be patient with our team. We are doing our very best to meet your needs.

# **Patient Access to GP Records**

From this summer (2022) patients who have online accounts (for example through the NHS App) will be able to view new entries, and new types of entry, in their GP health record.

Patients of practices that use SystmOne (like Barnabas) or EMIS clinical systems will be able to see their full GP health record including the free text, letters and documents.

Patients will see new information once it is entered on, or filed to, their record in the clinical system.

However record types from before the system goes live will not be visible (unless the patient has already been given access to it).

This new access is in addition to the current facility to see just the coded entries in your GP records.

The go-live date for the this extended access has not yet been announced, so watch out for further news.

# **Questions to Ask at Your Consultation**

This is the first in an occasional series looking at ways in which you can help yourself to get more from your consultation.

We all know that sometimes it is hard, in the middle of your conversation with a doctor, to think of the right questions to ask.

The first thing is to think before your appointment what questions you might want to ask. Write them down, take the list with you, and don't be afraid to refer to it.

Here care a few prompts to get you started on that conversation with the doctor:

- Please explain simply what you think is wrong, what caused it, and what we can do to remedy it.
- How long will it take for the condition to resolve?
- Do I need a prescription?
   If so, what are the possible side-effects of the medicines,
   and what should I do if I get them?
- What are the tests you're suggesting?
   Why do I need them?
   What will I have to do?
   How and when will I get the results?
- Do you need to see me again; if so, when?
- Is this likely to be a long-term condition?
   If so, what should I look out for, and what should I do if it happens?

Is there a support group?

Above all, if anything is not clear, ask the doctor or nurse to explain it again. They will not mind, and would rather take the extra couple of minutes to be sure you leave with a good understanding.



# **Know Your Surgical Terms**

Surgeons often use complex words, with specific endings, to indicate what they're doing. Here are some of those word endings to help you understand what's being done.

-tomy the surgeon cut something-ectomy the surgeon cut something out-ostomy the surgeon made an opening

-plasty the surgeon changed the shape of something-pexy the surgeon moved something to the right place

**-rraphy** the surgeon sewed something up

-desis the surgeon made two things stick together

#### **NEWSROUND**



General Practice is the highest form of medicine.

# Flu Vaccination Reduces Risk of Heart Attack

Researchers in Canada have analysed six clinical trials, from 2000 to 2021, involving flu vaccines. In all this represented over 9000 patients about half of whom had the flu vaccine.

All the trials followed their patients, average age 65½, for at least 12 months.

The researchers found that on average the flu vaccine led to a 34% lower risk of a major cardiovascular issue in the 12 months following vaccination. And the effect was even more pronounced in those with a recent heart condition who showed a 45% lower risk.

However the researchers don't yet know the reason for this effect.

Source: New Scientist, 12 May

2022

#### **Barnabas Patient Voices**

# 2-Monthly Meeting Dates

The dates for our full, formal meetings for the rest of this year are:

Wednesday 20 July Wednesday 21 September Wednesday 16 November

All meetings are at 13:30 on Zoom; please ask for details.

#### **Barnabas Patient Voices**

# **Monthly Informal Calls**

We also hold monthly, 30 minute, informal calls to enable us to keep in touch and share updates.

Dates for the rest of this year are:

Tuesday 5 July, 12:00 Monday 1 August, 14:00 Wed. 7 September, 16:00 Thursday 6 October, 18:00 Tuesday 1 November, 10:00 Monday 5 December, 12:00

These calls are also on Zoom; please ask for details.

#### **Barnabas Patient Voices**

#### **Current Officers**

#### Chairman

Keith Marshall chair@barnabasvoices.org.uk \*\*\*

# Vice-Chairman

Harsha Mortemore

#### **Facebook Admin**

Keith Marshall Jacqui Piper

\*\*\*

#### Historian

Noreen Marshall noreen@barnabasvoices.org.uk

# **Barnabas Patient Voices Corner**

Updates from our Patient Group

# **Annual Report**

On 18 May the group held its AGM at which I presented my Annual Report on our activity. Clearly there is not room to include the whole report here (you can find it at https:// bit.ly/3wulVoc) but here are a few highlights.

- This was, of course, another abnormal year, which curtailed our activity.
- We committed to, and completed, a rebranding exercise.
- Along with the rebranding we developed our website, https://barnabasvoices.org.uk/.
- Our governance document was also reviewed and updated.
- Although we have a good number of members (including those joined to our Facebook group) we are short of active members.
- We've redesigned this newsletter (which we manage for the Practice) and restarted publication.
- Members of our Facebook group highlighted issues with the Practice's new phone system, which we hope have now been resolved.

Looking forward to activity in 2022-23 it is important that we do four things in addition to our normal activity:

- Improve engagement between the group and the Practice.
- Recruit more active members to the group (see page 6).
- Support the Practice with reopening as the pandemic hopefully recedes.
- Start planning for the 2023-25 period.

Of course, overall our drive must continue to be to help the Practice improve healthcare for all patients and to achieve some "Outstanding" results whenever they next have a CQC inspection.

The group expressed wholehearted thanks to everyone at the Practice for the superb care over the last year. And I wish to thank all our members for their involvement.

Once more we extend our thanks to Dr Parmar for so many years of excellent care, and wish her a long, relaxing and very happy retirement.

And finally I must extend a warm welcome to all our new members: thank you for joining; it would be great if you can be active in the group; and I look forward to meeting you at future meeting.

Keith Marshall, Chairman, Barnabas Patient Voices Keith can be emailed at chair@barnabasvoices.org.uk or you may leave a note with Reception.

#### **NEWSROUND**

# Shingles Vaccination Are you aged 70 to 79? If so, have you had your shingles vaccination?

Shingles is a painful, but rarely dangerous, disease following an earlier chickenpox infection (even if this was in childhood). It is most common in those over 70. Vaccination is available to everyone aged 70 to 79. It will normally be offered when you attend the Practice for another routine reason, but you can contact reception and ask for an appointment.

# Pneumococcal Vaccination

The pneumococcal vaccine

protects against serious and potentially fatal infections caused by the bacterium Streptococcus pneumoniae which can lead to pneumonia, sepsis, meningitis, permanent brain damage, or even death. Pneumococcal infection can hit anyone and vaccination is recommended for those at higher risk: babies; adults aged 65 or over; those with some long-term conditions. Babies are offered 2 doses of the vaccine, at 12 weeks and at 1 year. People aged 65 and over need only a single dose. Those with a long-term health condition may need a single, one-off vaccination, or a vaccination every 5 years, depending on the underlying health problem. Talk to your doctor for advice.

# PlusBus for Health

PlusBus for Health is a service run by the charity Ealing Community Transport (ECT). It is available for patients in the borough who are unable to use public transport and don't have friends or family to help, or have mobility difficulties, to get to GP appointments.

The service is available Monday-Friday, between 09:00 and 17:00, and is free for eligible patients. It is staffed by trained, regular drivers using accessible vehicles which can take people door-to-door.

Booking should be made 7 days in advance, by the Practice.



# When We All Work Together

## Volunteer! We Need You!

# **Barnabas Patient Voices Wants YOU!**

Barnabas Patient Voices is the patient group for the Practice. Our aim is to discuss matters relating to the Practice, local healthcare and to facilitate communication between patients and the Practice.

We are looking to expand our membership. Membership is open to all patients of the Practice, their carers, and members of Practice staff. Everyone is welcome, and if you can spare some time to be an active member you'll be doubly welcome.

We meet formally every 2 months (currently over Zoom) and informally every month (see page 5).

Membership is your opportunity to influence the Practice, give something back to the community, and help improve healthcare for all.

There's more information about the group on our website at <a href="https://barnabasvoices.org.uk/about/">https://barnabasvoices.org.uk/about/</a>.

You can sign up at <a href="https://barnabasvoices.org.uk/membership-application/">https://barnabasvoices.org.uk/membership-application/</a>, email <a href="mailto:admin@barnabasvoices.org.uk">admin@barnabasvoices.org.uk</a>, or leave a note at Reception.

# Do Drugs Go Off?

# What happens to medicines after their use-by dates?

It is estimated that every year a huge £300m worth of medicine is unused in the UK. So are medicines which are past their expiry date safe to use?

Expiry dates are fixed after extensive testing. They ensure the safety and effectiveness of our medicines; and guarantee the drug's potency. Medicinal drugs are often complex chemicals and the rate at which they break down depends on their chemical structure, manufacture, packaging and environmental conditions. Drugs are sold in a variety of containers including bottles, blister packs, tubes and ampules; while sealed they're relatively stable but once the seal is broken they decay faster.

The over-the-counter painkiller paracetamol is a good example. It is sometimes sold in brown sealed bottles. The seal keeps moisture and atmospheric oxygen out; UV light can also cause the drug to break down and the brown bottle helps reduce this. But once the seal is broken the tablets are exposed to water and oxygen in the air and breakdown begins.

Paracetamol is also sold in blister packs. These are slightly permeable to water and oxygen, so some degradation will happen, and the drug content slowly declines. Research shows that when paracetamol is past its expiry date, up to 30% of the drug may break down over a year or so.

Drugs in capsules or as dry powder are relatively stable, but in liquid form they may go off more quickly. For example, the antibiotic amoxicillin can be prescribed as an oral suspension in water. In dry form the drug is pretty stable, but the shelf life of the drug mixed with water may be only a few weeks.

Some drugs in liquid form have a much shorter shelf life. Large molecular drugs, like the insulin required by many diabetics, present problems. Insulin is dissolved in water and when stored in a refrigerator (typically around 4°C) break down can be slowed; and the solutions contain preservatives to reduce the rate of spoiling still further. However, many drugs like insulin are small proteins which may break down in water; or occasionally bacteria can start to grow and break down the protein. This is why such drugs have a very limited shelf-life.

So is it safe to take medicines after their expiry date? It depends on the drug, but generally it is not OK. Out-of-date medicines may contain so little drug there will be no therapeutic effect.

Even worse, for antibiotics research shows that at low drug concentrations bacteria may develop resistance, leaving the antibiotic ineffective.

So if in doubt, check with your local or practice pharmacist.

#### **NEWSROUND**



# Assisted Travel for the Disabled

Most train operating companies (TOCs) provide information and help on travel assistance for the disabled, and they normally have this information on their website.

One good thing the local train operator *Chiltern Railways* do is to supply **Communication Cards** which the disabled can show to railway staff to request assistance. It is something not all TOCs seem to do.

The small cards can be downloaded from their website, or posted to you on request. They say things like "I need medical assistance", "Where is the lift please", or "How much is a ticket to ...". There are about 40 cards in all. You can find them on the Chiltern Railways website at https://bit.ly/3FGygtB.



# **Holiday Vaccinations**

Are you are going on holiday outside the UK? If so you may need vaccination against diseases common at your destination.

You can look up the details of what you need at <a href="https://www.gov.uk/foreign-travel-advice/">https://www.gov.uk/foreign-travel-advice/</a> or <a href="https://www.fitfortravel.nhs.uk/">https://www.fitfortravel.nhs.uk/</a>, or ask reception.

Many vaccinations need to be given 6-8 weeks before you travel, so please check and arrange to have your vaccinations in good time. Not all vaccinations are free on the NHS.

# Flu Vaccination

NHS England has announced those groups who will be eligible for free flu vaccination this coming winter. The eligible groups are the cohorts offered the vaccine prior to the pandemic:

- all children aged 2 or 3 years on 31 August 2022
- all primary school aged children (from reception to Year 6)
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline clinical and social care staff.

Two groups that were eligible in 2021-22 are not included in 2022-23:

- those aged 50 to 64 years
- secondary school children in Years 7 to 11.



# Barnabas Medical Centre

Girton Road, Northolt UB5 4SR

020 8864 4437 email: <u>admin.barnabas@nhs.net</u>

web: <a href="https://">https://</a>
barnabasmedicalcentre.co.uk

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#### **Surgery Times**

Mon-Fri: 0800-1830 Phone lines are open Mon-Fri 0800 to 1800

#### **Out of Hours**

For urgent healthcare outside surgery times please call 111

\*\*\*

#### **Doctors**

Dr Harpreet Kooner (m)

Dr Harjeet Bhatoa (f)

Dr Elizabeth Fong (f)

Dr Rajee Navaneetharajah (f)

Dr Rebecca Carey (f)

#### **Practice Nurses**

Henny Shanta (f)

Karen Collett (f)

Nikki Onoufriou (f)

#### **Clinical Pharmacist**

Paresh Virji (m)

# **Practice Manager**

Matthew Edwards

#### Office Manager

Angela Hemmingway

\*\*\* \*\*\* \*\*\*

#### **Barnabas Patient Voices**

Chairman: Keith Marshall 020 8864 7993

<u>keith@barnabasvoices.org.uk</u> https://barnabasvoices.org.uk

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This newsletter is a joint production of Barnabas
Medical Centre and Barnabas
Patient Voices.

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