

St Albans Medical Centre  
September 2014



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SEASONAL FLU – 2014



FLU CLINIC

Wednesday  
8<sup>th</sup> October  
At the surgery  
8 a.m. – 5.30 p.m.

To help avoid  
congestion, please leave  
the earlier and later  
times for working  
patients.

NEWSLETTERS

## VACCINATION UPDATE

Vaccination is a good way to protect yourself from particular illnesses. Vaccines contain a weakened or inactivated form of the virus that causes the illness, which triggers your body to produce antibodies and build up immunity. If you are then exposed to the virus “for real”, you will be better able to fight the infection. This may mean you do not become ill at all or your symptoms are much reduced.

It is not appropriate to vaccinate the whole population, so there are specific criteria for eligibility for the vaccines.

Read on about:

- **Seasonal flu** for adults aged 65 or over and for people who are in a clinical risk group
- **Seasonal flu for children** aged 2, 3 or 4 years of age (born on or between 2.9.2009 and 1.9.2012)
- **Shingles for adults aged 70, 78 or 79** (born on or between 2.9.1943 and 1.9.1944 or 2.9.1934 and 1.9.1936)
- **Pneumococcal vaccine** for adults over 65 and for people who are in a clinical risk group

Seasonal flu is a highly infectious viral disease. The vaccine changes each year, according to a prediction of which viruses are likely to be most prevalent. This year’s vaccine contains strains H1N1, H3N2 and Massachusetts. Although the campaign runs from late September to end of March, we recommend you have the vaccine as soon as possible so that you can build up immunity before flu season starts!

Flu symptoms are nasty for everyone, but some people are at increased risk of the effects of flu. We strongly recommend you have a flu jab if you:

- are over 65 years of age (i.e. born before 1<sup>st</sup> April 1950)
- live in a residential or nursing home
- are the main carer for an older or disabled person
- are pregnant (at any stage of the pregnancy)

or if you have:

- A serious breathing problem
- A heart problem
- Severe kidney or liver disease
- A neurological condition, e.g. stroke, MS, cerebral palsy
- Diabetes
- Lowered immunity, due to disease or treatment
- A problem with your spleen (or you have had your spleen removed)

You should not have the seasonal flu vaccine if

- You have had a previous allergic reaction to a flu vaccine

If you are ill with a fever, wait until you are better to have your flu vaccine.

The vaccine contains a very small amount of egg protein – we are advised that most people with sensitivity to egg can still be immunised. Speak to the nurse / GP if you require further information.

We hope to see you at the Flu Open Day. We will provide other appointments for those who cannot make it on this date.

Flu vaccine is limited, so we need to give it to patients who meet the criteria stated above. If you do not meet these criteria but would like a flu jab, please explain the details to the receptionist and we will check with the doctor. If you do not qualify for vaccination under the NHS system, you can have the flu vaccination privately at many chemists, some employers and some supermarkets – usually the fee is around £12 - £15.

### **SEASONAL FLU FOR CHILDREN**

Last year, we offered vaccination to children aged 2 or 3 on 1<sup>st</sup> September 2013. This campaign has been extended to children aged 2, 3, or 4 on 1<sup>st</sup> September this year (i.e. born on or between 2<sup>nd</sup> September 2009 and 1<sup>st</sup> September 2012).

Flu can be very unpleasant for young children causing fever, stuffy nose, cough, sore throat, aching muscles and extreme tiredness. Sometimes the illness needs hospital treatment, and in some cases complications such as ear infection, bronchitis and pneumonia can develop.

Having the vaccine will help protect your child from what can be a nasty illness and will also reduce the chance of others in your family getting it.

The vaccine is usually given as a nasal spray, where a tiny amount of vaccine is squirted onto the membranes inside the nose and absorbed into the body.

Some faith groups have beliefs regarding pigs and pork products. The nasal vaccine contains pork gelatine in a highly processed form. This form of gelatine is used in a lot of medications. Individuals will have to decide if they wish their child to be vaccinated with this product. Under NHS guidance, we will not be allowed to offer an alternative vaccine for the 2 – 4 year old age group.

### **SHINGLES**

Shingles can be a very painful illness. After infection with chickenpox, the virus lies dormant in the body and can become reactivated – the illness caused is known as shingles. The reactivation can be many years after the original chickenpox infection, and often occurs in older adults.

We had a very good uptake for the shingles vaccine offered last year, and would like to offer it again this year to adults whose birthdays fall either on or between:

- 2<sup>nd</sup> September 1943 and 1<sup>st</sup> September 1944
- 2<sup>nd</sup> September 1934 and 1<sup>st</sup> September 1936

The vaccine will be available from late September, and we will contact patients to invite them for vaccination. You may not get an invitation if the vaccine is contraindicated in your case. This is generally if you have a health condition which lead to a weakened immune system – this includes lymphoma, leukaemia and immunosuppression. This is a one-off vaccination.

We cannot vaccinate anyone outside these age ranges, as the vaccination campaign is specifically targeted. The government are phasing the programme in over 4 – 5 years, so people aged between 71 and 78 will be offered the vaccine in coming years.

It is possible to have your shingles vaccination and flu vaccination at the same time.

### **PNEUMOCOCCAL**

There is not much publicity about pneumococcal infection. The infection is caused by *Streptococcus pneumoniae*. This is a common cause of pneumonia, but can also lead to meningitis and septicaemia. The people who tend to be at highest risk of serious illness from *Streptococcus pneumoniae* are children and adults in clinical at risk groups or aged 65 or older. Younger children are also at high risk but are covered by the childhood immunisation programme.

We would be keen to protect eligible patients by offering a one-off vaccine of PPV23. For most people, this is a single booster covering you “for life”. Individuals with renal disease and problems with their spleen should have a booster every five years.

Our computer system, EMIS Web, is set up to prompt the GPs and nurses if you are eligible for a pneumococcal vaccination, so you may get offered this in a consultation about another matter. If you wish to check if you are eligible, do ask your GP / nurse or the reception team.

We would prefer to give your pneumococcal vaccination at a separate time to other vaccinations (with a four week gap between the vaccinations. This is to minimise any side effects, as your body tries to develop immunity to the various products that have been injected. You do not have to have this vaccine in the winter months.



### **Farewell message from Dr Ian Nelemans**



They say: “time flies”.

It seems to me that the last 27 years have flown by at supersonic speed and I find myself at the end of a career, which started when I entered medical school as a fresh-faced young student in 1973 in The Netherlands. After completing my studies I took my young family to a mission hospital in Kenya where I was one of two doctors serving an area roughly the size of Dorset. It was a steep learning curve and some of the skills I acquired, such as performing caesarean sections under torchlight, amputating a leg or treating a patient blinded by a spitting cobra, were to be of little benefit in my future role as GP in suburban Bournemouth. However, learning how to run a medical organisation with 100 members of staff, building working relationships with the medical authorities and setting up health education and vaccination campaigns prepared me for some of the challenges in the NHS. In Kenya I also experienced great generosity from people who had very little worldly wealth.

And I learned to eat fried termites, rabbit's brain and goat's intestine without batting an eyelid. Apart from the termites I do not recommend these culinary delights.

I survived the culture shock into the NHS and was fortunate enough to be asked to take over from Dr Gordon Nicholson at the surgery in St Albans Crescent at the beginning of 1988. We had one practice nurse and all records were paper based. There were no computers and checking in for patients meant knocking on a little window at reception to announce your arrival. We knew all the local consultants by name. How things have changed!

During my time at St Albans Medical Centre I guesstimate that I will have held over 200000 consultations. It has taught me a great deal about the human condition and I have been fortunate enough to be able to share in the lives of many wonderful people. I have witnessed laughter in adversity, dignity in suffering and bravery against the odds. These experiences have made these 27 years unforgettable and priceless.

I have also been very lucky to work with the most dedicated doctors, nurses and staff I could have wished for.

Few professions can offer the huge job satisfaction of general practice and for me it remains the best medical job in the world.

So what next? Whilst the doctors and staff at St Albans continue to rise to the ever changing challenge of providing the best possible care to our patients, I will be packing my days full of watching the grass grow and paint dry... Only joking!

Penny will not need to hand me a list of things to do; I have a longer list of my own which includes learning to read music and playing the guitar, translation work, learning a new language, gardening and sport! I am sure we will fit in the odd holiday and we will be seeing a lot more of our daughters and our grandchildren.

I have many happy memories of the years I have spent at St Albans but I will never be called Dr Lemons again and I will miss that.

May I wish you all the very best.

Au revoir!



#### **FOR PATIENTS REGISTERED WITH DR NELEMANS**

##### **Who will be my new doctor?**

<b>Surname of patient, begins with.....</b>	<b>New GP</b>
A or B	Dr Mistry
C – S inclusive	Dr Savage
T, U, V, W	Dr Davies
X, Y, Z	Dr Savage



## **It's all about the feedback!**

The practice team work hard to offer an excellent service to patients. We rely on patients to let us know when we are getting things right and when we are not, as well as to tell us their preferences with regard to service delivery.

We can receive feedback in lots of different ways, and this article explains some of the existing ways as well as the new FRIENDS and FAMILY TEST which starts in December.

Firstly thank you to all of you who have taken the time and the trouble to help us with recent surveys – one was in relation to opening hours and the other was about appointments and the booking process. It is very helpful to us to have a snapshot of people's views so we can try to tailor our services to patient preferences where we can.

We are grateful to have a willing Patient Participation group. In addition to helping with surveys and responding to practice proposals for changes, some of the group meet face to face a couple of times a year with Dr Nelemans and myself, to discuss services and healthcare in the locality. (When Dr Nelemans retires, Dr Adams will be the Patient Participation lead.) Thanks

again to all of them for their input. There is always space for more patients on this group - we would like the patient group to reflect our patient population so would especially welcome 18 – 50 year olds and people whose ethnicity is not White British. Let Reception know if you are interested, or call me direct on 01202 636050.

You may have heard about the Friends and Family test (FFT), which has been in use in hospital settings for a couple of years now. General Practice is contractually obliged to offer and report on the responses to the FFT each month, starting on 1<sup>st</sup> December 2014. The FFT only asks two questions, the first of which is a yes / no question:

“Would you recommend this practice to your friends and family if they were in need of similar treatment?”

The second question is at the discretion of the healthcare provider. As a practice, we would be interested in having a bit more information from patients who said “No, they would not recommend us”, so the second question will probably ask for details of which aspects of the service the respondent would like to see improve.

The FFT doesn't just apply to people who physically come to the surgery. We also need to try to get views from people who are housebound,

people who contact us on the phone, even carers of registered patients. We are waiting on the results of various pilot projects around the country before we decide how we collect this information. Some practices are using a telephone method; others have a secure computer tablet (like a mini check-in screen) that patients can use. Whatever we decide, **I would urge every one of you to take a couple of minutes to give us feedback.** If you don't come to the practice very often, it would be nice to have your feedback each time, but don't feel you have to give feedback every time if you need to visit the practice more frequently!

Some people have given feedback via the NHS Choices website, and I thank them for that. We have had some lovely comments and some quite critical feedback. It is very difficult for us to review a situation and try to act on criticism if it is anonymous as we don't have a full picture of the circumstances, so I would urge anyone who has a concern to contact me direct, either on the phone, in person or by letter. I can get a better understanding of the problem from your viewpoint and implement any changes or training that might be required. We use complaints as a process for review and improvement – I can reassure you that how we treat you as a person and as a patient will not be affected by your raising a concern.

And finally, a thank you to those of you who take the trouble to write a note or a card or drop in some edible goodies to say Thanks – it's always a lovely boost for us!

Denise, Practice Manager

### Welcome Trina



**Welcome!** Trina joined St Albans on Monday 2<sup>nd</sup> June 2014. We would like to welcome her to the reception team.



### **News from Jamie Sutherland – Down Under**

Dr Sutherland has been keeping in touch. He and his family are very settled in Australia, as this extract from his latest email shows:

He sends his best wishes to former patients and colleagues.

*We have bought a house. We have 42 acres of Australian bushland which also comes with it.*



*Visiting Wallabies and Kookaburras to*



*entertain us.*

*Views to the distance of the ocean.*



Surgery phone number: 01202 517333

#### Telephone Options

1. Emergencies Only
2. Appointments
3. Visits
4. Results/Enquiries
5. Prescriptions

Please try to make the correct selection to avoid blocking lines inappropriately.

Alternative GP services for problems that won't wait until we re-open and treatment for minor injuries, are available at

Boscombe and Springbourne Health Centre,  
Palmerston Road Boscombe  
8am - 8pm Saturdays and Sundays only

#### NHS 111

If you require URGENT attention for more serious medical problems and advice outside surgery opening hours, please contact the NHS on:

1-1-1