

# THE NEWSLETTER

## March 2011

### Thank you to Sheila and the search for a new PPG chair

Sadly, Sheila Ferguson has had to resign from the chairmanship of the Patient Participation Group (PPG) for personal reasons. Sheila was one of the founder members of the PPG in 2005 and has been its chair since the group went live the following year. Sheila brought energy and organisation to the post and she has been instrumental in the development of the PPG to its present day maturity. We express our thanks to Sheila for her commitment to patient participation and for all that she has done for the group over the last six years. We shall miss her but we all wish her well for the future.

With Sheila's departure, the PPG needs a new chair person. This is a voluntary post and is open to anybody who has an interest in patient participation and who has the time and ability to perform the task successfully. The group is looking for someone who is community focused, who has organizational skills and who can chair our meetings which are held during the day every 6 weeks or so. The chair also helps to produce the Newsletter and keeps in touch by email and so needs to be able to use a computer. The group is very supportive and will help any newcomer to learn about patient participation so that they can evolve into the role. If you are interested, please contact Karen Holmes, the Practice Manager.

### Living with Arthritis – the 2011 Health Education Meeting

The PPG has organized Health Education Meetings annually for the last five years. The meetings have proved to be very popular and judging from the feedback, people have found them very informative and entertaining. This year's event is entitled "**Living with Arthritis**" and it will take place on **Tuesday, 19 April 2011 at Datchet Village Hall starting at 7.30pm.**

Admission is free and all members of the practice community are welcome. Dr. Adrian Dalton will chair the meeting and there will be presentations from four guest speakers: Dr Mike Irani (consultant rheumatologist), Dr. Ruth Ferguson (GP), Rebecca Macklin and Siobhain McCurrach (Arthritis Care). The four speakers will then form a panel to address questions and comments from the audience. The meeting will end at about 9.30pm but people will be encouraged to stay to enjoy a chat with free refreshments provided by the PPG. As usual, a number of stalls and displays will offer information relevant to arthritis and its management. There will be a collection for the charity Arthritis Care. Please come along for what should prove to be an enjoyable and educational evening. Feel free to bring a companion.

### Goodbye to Emma and hello to Dr. Ai-Ling Koh

Dr Emma McClaren, our present F2 doctor, completes her four month placement with us at the end of March and will then move on to her next job in Trauma and Orthopaedics. We wish her well and thank her for her contribution during her short stay at the health centre. Emma has been a popular doctor here and we wish her well for the future. In her place, Dr. Ai-Ling Koh starts in April and she will work as part of our team for the following four months.

### New treatment room nurse

The practice team welcomes Dawn Downer, who has started work as a Treatment Room Nurse at the health centre. Dawn has worked as a Senior Staff Nurse in A & E at Wexham Park Hospital and will support the other practice nurses Jackie, Jeanette and Dani. One of her roles is phlebotomy and she will help Leslie in the task of taking blood samples. Dawn will also provide wound care and simple dressings and will undergo training to extend her skills over the coming months.



## Early Diagnosis Saves Lives

From 7 March to 14 April 2011, the Thames Valley Cancer Network is conducting a campaign entitled **Early Diagnosis Saves Lives**. Further details may be obtained from the website [www.tvcn.nhs.uk](http://www.tvcn.nhs.uk). Promotional work will include interviews on local radio and TV, advertisements in the press, in buses and in telephone kiosks. Educational sessions have also been arranged for local GPs.

As has been reported in the press recently, the UK lags behind some of the other equivalent European countries in cancer survival rates. Part of the problem is that cancers are not being caught early enough. The survival rates for most cancers are markedly improved if the condition is identified and treated at an early stage. The reasons for the comparative delay in treating cancers in the UK are complex. Some people do not recognize the initial symptoms of cancer and so do not seek advice. They may be reluctant to come to the GP about their symptoms or may find it difficult to make an appointment. Sometimes the GP does not identify the potential seriousness of the condition and the referral is delayed. Although the "two week rule" guarantees the patient is seen within a fortnight of referral by the GP, the system may sometimes be slow to reach the point of diagnosis and then treatment.

**Early Diagnosis Saves Lives** concentrates on lung and bowel cancers in particular. It aims to improve awareness of the early-warning symptoms that these cancers tend to present with, the so called "red flag" symptoms. People who have these symptoms should see their GP quickly. The campaign also reinforces the importance to GPs of early referral.

**Bowel cancer** affects the large bowel (colon) and the rectum. It is one of the most common types of cancer diagnosed. About 1 in 18 people will get bowel cancer. If caught in time, over 90% of people with the condition can be cured. The most common presenting symptoms include bleeding from the bottom (rectal bleeding), blood in the poo, and a change in bowel habit usually towards looser stools, for more than 3 weeks. Other symptoms include unexplained weight loss, tiredness or breathlessness (which may be caused by anaemia). People who have these symptoms do not necessarily have bowel cancer, but they should undergo urgent tests to check. A family history of bowel cancer is relevant.

**So the message is, DON'T SIT ON YOUR SYMPTOMS, but see your GP.**

**Lung cancer** usually, but not always, occurs in people who smoke or who have a smoking history. Passive smoking can also be a risk. It has one of the worst survival rates of all the cancers. This is partly because some people do not act upon the "red flag" symptoms. New treatments are being developed all the time and the survival rates are markedly improved if the diagnosis is made early. The most common symptoms include a cough that does not go away, blood in the sputum, breathlessness, chest pain, a hoarse voice without a sore throat, tiredness and unexplained weight loss.

**If you have had A COUGH FOR MORE THAN 3 WEEKS or have noticed blood in the sputum, see your GP**

## Hay fever is here again!

Hay fever occurs when the body produces an allergic response to air-borne pollen. It is therefore most troublesome in the spring and early summer. Some people can react to fungal spores in the autumn. Symptoms include an intermittent blocked and runny nose, an itchy, sore throat and nasal passages, runny, inflamed and itchy eyes, excessive sneezing and sometimes an asthmatic wheeze and cough. Most people suffer from hay fever experience only minor symptoms. Some people however are highly allergic and their symptoms can be severe enough to interfere with their life and ability to work and sleep. Symptoms can vary from day to day, depending on the pollen count.

Oral antihistamines are usually effective in treating hay fever. They work by reducing the body's allergic response. There are a variety of anti-histamines to choose from in liquid and tablet form, and many are suitable for children. The modern anti-histamine preparations usually only need to be taken once a day, and they tend not to cause the side effect of drowsiness that the old fashioned, but often effective, Chlorpheniramine (Piriton) often caused. It is worth trying different types to find the one that suits you the best, as different people seem to respond to them differently. An alternative method of treating hay fever is to use nasal sprays and eye drops. Again, there are a variety of preparations and it is worth experimenting. Some people with more troublesome symptoms use all three treatments at once.

Your local pharmacist will be able to offer advice about the treatments for hay fever, as they are all available over the counter. For severe symptoms, your doctor can prescribe a short "rescue" course of oral steroids (prednisolone). Steroid injections for hay fever are no longer advised, nor are courses of "desensitizing" injections.

**Dr Adrian Dalton**