

YOUR VOICE, YOUR NEWS

Patients' Participation Group for the Sid Valley Practice

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A note from the Chair



Hello, I am Cathy Gunnell and I am delighted to introduce our second newsletter for all the patients of the Sid Valley Practice (SVP). We are the Patients' Participation Group (PPG): a group of volunteers registered as patients with the Beacon. Our aim is to represent your voice to the practice and to let you know what the practice is doing.

In each newsletter we will bring you information, driven by patient experiences or by the practice team, to highlight things that we think you will find useful.

In this edition we are looking at topical issues that come to mind in the colder weather: Rebecca shares her tips on taking care of yourself as you get older; Ann talks about the links between Gateway, the homelessness charity in Sidmouth and the GP Practice. You will also find a useful guide to childhood illnesses and when you should keep your child off school plus a new referral service to your local pharmacy.

Where you see a [blue](#) word, you can click for more information.



"We were pleased to get your feedback on our first newsletter, which was largely positive. I'm glad that so many of you enjoyed reading it. We hope you find this issue equally useful."

Joe Stych

Practice Partner

All views expressed are those of the author or the Patient Participation Group, not the NHS or Clinical Commissioning Group.



NHS WAITING TIMES

You can now look at any local health authority and see how their average emergency waiting times compare. All you do is enter a postcode. [Click here](#) to try.

Here are some recent stats for Royal Devon and Exeter NHS Foundation Trust.



Ambulance arrivals waiting more than 30 minutes to be handed over to A&E:

RD&E: 2% of 666 arrivals
England average: 20%



Waiting longer than 4 hours in A&E:

RD&E: 26% of 9,719 attendances
England average: 27%

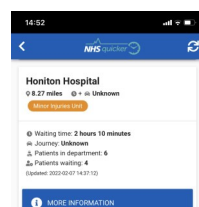


Waiting longer than 4 hours for a bed on a ward after being admitted:

RD&E: 21% of 2,348 emergency admissions
England average: 32%



Remember—you can use NHS quicker to check live times across the South West.



Should I keep my child off school?

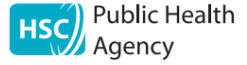
HSC Public Health Agency's "at a glance" guide

We've all been so focussed on Covid-19, it's easy to forget that, with the children back at school, lots of other illnesses get into circulation. As a parent or carer for a child, it's often difficult to know whether you should send your child to nursery or school when they have been ill. They seem fine, but could they pass their illness on to their friends and the staff? This guide does not include Covid-19 advice.

Don't have children? The same guidance probably applies to adults who work or volunteer.

English not your first language? [Click here](#) for translations.

Do I need to keep my child off school?



Chicken Pox Until all spots have crusted over	Conjunctivitis No need to stay off but school or nursery should be informed	Diarrhoea & Vomiting 48 hours from last episode	Glandular Fever No need to stay off but school or nursery should be informed	Hand, foot & mouth No need to stay off but school or nursery should be informed	Impetigo Until lesions are crusted & healed or 48 Hours after commencing antibiotics
Measles or German Measles 4 days from onset of rash	Mumps 5 days from onset of swelling	Scabies Until after first treatment	Scarlet Fever 24 hours after commencing antibiotics	Slapped Cheek No need to stay off but school or nursery should be informed	Whooping Cough 48 Hours after commencing antibiotics
Flu Until recovered	Head Lice No need to stay off but school or nursery should be informed	Threadworms No need to stay off but school or nursery should be informed	Tonsillitis No need to stay off but school or nursery should be informed		

GP OR PHARMACY?

Community Pharmacy Consultation Service



Andy told us about an exciting new approach to improving access to healthcare for Sid Valley Practice patients.

"When you call us for an appointment, our Reception staff will ask you a few questions to make sure they are directing you to the right healthcare professional. Under this new approach, patients reporting one of a pre-defined list of minor ailments can be directed straight to a Community Pharmacist for clinical assessment and advice.

"If your symptoms could be resolved by a consultation with the pharmacist instead of the GP, you will be given a same-day referral to your nominated pharmacy. The pharmacy will then contact you and offer a same day consultation slot. This in turn frees up GP appointments for those people with more complex symptoms who need to see a GP. The aim is to direct patients to the most appropriate healthcare professional, which may be a GP or a pharmacist.

"Pharmacists are qualified healthcare professionals and experts in medicines. They can offer clinical advice and over-the-counter medicines for all sorts of minor illnesses. If your symptoms do need a GP assessment, the pharmacist will contact the surgery."

Here is the list of ailments where you will be offered a same day pharmacist referral.

Coughs and sore throats	Cold sore	Conjunctivitis, red or irritable eyes
Dry, sore or tired eyes	Sticky, watery or runny eyes	Eyelid problems
Hayfever	Nappy rash	Athletes foot
Threadworm	Wart / verruca	Bee or wasp stings, minor redness or swelling

Pharmacists are highly qualified healthcare professionals—don't confuse them with a shop assistant. In the UK, you need a 4 or 5 year Master of Pharmacy degree from an accredited university plus a further 52-week preregistration supervised training period. There are then 2 further exams to achieve full registration with the GPhC (the General Pharmaceutical Council). You can see the full training needed [here](#). Pharmacists are regulated by the GPhC.

Looking after yourself

Some pointers for those of us who are getting older



PPG member **Rebecca** shares her thoughts on what we can do to look after ourselves as we get older and particularly in the winter. We asked her what was uppermost in her mind.

“I’m conscious that we have focussed on flu and Covid vaccines, and quite rightly. And most parents are well versed in the vaccines for children. But there are other important vaccines that we should consider as we get older, which I wanted to highlight.

Another topical point is the increased cost of our heating bills, and while it is still pretty cold out there I wanted to share some ideas on staying warm without wasting money. Cold weather can bring ice, so I’ve got some tips on staying safe. I hope you find them useful, either for yourself or for older family or neighbours”



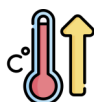
The [pneumococcal vaccine](#) (PPV) protects adults aged 65 and over (or those with certain long term health conditions) from 23 strains of bacteria that can cause pneumonia, blood poisoning (sepsis) and meningitis. It’s usually just one jab and you don’t need boosters. Babies have a slightly different version of the vaccine under the NHS vaccination schedule—usually at 12 weeks.



The [shingles vaccine](#) is available to people aged 70-79. Again, you only need it once, unless you can’t have the standard vaccine, in which case you might have two doses of an alternative vaccine. If you have already had shingles, you can still have the jab. Your GP will tell you how long you will have to wait to have it. Shingles is no fun: it can be very painful, sometimes lasting for years after the infection. It can also, in rare cases (1 in 1,000), be fatal. The older you are when you catch it, the worse it can be.



Power cuts do happen. Don’t use candles—make sure you have a working torch—preferably one on each room—which you can find quickly and safely in the dark. Keep your mobile phone charged and try stocking up on some high calorie food that doesn’t need cooking. Hummus and cream cheese are good sandwich fillers. Olives, raisins and nut butters are all store cupboard items that will help you pack in some calories healthily.



We all know fuel bills are on the increase and it’s a worry. But it is important to keep warm in winter, especially as you get older. Make sure you aren’t heating unused rooms and check you have thermostats on your radiators so you can preset the heat. You need to have bright enough lights to be able to see properly, but you can check that lights aren’t left burning in empty rooms. An easy way to keep warmer is to wear plenty of layers of loose fitting clothing. This will be more effective and easier to adjust than a thick sweater. Take care with using blankets or throws to add extra warmth that you aren’t making a trip hazard for yourself.



We’ve been lucky here in East Devon this winter, but there is still time for wintry weather to appear. A nasty slip on ice or snow can cause bruises, fractures or even reduce your confidence in getting out and about. The best advice is don’t venture out if you can avoid it. Ask family or friends to pick up prescriptions or collect your shopping. Or if you have an elderly neighbour, offer to do this for them if the weather is bad. If you do go out wear footwear with a good wintergrip. Try and clear snow and ice from your path. But don’t use warm water to melt it—when it freezes later, it will be even more hazardous. Salt or grit is the best option for icy paths.

Stroke strikes every 5 minutes in the UK

Make sure you and your loved ones know the FAST test

Act **FAST** and call 999.



Facial
weakness



Arm
weakness



Speech
problems



Time
to call 999



MEET YOUR PPG

In this edition we meet PPG member Ann Worthington, who also leads Gateway, Sidmouth's homelessness charity. Here she talks to us about the crossover between health and homelessness.

For more information about Gateway [click here](#)



Ann told us what Gateway is and who it helps.

“At Gateway we offer a variety of support to homeless and vulnerably housed people. Homelessness is not confined to rough sleepers. In this context it includes people living in insecure accommodation. This includes those facing eviction, living in temporary accommodation, squatting, people at risk of violence or abuse, those housed in property that is potentially damaging to their health, those who are unable to afford their current accommodation, and those living in homes that are no longer suitable due to illness or injury.”

We asked her how this linked in with our GP services.

“The Homelessness Reduction Act introduced a renewed emphasis on homelessness prevention, but it isn't mandatory for primary care providers. It is undoubtedly beneficial for GP practices to refer patients who are homeless, or are at risk of becoming homeless, for further support. Here in Sidmouth we are lucky to have proactive GPs who do signpost patients to Gateway.”

Did you know that homeless people face several health inequalities? Ann explained some of these to us, demonstrating why it makes perfect sense for our GP Practice to have close links with organisations like Gateway.

- Significantly reduced life expectancy. In 2018, [the average age of death](#) among homeless people in England and Wales was 45 for a man and 43 for a woman. This compared to 76 for men and 81 for women in the general population. Notably, 2018 saw an increase of 22% in deaths amongst the homeless compared with 2017.
- Greater incidence of long-term physical health conditions. The Royal College of Nursing notes that a [Homeless Link survey](#) identified 41% of people classified as rough sleepers reporting a long-term health condition. This compares to 28% of the general population
- High prevalence of mental health problems. The [charity Crisis](#) reported that In 2016, 44% of homeless people had a mental health diagnosis compared with 23% of the general population. In 2012, rates of suicide were reported to be nine times higher among the homeless population.

Homelessness may become an issue for anyone, regardless of age, health, or previous life situations. If housing is an issue for you please mention it to your GP. To register with a GP you don't need a fixed address or identification and your immigration status does not matter. Practices will ask for ID—mainly to obtain your past records. But if you don't have any, you can't be turned away.

Your PPG—your voice

A reminder of your PPG members



Cathy
Gunnell
Chair



Chris
Gill
Vice Chair



Michael
Brittain



Sharon
Drew



Andy
Hosking
Practice
Manager



Paul
Jeffries



Ann
Liverton



Gillian
Mitchell



Rebecca
Selby



Joe Stych
Practice
Partner



Ann
Worthington