



Patient Participation Group

## Charlbury Patient Participation Group Newsletter Issue No.13 July 2021

### CHARLBURY MEDICAL CENTRE PATIENT PARTICIPATION GROUP

Welcome to the summer edition of Charlbury Medical Centre patient participation group newsletter.

For the first time for many months, we can write this introduction without the worrying threat of severe illness and admission to hospital because of Covid-19 dominating our lives. This is in part due to the effectiveness of the vaccines delivered in record time, the constant hard work of the NHS in delivering the vaccine programme, and the willingness of people to embrace the restrictions put on our lives in order to protect ourselves, those we love and our communities. We have no news about the booster vaccination programme except that it is expected in the autumn.

**CMC News.** Flu vaccinations will be offered locally as in previous years. It is very important that we have our flu jab this autumn. Please come for your vaccination when you are invited.

The new practice lead nurse Kirsty McVey started work here on 1 July. Nurse McVey works on Monday, Wednesday and Thursday. Asthma and diabetes clinics and NHS Health Checks will be re-introduced as time allows. A new receptionist Lyn Hearn is also in post.

Please continue to call the practice first thing in the morning to make an urgent, same day appointment. This might be because you are feeling very unwell, are in severe pain or have worrying symptoms about something potentially serious. You may also be worried about a baby or child. Please do not hesitate to call the practice. The medical team are here to help and care for us. If your need is not urgent, please call later in the day. The Centre asks us to wear a mask or face covering when visiting the surgery and continue to take precautions.

**Antibiotic Awareness.** In this edition Sarah Dawson, CMC's clinical pharmacist writes about antibiotics: the role they have played and continue to play in treating bacterial infections. Dame Sally Davies, the UK's special envoy on antimicrobial resistance, wrote: "Every corner of our health system depends on antibiotics. It's thanks to antibiotics that, in the UK, common but previously life-threatening illnesses such as pneumonia, meningitis and TB are now treatable."

**Averose Pharmacy.** We also have news from the local pharmacy where urinary tract infections can be diagnosed, and treated. Also, in a few weeks' time women aged 16 and over, will be able to have a consultation with the pharmacist and obtain a prescription for oral contraceptives without visiting the GP.

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# viral vs bacterial

## KNOW THE DIFFERENCE



### VIRAL

### BACTERIAL

<b>what is it?</b>	<ul style="list-style-type: none"> <li>Viruses are not complete cells and they require living hosts - such as people, animals or plants - to survive and multiply.</li> <li>Most viruses cause disease.</li> </ul>	<ul style="list-style-type: none"> <li>Bacteria are generally single-celled organisms that can survive on their own without the need of a host.</li> <li>Most bacteria are harmless and some can be helpful, such as "good bacteria" in your gut that help with digestion.</li> </ul>
<b>type of infection</b>	A viral infection is systemic, meaning that it spreads throughout your body.	A bacterial infection is usually localized, meaning that it stays in one part of your body rather than spreading.
<b>contagious?</b>	Yes	Sometimes
<b>examples</b>	<ul style="list-style-type: none"> <li>Common colds</li> <li>Flu (influenza)</li> <li>Chickenpox</li> </ul>	<ul style="list-style-type: none"> <li>Strep throat</li> <li>Pneumonia</li> <li>Urinary tract infections</li> </ul>
<b>treatment</b>	<ul style="list-style-type: none"> <li>Manage symptoms with fluids, rest, some over-the-counter (OTC) medications</li> <li>Sometimes prescription antiviral medications</li> <li>Cannot be treated by antibiotics</li> </ul>	<ul style="list-style-type: none"> <li>Manage symptoms with fluids, rest, some over-the-counter (OTC) medications</li> <li>Prescription antibiotics</li> </ul>
<b>prevention</b>	<ul style="list-style-type: none"> <li>Because viruses are usually highly-contagious, good hygiene is extremely important in preventing their spread and infection. Wash hands thoroughly, wipe surfaces, cover your cough, etc.</li> <li>Immunizations are also important in preventing viral illnesses. Some common illnesses that have vaccines available are measles, chickenpox and flu.</li> </ul>	<ul style="list-style-type: none"> <li>Good hygiene - thorough hand washing, wiping surfaces, covering coughs, etc. - can help prevent the spread and infection of contagious bacterial infections.</li> <li>Immunizations are also important in preventing bacterial infections. Some common diseases that have vaccines available are meningitis, diphtheria and whooping cough.</li> </ul>

This information is not intended to replace the advice of a physician. It is information that is generally available. Each person has unique medical needs based on several factors including age, genetics, body type and build, medications, exposures to illness and medical history, to name a few. Always seek the advice of a physician or other qualified healthcare provider with any questions you may have regarding a medical condition that you are experiencing. If you are suffering from a non-emergent medical situation, it is suggested that you visit the nearest MedExpress center or your family physician. If you believe you are experiencing a medical emergency, call 911.

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## Antibiotic Awareness

It is fair to say that if you start looking for information about antibiotic use and a rise in antibiotic resistant infections, you will find an overwhelming amount of information. Having done this myself recently, I can confirm that amongst this abundance of information there are some important points about the use of antibiotics that are worth bearing in mind for all of us as we become more involved in decisions about our own healthcare.

The information from Public Health England is particularly useful. Antibiotics are still essential medicines for treating bacterial infections in both humans and animals. However, antibiotics are losing their effectiveness at an increasing rate. Bacteria can adapt and find ways to survive the effects of an antibiotic. *They become 'antibiotic resistant' so that the antibiotic no longer works.* The more you use an antibiotic, the more bacteria become resistant to it. Since there are very few new antibiotics in the development pipeline, it is really important to use our existing antibiotics wisely to try to slow down the development of antibiotic resistance.

It is important to remember that antibiotics do not treat or prevent viruses, including COVID19. As we are all now especially aware, good hygiene is essential in reducing the risk of spread of infections and is especially important in households with individuals who have chronic disease. Antibiotics also do not work for all colds, or for most coughs, sore throats or earache. Your body can usually fight these infections on its own.

So what is happening with antibiotics locally to put this into context? The Medicines Optimisation Team from Oxfordshire Clinical Commissioning Group published a special edition bulletin in November 2020 to mark the start of World Antibiotic Awareness Week. In terms of prescribing the number of antibiotic prescriptions dispensed in England reduced by 16.7% between 2014 and 2018. Reductions occurred in all age groups, but particularly in the under 65s. Oxfordshire as a whole remains below the national targets for total antibacterial prescribing rates.

South Central Antimicrobial Network (SCAN) have produced guidelines which are used in the Practice and are intended to provide advice on the effective and safe treatment of infections commonly presenting in primary care in Oxfordshire (amongst other counties). The aim of these is to provide a simple, effective and economical approach to managing and treating common infections whilst minimising the emergence of antimicrobial resistance in the community. However, these guidelines should not be used in isolation and there is a lot of further information to help you and your GP decide whether you need antibiotics in the first place. An example being Public Health England – How can I manage my common infection.

Please remember that your community pharmacy is a really valuable source of advice on self-care if you are feeling unwell, have a cold or flu and haven't been prescribed antibiotics. A Pharmacist will be able to recommend medicines for symptom relief if necessary or refer you to another healthcare professional if appropriate. Oxfordshire CCG also commissions local community pharmacies to provide a UTI service for non-pregnant women aged 16 to 64 years so it is worth checking with your pharmacy if there is a Pharmacist that is able to provide this service if you think you may need this. (Averose Pharmacy in Charlbury offers this service).

Becoming an Antibiotic Guardian is one way to help 'Keep Antibiotics Working' by raising awareness of antibiotic resistance. Individuals (the public, healthcare professionals, educators and leaders) can take action by choosing a pledge and becoming an Antibiotic Guardian: [www.antibioticguardian.com](http://www.antibioticguardian.com)  
There are also useful links to NHS websites.

Sarah Dawson, Clinical Pharmacist

## Help and advice from the pharmacist



We are fortunate that Averose pharmacy in Charlbury is able to offer diagnosis, treatment and self help advice for urinary tract infections – UTIs, for women aged between 16 and 64. If necessary, a three day course of anti-biotics will be prescribed. Normal prescription charges will apply.

Urinary tract infections are among the most common bacterial infectious diseases encountered in clinical practice. They are caused by the “wrong” bacteria entering the urinary tract.

Urinary tract infections (UTIs) can affect the bladder, the kidneys and the tubes connected to them. Anyone can get them, but they're particularly common in women. Some women experience them regularly (called recurrent UTIs).

UTIs can be painful and uncomfortable, but usually pass within a few days and can be treated with antibiotics.

For more information see: <https://www.nhsinform.scot/illnesses-and-conditions/kidneys-bladder-and-prostate/urinary-tract-infection-uti>

**For children:** <https://www.nhsinform.scot/illnesses-and-conditions/kidneys-bladder-and-prostate/urinary-tract-infection-uti-in-children#about-urinary-tract-infections-in-children>

If you are experiencing symptoms which you suspect may be a urinary tract infection, speak to the pharmacist. Symptoms might include:

- a need to pass urine more often than usual
- pain or discomfort when passing urine
- sudden urges to urinate
- feeling as though you're unable to empty your bladder fully
- pain low down in the tummy
- urine that's cloudy, foul-smelling or contains blood
- feeling generally unwell, achy and tired

## History of the discovery of antibiotics

Alexander Fleming made the first observation that *Penicillium* mould could kill bacteria.

Returning from his holiday to St Mary's Hospital in London, he found the mould that had settled on his Petrie dishes had killed the bacteria that he had cultivated on them, but he wasn't able to purify the active penicillin.

Around ten years later at the beginning of the Second World War, Howard Florey and his colleagues at Oxford took up Fleming's research, and obtained sufficient quantities of pure penicillin to show it had an effect in animals, and to treat a man dying of a bacterial infection.

The large scale production of Penicillin was subsequently carried out by American pharmaceutical companies, and was used to treat hundreds of injured soldiers by the end of WW2.

Bacteria are microscopic, single-celled organisms. There are thousands of different kinds of bacteria, and they live in every conceivable environment all over the world. They live in soil, seawater, and deep within the earth's crust. Many bacteria live on and in the bodies of people and animals—on the skin and in the airways, mouth, and digestive, reproductive, and urinary tracts—without causing any harm. Such bacteria are called resident flora.

Many resident flora are actually helpful to people—for example, by helping them digest food or by preventing the growth of other, more dangerous bacteria.

Bacteria are living things that have only one cell. Under a microscope, they look like balls, rods, or spirals. They are so small that a line of 1,000 could fit across a pencil rubber. Bacteria are also used in making healthy foods like yogurt and cheese.

Only a few kinds of bacteria cause disease. They are called pathogens. Sometimes, under certain conditions, the resident bacterial flora cause disease. Bacteria can cause disease by producing harmful substances (toxins), invading tissues, or doing both. Some bacteria can trigger inflammation that may affect the heart, nervous system, kidneys, or gastrointestinal tract. Some bacteria (such as *Helicobacter pylori*) increase the risk of cancer.

## Some examples of bacteria which can cause significant illness, particularly in children:

### **Campylobacter**

affects healthy and ill people and causes diarrhoea in all age groups. It seems to mostly affect children 1 to 5 years of age, and occurs in places where food or water may be contaminated, or anywhere where food is not correctly prepared.

### **Diphtheria**

Most of us only know diphtheria as an obscure disease from long ago, thanks to the diphtheria vaccine babies get. While preventable, diphtheria does still exist. It can cause a thick covering, called a pseudomembrane, in the back of the nose or throat that makes it hard to breathe or swallow. Diphtheria can also lead to heart failure, paralysis, and even death and is sometimes tragically still seen in countries where the vaccination programme isn't universal.

### **E. coli**

Commonly, people develop intestinal *E. coli* infections by eating contaminated food, touching infected animals, or swallowing contaminated water. *E. coli* also causes urinary tract infections particularly in women. This bacterium is becoming increasingly resistant to antibiotics. Certain strains of *E. coli* produce toxins that damage the colon and cause severe inflammation (colitis).

## **Meningococcus**

Although this bacterium can be carried in the nasal passages it can also cause rapid onset of meningitis and septicemia. Several other bacteria (and viruses) can cause meningitis, but this is the most serious one. Meningococcal bacteria may cause infection in any part of the body -- For unknown reasons, the bacteria may then spread through the bloodstream to the nervous system. When it gets there, it causes meningococcal meningitis.

Babies, children, and teens are at greatest risk.

## **Pertussis**

**Whooping cough**, or pertussis, is a highly contagious disease that can be deadly for babies. Whooping cough can cause uncontrollable, violent coughing, which often makes it hard to breathe. Its “whooping” name comes from the sharp breath intake sound right after a coughing fit. In babies, this disease also can cause life-threatening pauses in breathing with no cough at all. Whooping cough is especially dangerous to babies who are too young to be vaccinated themselves. Mothers should get the whooping cough vaccine during each pregnancy to pass some protection to their babies before birth. It is very important for your baby to get the whooping cough vaccine on time so he can start building his own protection against the disease.

## **Streptococcus**

### **Scarlet Fever**

A rash appears first on the face, then spreads to the trunk and limbs. The rash feels like coarse sandpaper. The rash is worse in skinfolds, such as the crease between the legs and the trunk. As the rash fades, the skin peels. Red bumps develop on the tongue, which is coated with a yellowish white film. The film then peels, and the tongue appears beefy red (strawberry tongue).

Scarlet fever is uncommon today, but outbreaks still occur. It tends to spread when people have close contact with each other—for example, in schools or day care centers. Scarlet fever occurs mainly in children, usually after strep throat but sometimes after streptococcal skin infections.

### **Complications of streptococcal infections.**

If untreated, streptococcal infections can lead to complications. Some complications result from spread of the infection to nearby tissue. For example, an ear infection may spread to the sinuses, or to the mastoid bone (the prominent bone behind the ear)

Other complications involve distant organs. For example, some people develop kidney inflammation or rheumatic fever.

**Toxic Shock Syndrome** causes rapidly progressive and severe symptoms that include fever, rash, dangerously low blood pressure, and failure of several organs. It is caused by toxins produced by group A streptococci or *Staphylococcus aureus*.

## **Antibiotic overuse & resistance**

*“Antibiotic resistance: the other pandemic lurking behind Covid 19” – British Society for Antimicrobial Chemotherapy*

*“Antibiotic resistance is one of the biggest threats to global health, can affect anyone, of any age, in any country” – World Health Organisation*

*“The overuse of antibiotics is leading us down a path of disaster” – Professor Dame Sally Davis, England’s former Chief Medical Officer*

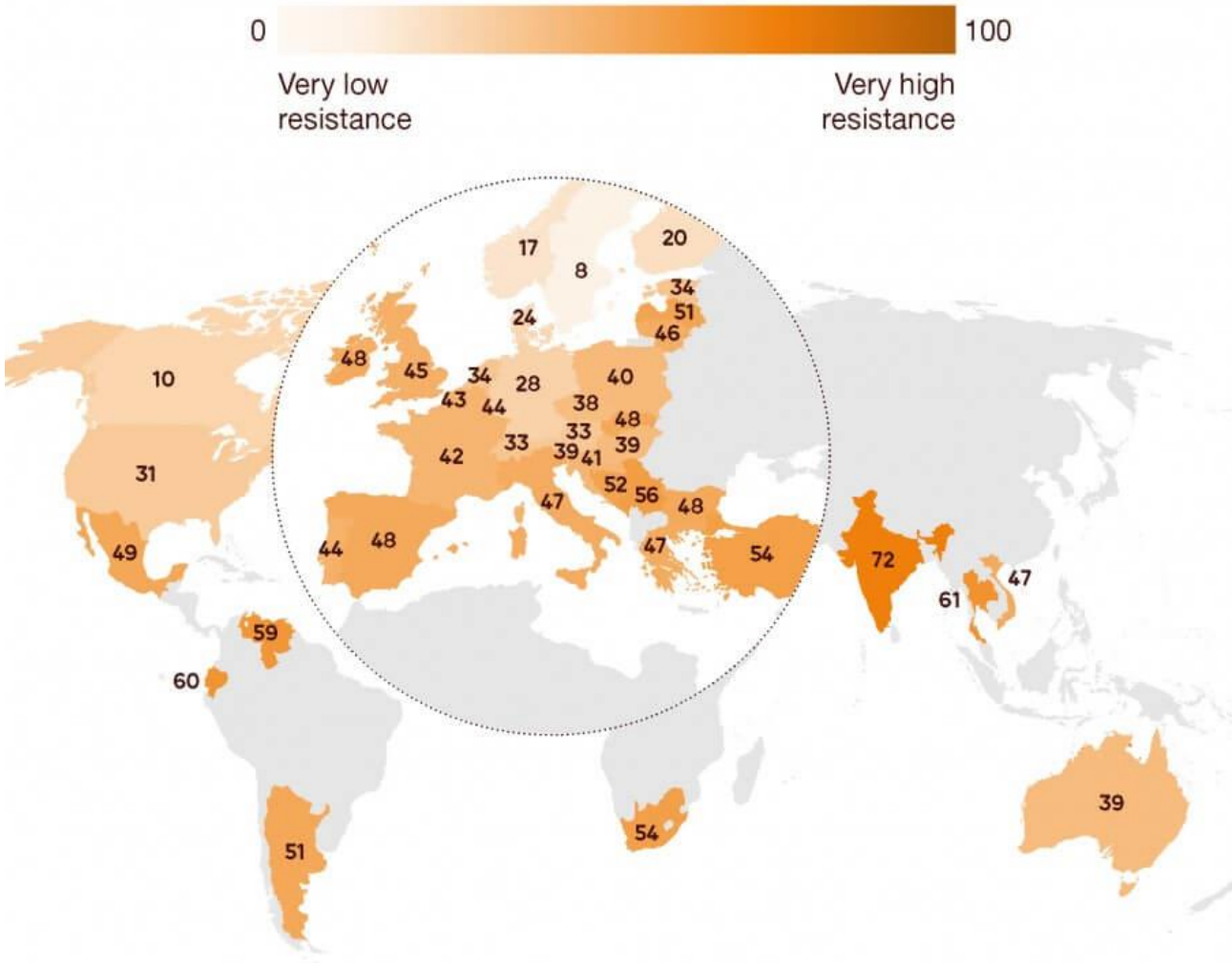
**“In the UK 45% of bacterial infections are resistant to the main classes of antibiotics”** – Source: Wellcome Trust, BMJ

The need for a long term solution and prevention is becoming increasingly acknowledged in the UK.

<https://pubmed.ncbi.nlm.nih.gov/30361493>

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## Antibiotic resistance is a global problem affecting both high-and low-income countries



Source: BMJ, [gh.bmj.com/content/4/2/e001315.full](http://gh.bmj.com/content/4/2/e001315.full)

The figures represent the percentage of bacterial infections which are resistant to the main classes of antibiotics. For example in the UK it is 45% of bacterial infections, in France 42% and in Norway, 17%

## Sharing personal health records held by the GP practice.

NHS Digital is making changes to how data is collected from general practice, with a new framework for data extraction called the General Practice Data for Planning and Research (GPDPR) collection. This would entail all the last 10 years of personal and medical data of every patient in every GP surgery being handed over to NHS Digital. Medical data is important for planning and research purposes, but many patients, doctors and organisations expressed concerns to parliament about the security of the data and how it would be used.

In order for patients not to have their data collected they had to fill in a 'Type 1' opt-out form and deliver it to their GP practice by 25<sup>th</sup> August. However, so many patients and GP Practices chose to opt out of the scheme that the rollout of the scheme due to take place on 1<sup>st</sup> September has been delayed until safeguards are in place to protect our data from misuse.

Charlbury Medical Centre did not express a view on the proposed scheme.

In a letter to GPs on 19 July Jo Churchill, Parliamentary Secretary for Public Health and Primary Care wrote:

“We are introducing three changes to the opt-out system which mean that patients will be able to change their opt-out status at any time:

1. Patients do not need to register a Type 1 opt-out by 1<sup>st</sup> September to ensure their GP data will not be uploaded;
2. NHS Digital will create the technical means to allow GP data that has previously been uploaded to the system via the GPDPR collection to be deleted when someone registers a Type 1 opt-out;
3. The plan to retire Type 1 opt-outs will be deferred for at least 12 months while we get the new arrangements up and running, and will not be implemented without consultation with the RCGP, the BMA and the National Data Guardian.”

We'll keep you posted on developments.

## Social Prescribing has come to Charlbury Medical Practice

**“Your doctor isn't the only person who can help you feel better.”**

Social prescribing is designed to support people with a wide range of social, emotional or practical needs, and can focus on improving mental health and physical well-being. People who could benefit from social prescribing include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, and those who frequently attend either primary (GP surgeries, NHS care in the community) or secondary (hospitals) health care.

Social prescribing can involve a variety of activities which are usually provided by voluntary and community organisations. Examples might include arts activities, healthy eating advice and a range of sports and exercise classes.



In the Rural West Primary Care Network of which Charlbury is a part, social prescribing is provided by Sue Richmond and Sian Whitlock. Sue and Sian are the social prescribing link workers for our practice. They are employed by AgeUk Oxfordshire and support all adults aged 18 and over. Sue and Sian work alongside GPs, nurses and other clinicians in our practice helping patients to find out what will help. Their aim is to support you to live as independently as possible.

If you think social prescribing would help you, please ask about social prescribing when you see a member of staff at the surgery, or call AgeUk Oxfordshire on 01235 849 445, or email:

[socialprescribingruralwest@ageukoxfordshire.org.uk](mailto:socialprescribingruralwest@ageukoxfordshire.org.uk)

## **“Bowled Over” sessions at Charlbury Bowls Club – what a success!**



Since May of this year 6 or 7 people living with dementia and their carers have been enjoying specially tailored monthly bowls sessions at Charlbury Bowls Club organised by the friendly members of the club who have volunteered as coaches and companions to all those attending.

The club advertises the benefits of outdoor and indoor bowls as being ideal to improve sport where social interaction is important. And this has proved absolutely right on all counts from the start of the first Bowled Over session. Dementia Friendly Charlbury members attending in support saw how important it was for everyone involved to be able to join in an activity with others and to be able to relax for a couple of hours away from the sometimes challenging routines involved at home. And the instant smiles and laughter all round show how much fun is being had.

If anyone was worried that bowlers living with dementia might have difficulty with the motor skills required to aim and deliver the bowls effectively, they were proved wrong. The club's guests were soon putting Dementia Friendly Charlbury members to shame in their ability to get their bowls near the target. And the opportunity for carers to join in conversation with others in the same position and to swap notes and sources of information and support was just as important.

The Bowls Club must be congratulated on this caring initiative, which they think is the only one of its kind in this county. The Bowls Club facilities are a perfect setting and are a tribute to the hard work of club members. On summer afternoons since May the sounds of laughter, encouragement and “well done!” resound around the bowling green as people living with dementia and their carers hone their skills under the kind guidance of club members.

For further details of the Bowled Over sessions contact Dementia Friendly Charlbury at [charlburydf@gmail.com](mailto:charlburydf@gmail.com). The next sessions will be: Monday, 16 August (outdoor bowls); 20 September (outdoor bowls), 18 October and 15 November (indoor bowls), all 2.30 to 4.30 p.m.