

COOMBE MEDICAL PRACTICE

Summer Newsletter 2014

Emergency contact

Some patients have tried to contact me via the pager during office hours or when I am not on call. **Please always call the landline (0208 605 0044) first.** The message will inform you who is on call and the appropriate number to call. Dr Soori, Dr Ramsey or Dr Siva may be on call.

Recently patients have been calling me ‘out of hours’ (including weekends) in order to prebook a routine appointment for the day/days ahead. Some have called at 6am to book a routine appointment. This is an inappropriate use of the emergency pager. Tired doctors are not good doctors! The office opens at 9am – do please try and call us then.

Appointments

When calling for an appointment do please be specific as to whom the appointment is for and the problem. It is always difficult when extra family members are squeezed into a single appointment without prior notice. We are always happy to see extra family members but please speak to Roopal beforehand so that she can allocate sufficient time. Travel advice/immunisations should not be sought in a normal appointment – please speak to Roopal who will plan a travel itinerary. This would be helpful to avoid the appointment becoming hurried with the attendant risk of mistakes.

If you wish to cancel an appointment please remember there is a cancellation policy (see Fees on website).

Travel health

Summer holidays are nearly upon us. Travel jabs need to be given a few weeks before travel to be effective. We stock all the required immunisations and are a recognised Yellow Fever Vaccination Centre. Call Roopal with your travel itinerary and she

will advise which jabs (and antimalarial tablets) are necessary.

Meningitis B

We now offer the new vaccine (Bexsero) to protect against Meningitis B. Since the first meningitis vaccine was introduced in 1992, many kinds of meningitis have been reduced to a mere handful of cases. Thanks to vaccines against Hib, Meningitis C and Pneumococcal disease, thousands of children are alive today who would otherwise have died from these deadly diseases. There is now a vaccine against Meningitis B which remains a serious threat to children and young adults. The vaccine will help protect against meningococcal meningitis and septicaemia. It is a course of vaccinations, depending on age.

BCG

The NHS BCG campaign was abandoned in 2005 because of falling cost-effectiveness: whereas in 1953, 94 children would have to be immunised to prevent one case of TB, by 1988 the annual incidence of TB in the UK had fallen so much that 12,000 children would have to be immunised to prevent one case. But things have moved on since 1988 and not for the better. Our optimism that TB has been wiped out is proving misplaced: the disease has made an unwelcome return and new forms which are resistant to anti-TB drugs are emerging. It is a very worrying situation. Britain has higher rates of infection than any other comparable country. TB experts think that we are, in effect, turning the clock back to the 1930s with higher rates of TB and nasty forms that will be resistant to conventional treatment. In the 1930s there were around 50,000 cases in the UK annually. This dropped to 5000 cases in the 1980s, hence why the BCG schools programme was stopped. There are now around 10,000 cases of TB in the UK each year. The BCG jab, fortunately, prevents all forms of TB.

Varicella (Chickenpox) vaccine

This prevents the likelihood of serious chicken pox and lessens the chance of scarring. It is a course of two vaccinations. The child must be aged twelve months or more.

Antibiotics

There has been a lot in the press recently about inappropriate prescribing of antibiotics. Antibiotics are an essential part of treatment but it is important that the right one is used at the right time. It is important for a doctor to prescribe antibiotics wisely if we are to avoid bacterial resistance. We don't want to get to a situation where antibiotics just don't work anymore because their misuse has led to resistance. Indeed the World Health Organisation and the Royal College of GPs have flagged increasing bacterial resistance as a major global threat. The General Medical Council – the regulatory authority for doctors in the UK – produces directives that as a doctor I am expected to follow. New GMC regulations came into force in February this year. They require that a doctor must accurately assess a patient before an antibiotic is prescribed. This effectively prevents me from issuing 'reserve' supplies of antibiotics - for example to take on holiday. I am broadly in agreement with this guidance. It's not a matter of 'one size fits all' – each condition has a specific antibiotic which is ideal to treat it. And the best person to decide that is a doctor. So if you fall ill on holiday far better to see a local doctor and get the best treatment rather than trying to 'second guess' which drug to take from your own supply with potentially disastrous consequences.

Prescriptions

A number of patients contact us having run out of repeat medication altogether. We then get a phone call from the patient to say they are waiting in the pharmacy and could we fax a prescription immediately! This is not good medical practice. When a repeat prescription is required for on-going medication, it is appreciated if at least five days' notice is given. I need to check the medical records to see whether the medication is intended to be repeated; whether a blood pressure or blood test is required; and to ensure safe clinical monitoring. This also allows enough time for us to post the prescription to you.

Cervical smears

The NHS programme allows for 3 to 5 yearly smears depending on age: tragically cancer can occur in the intervening years and so would be missed in the NHS programme. A yearly smear is the safest way to protect oneself as it allows for early detection. Please tell Roopal when you book that the appointment is for a smear in order for her to chaperone, or let us know if you would prefer to see a female gynaecologist.

Schools

Schools strive to reduce the number of children attending with infections. If your child is ill – say with a fever or a virus – please do not send them to school. Best to stay at home and if symptoms are not improving then seek medical advice. On this note, it is difficult for us when parents telephone us wanting an afternoon appointment for a sick child but who has been sent into school. It is not fair on the other children in the class and not fair on us as not every child can be seen after school!

Referral

A number of patients pre-book an appointment with a specialist and then contact me requesting a referral letter – often to be done 'there and then.' This is poor clinical practice – I insist on seeing a patient first to ensure that the correct diagnosis is made and the appropriate specialist is then chosen. Insurers insist that the referral has been sanctioned by the GP – this should be *prior* to the appointment. I cannot backdate an insurance form for self-referrals.

Fees

It is appreciated when accounts are settled promptly. Interest will be charged to accounts outstanding by more than two weeks. As stated at the foot of each invoice, payment can be made by BACS.

Wishing you all a relaxing Summer,

Dr Michael Barrie