

 ***Leen View Surgery***

 ***Patient Participation Group***

 ***March 2018 Newsletter***

Well it is nice to be going into spring, lovely to see the bulbs coming through. We hope everyone survived the flu season, it was really bad this year and I think the surgery coped really well. So a big thank you to all the staff.

**TINNITUS**

One of our committee members would like to bring your attention to TINNITUS. This is about hearing loss. We all wonder at times if we are going deaf, some husbands pretend to be deaf ladies, but are they. MMMM

 The causes of Tinnitus are not fully known, it could be an ear infection that causes it and it could be brought on by stress or anxiety either way it is not nice. Ringing, whistling and buzzing are common signs. There is no current cure for this. There is a lot of information about helping yourself to cope with this. First see your doctor so he can diagnose your symptoms, it will probably be checking your ears for wax, having a hearing test.

**Larger proportion of strokes in the middle aged**

The Act FAST campaign has re-launched, urging people to call 999 if they notice even one of the signs of a stroke (FACE stands for Face, Arms, Speech, Time) in themselves, or in others. In England, one in six people will have a stroke in their lifetime.

**Parents warned about a rise in scarlet fever**

 Following a substantial increase in reported cases across England in 2017 to 2018.

Scarlet fever is due to a throat infection caused by a germ (bacterium) called streptococcus, usually group A streptococcus. It causes a rough-feeling red rash, [sore throat](https://patient.info/health/sore-throat-leaflet), fever and sometimes other complications Scarlet fever is most common in children aged less than 10 years, with 4-year-olds most likely of all to catch it. 87% of cases in the UK are in children under 10 years. Although adults can get scarlet fever, this is very unusual. However, the symptoms and treatment are the same as for children.

Scarlet fever used to be very common in the 1800s and early 1900s because of overcrowding and poor living conditions. In those days it was the leading cause of death in children. But it got much rarer as general health measures improved. There have been some recent outbreaks in the UK, usually in schools, but antibiotics can now treat scarlet fever very effectively.

**What are the symptoms of scarlet fever?**

* High temperature (fever).
* Sore throat.
* Redness of the tongue with tiny white spots (this occurs around the same time).
* Sometimes swelling of the tongue a few days later. A red, rough-feeling rash on their chest, tummy and cheeks - it feels a bit like sandpaper.

Scarlet fever starts with a very sore throat and a high temperature (fever). It is often initially put down to tonsillitis. Sometimes at roughly the same time as the sore throat comes on, the tongue goes red, with tiny white spots. This makes it look like a strawberry, hence the name: strawberry tongue. This is pretty typical of scarlet fever.

After the sore throat and whitish tongue comes a red rash on the cheeks, chest and tummy. If you run your hands over the rash on the tummy and chest it feels slightly rough, like fine sandpaper. After a couple of days the tongue, previously only slightly red with white spots, goes very red and a bit bigger than usual. Some people call this a 'beef tongue'.

**Is scarlet fever infectious?**

Yes. Coughing, sneezing and breathing out the germs (bacteria) can pass it on (be infectious) to others. Scarlet fever can even be passed on by sharing towels, baths, clothes or bed linen with a person who has been infected.

It takes 2-4 days to develop symptoms after being infected. You should keep children with scarlet fever off school and away from others, for 24 hours after starting antibiotics.

Once a person has had scarlet fever, they are very unlikely to get it again. This is because they become immune to the bacteria. However, it is possible to have repeated attacks, as there are different types of streptococcal bacteria which cause the infection.

**Have you noticed Repeat Prescriptions have changed? I think it has made a huge difference to the way we request repeat prescriptions. There is less wastage, which is good.**

Requests for repeat prescriptions should be handed into the reception desk and the prescription collected 48 hours later. It can also be sent electronically to the chemist of your choice. So remember to submit the scrip three days or more before you need it. The surgery will **not** take requests for prescriptions over the telephone except in exceptional circumstances. You can also request repeat scripts by sending it in a letter, or going on line if you have the facilities to do this.

Please submit your computer generated repeat prescription form, ticking only the items that you require. If you cannot get to the surgery to collect the prescription, please request it by post and enclose a stamped addressed envelope and it will be posted to you. Please allow for postal delay.

Our next meeting will be **on Thursday MAY 3rd at 2pm at THE SURGERY**

**Hopefully we will have a lady coming to discuss Dementia and give us a little insight into this, should be interesting.**

**Why not join the Patient Participation Group PPG** *Would you like to influence decisions on the services you receive from the practice? If so please join our Patient Participation Group which exists to represent and voice the opinions of our patient population as a means of improving services that patients receive. Membership of the group is open to all.*