

## SLIP, SLOP AND SLAP – BE SAFE IN THE SUN!

With the warm weather – hopefully! – approaching and the holiday season about to start, most of us like to get outside to enjoy the sunny days and work on our tan. Whether you are lounging on a beach, sitting in your back garden, or even if you spend your working life outdoors, it's important to be aware that too much time in the sun can be dangerous, damaging your skin and potentially leading to skin cancer later in your life.

Most skin cancers are caused by ultraviolet (UV) light, which is given off by the sun. Too much UV light penetrating your skin can lead to instant damage like sunburning, but can also trigger long term damage causing skin cancers.

Children are particularly at risk of damage from the sun, as are people of any age who have fair skin, fair or red hair or lots of moles or freckles, or who have a history of skin cancer in their family. Even people with darker, sun-resistant skin are at risk from prolonged exposure. Be safe, and remember the three golden rules –

**SLIP -** Slip on a shirt or some other loose-fitting garment to cover up areas exposed to the sun.

**SLOP -** Slop on the sun screen. It's important to use high sun protection factor (spf) sun screens when you are out in the sun. You need 15+ spf even if you think you have naturally dark skin, and 30 to 50 spf if you are in one of the higher risk groups mentioned above. You'll need to re-apply the sunscreen regularly, as it is washed away by sweat or by showering or swimming.

**SLAP -** Slap on a hat. Cover your head with a wide-brimmed sun hat, and wear sunglasses to protect your eyes.

Try to avoid the sun in the middle of the day, when it's at its highest and most damaging. Enjoy it, but be safe!

## HOLIDAY VACCINATIONS

If you're planning a holiday outside the UK, whether you're heading for Norway or Nepal, New Zealand or Nicaragua, you'll need to think about holiday vaccinations. A whole range of risks awaits the unwary traveller, but many of these can be avoided or minimized by timely vaccination.

A good starting point is [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk). This NHS Scotland site is comprehensive and pretty much free from medical jargon. Best of all, it's bang up to date, giving details of exceptional risks, such as local outbreaks of relevant illnesses, as they happen. If it doesn't answer your questions, or if you are at all unsure about what to do, just make an appointment to see one of our Practice Nurses. They'll be happy to discuss your plans and provide personalised advice – for example, about interaction with other medication or safe usage in pregnancy.

Some vaccinations are free on the NHS. Other vaccinations may need to be obtained from a private travel clinic. Our Practice Nurses will provide you with all the relevant details and advice.

Wherever you plan to go, get in touch in good time – six to eight weeks before you leave. Vaccines may need to be ordered specially, and in some cases you'll need two or three weeks to build up effective resistance.

## WE THINK IT'S ALL OVER!

If you visited the Surgery during April, you'll probably remember seeing posters and handbills asking for your patience and understanding while our computerised clinical record system was replaced on 30 April and in the following week or so. It turned out that the changes were more wide-ranging than we expected, and to add to our woes there was a system fault which caused problems with registering new patients. We'd like to apologise to anyone who faced problems of any kind during the period of upheaval. Although everyone at the Surgery did their utmost to achieve a smooth transition to the new procedures, we were unhappy that we could not always deliver the efficient service our patients have a right to expect. We are at last becoming familiar with the quirks of the new system, and we very much hope that all the problems are now behind us!

## SURGERY UPDATES

The surgery will be closed all day on:

**Monday 25 August** (Late Summer Bank Holiday)

and also for staff training from 12.00.pm. on:

**Thursday 19 June 2014** (Reopening at 1.30.pm.)

**Tuesday 2 September** (Closed all afternoon)

For medical assistance at these times, please call the Out of Hours Service on 111 or, in an emergency, call 999.

## SHINGLES VACCINATION

Herpes Zoster, better known as shingles, is a painful skin rash caused by reactivation of the chickenpox virus. It begins with a burning sensation in the skin, followed by a rash of very painful fluid-filled blisters that can then burst and turn into sores before healing. Often an area on just one side of the body is affected, usually the chest but sometimes the head, face and eye. Shingles is always unpleasant, but most people make a full recovery four to six weeks after first feeling unwell. About one in ten sufferers may experience severe pain for a longer period.

A vaccine has been introduced progressively through the NHS, but it is expensive and in short supply. Although shingles can strike at any age, it is rare among children and young people. The risk increases as you grow older, and is significantly higher for those over 70. Before vaccination became available, it's estimated that one in five people who'd previously had chicken pox would be affected by shingles later in their lives.

The vaccine has a very good safety record. It provides protection for a minimum of three years, but probably for considerably longer. Unfortunately, it seems to be less effective when given to people over 80, though this age group is at greatest risk of suffering complications.

It will take several years to implement the scheme fully. During this period two 'year groups' will be covered each year – those who are aged 70 or 79 on the preceding 1 September. This means that by the end of the programme everyone aged between 70 and 80 will have been offered the vaccination and everyone reaching 80 after the start of the programme will have been offered the vaccine at age 79. Taking account of cost, availability and the sheer number of people involved, this approach targets those entering the high risk age group at 70 and those approaching the age group at greatest risk of complications. Vaccination is offered to this second group at 79, before the vaccine becomes less effective with advancing age. The programme isn't ideal – it simply isn't possible to offer the vaccine to everyone at once – but it's intended to make the fairest possible use of the available resources.

If you were 70 on 1 September 2013 (born between 2 September 1942 and 1 September 1943) or were 79 on that date (born between 2 September 1933 and 2 September 1934) you are eligible for the vaccination now. We will write to you inviting you to make an appointment. Free vaccination is available until 31 August 2014. We'll contact people in future groups as they become eligible.

You can find much more information at [www.nhs.uk](http://www.nhs.uk) ; just enter 'shingles' in the search box on the home page.

## PATIENT CONFIDENTIALITY

We'd like to remind anyone ringing on behalf of a partner or a child of 16 or over that we cannot provide any details such as test results over the telephone unless we have written authority from the patient concerned.

## NEW FACE ON THE BLOCK

We'd like to welcome Margaret Marshall, who joined our team of clinical receptionists on 6 May. Margaret was previously a support worker for people with learning difficulties, and we wish her a long and happy association with Heaton Road Surgery.

## CALL THE MIDWIFE!

Midwives go back a long way; their profession is as old as recorded history, and its English name dates from well over a thousand years ago. It combines the Old English words 'mid', meaning 'with' and 'wif', meaning 'woman' – so a 'midwif' was someone who was 'with a woman' at the time of childbirth.

Nowadays, local Midwives are employed by the RVI and they provide care in both low and high risk pregnancies. They offer antenatal clinics in local surgeries – at Heaton Road these sessions are usually held on Wednesday mornings.

Midwives give support to vulnerable women and families, visiting them at home after their babies are born. They also provide support and assist with delivery for low risk women who want to have their babies at home.

The government recognises that antenatal checks are very important for both mother and baby. Pregnant women who are working are entitled to paid time off to attend appointments with the midwife.

## PATIENT GROUP MEETING

The next meeting of the Patient Group will be held on Tuesday 15 July 2014 at 6.00pm. All interested patients are welcome to come along and take part.

## HEATON ROAD HEALTH TIP No.4

High salt intake is linked to raised blood pressure, which in turn increases the risk of heart disease or a stroke. The recommended maximum daily intake is 6 grams – about one teaspoonful – for an adult, but three-quarters of this amount is already contained in the food we eat, even before we add salt in cooking or at the table. Most of us eat too much salt, but here are some ideas for reducing your intake, even if you find it hard to give up added salt completely.

- Use fresh or dried herbs and spices to add flavour to vegetables.
- Where possible, use fresh or frozen vegetables.
- If you use canned vegetables, buy those canned without salt, or rinse the contents after opening to get rid of any excess salt.
- Choose breakfast cereals which are low in sodium: 1 gram of sodium is equivalent to 2.5 grams of salt.
- Be sparing with soy sauce – each teaspoonful contains almost 1 gram of salt.