



Wordsworth Health Centre

19 Wordsworth Avenue
London E12 6SU
Tel 020-8548-5960
Fax 020-8548-5963



Dr Pople - Dr Sajilal - Dr Buscombe - Dr Brandon - Dr Goodyear

Welcome to The Wordsworth Health Centre

Our facilities include access for wheelchair users and a suitable toilet for those with disabilities. Please help us to help you by carefully reading the following notes.

Practice Area

Romford Road, Capel Rd, Barking Road, the A406 and Green Street. There is a detailed map at the surgery. We will only register people living inside this area. Note the Practice does not discriminate on the grounds of race, religion, social class, sexual orientation, disability or medical condition

Registration

If you would like to use the medical services provided at The Wordsworth Health Centre, please register your whole household with the practice. Bring your medical card and two forms of I.D. if you have one. All new patients will be offered an appointment with the practice nurse for a health check. It is important to have this as it helps to gather important background about your health and the services we can offer you.

Reception Hours

Monday to Wednesday	8.00am-7:00pm
Thursday	8.00am-4.00pm
Friday	8.00am-7:00pm
Saturday	8:00am -12:00pm

Appointments

We operate an appointment system. You can come to the surgery or telephone on 020-8548-5960 for a prebookable telephone appointment, the Doctor may want to see you and they will book a face to face appointment. You can book appointments via the online booking system, please visit our web site for further information at <http://www.wordsworthhealthcentre.gpsurgery.net/Webdesk/netblast/pages/index.html?id=1079839>.

There are limited on the day urgent telephone appointments available in the morning; if your need is urgent a doctor will contact you, (please provide information as to the reason, as this can assist the GP in determining a priority of the call).

Please be punctual, as patients who are more than 10 minutes late may not be seen.

Please let us know if you cannot attend your appointment.

We try our best to keep to the appointment times given but sometimes emergencies do crop up – so please be patient if you are kept waiting for a while.

The Practice observes the right for a patient to see a GP of choice if they are available.

We have GPs of both sexes, so please ask at booking if it is important for you to see a practitioner of a particular gender. This may not be possible in an urgent consultation.

We have a chaperone policy; please ask for a chaperone if you are uncomfortable when asked to be examined. The policy should come with your new patient pack.

Please note, that this is a zero tolerance practice and any violent/threatening behaviour towards staff or other patients will result in an instant removal.

If you're between 16 and 75 years of age and we haven't seen you for 3 years or if you are over 75 and over and have not seen us for a year and you have a clinical need do not hesitate to book an appointment with us.



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We do offer CBT appointments from 7:00am on a Friday morning, these appointments are in demand and need to be agreed with the CBT Therapist prior to booking.

Surgery times

Monday to Wednesday	8:40am – 12:50pm	3.00pm – 6.20pm
Thursday	9.00am – 12:50pm	2.00pm - 3.30pm
Friday	9.00am – 12:50pm	3.00pm – 6.20pm
Saturday	8:30am to 12:00pm	

Home Visits

If you are too ill to come to the surgery and think you will need a home visit from one of the doctors, please contact the surgery before 10.00am so that the necessary arrangements can be made.

Telephone Advice

All doctor(s) will speak to patients and give advice if necessary. If you require telephone advice please ask the receptionist to leave the GP a message and he/she will call you back (please provide information as to the reason, as this can assist the GP in determining a priority of the call). The doctors prefer no disruption during surgery time, except for emergencies.

Serious Medical Emergencies

In case of serious medical emergency please telephone 999

When We Are Closed (Half Days, Nights, Weekends & Holidays)

At these times urgent medical care is undertaken by either a GP from the practice or doctors working for the local on call co-operative. Please ring 020-8548-5960

Repeat Prescriptions

To obtain supplies of regular treatment please make a request to the receptionist in writing or using the “tear-off” section from your previous prescription, you can also fax them to us on 020 8548 5963 Please allow at least two working days notice. If you would like us to post your prescription back to you, please include a stamped addressed envelope. You will be required to have your medication reviewed regularly. **Please avoid collecting your repeats between 8am – 10am.**

Repeat dispensing may be available where you can collect repeat prescriptions from a pharmacy of your choice, please ask GP for further details.

Tests

Please ring for results of tests on 020-8548-5960, between 10.00am - 2pm.

Training

You may sometimes be asked if you will agree to co-operate with training medical students or doctors and nurses who are undertaking further training by agreeing to see them instead of your usual doctor or nurse. The GP registrar trainer is Dr Sajjal.

Practice Nurses

For health checks, including blood pressure, cervical smears, breast awareness, stopping smoking, dietary and lifestyle advice, routine childhood and tetanus and polio vaccinations,



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dressings and removal of sutures, please make an appointment to see our Practice Nurse. The Practice Nurse also supervises the care of asthma, hypertension and other chronic diseases and is available for family planning. If you have a chronic disease we aim to monitor your condition on an at least annual basis through focussed health checks. You should receive information about when the check is due through information attached to your repeat prescription.

Health Care assistants

For new patient checks, NHS health checks, blood pressure monitoring, stopping smoking, dietary and lifestyle advice, please make an appointment to see one of our health care assistants

Use of Patient data

We are bound by the data protection act to maintain patient confidentiality. But there may be some occasions where we will give patient identifiable information. For further details please ask for the information leaflet on "What we do with Data". If you wish to opt out of the national policy of data sharing please discuss with the practice manager or one of the GPs.

Charges policy

We are an NHS practice but sometimes we are requested by patients to perform duties outside the NHS requirements. In these cases there may be a charge involved. Reception keeps a record of the charges to advise you. Examples include medical reports, passport applications and private certificates.

Safeguarding

If you have safeguarding concerns regarding a member of the practice please inform one of the GPs or social services, or if preferred use the national helpline Childline 0800 11 11. Social services can be contacted via My Newham online or in an emergency situation on 0203 373 4600 for a child and 0203 373 0440 for an adult

The Practice Team

General Practitioner (M) Andrew Pople Qual 1986 Lond MBBS GMC Number 3115259
General Practitioner (M) Raghavan Sajilal, Qual 1995 India MBBS, DRCOG, MRCGP
GMC Number 4753821
General Practitioner (F) Jacqueline Buscombe Qual 1984 lon MBBS GMC Number
2929624
General Practitioner (F) Sophie Brandon Qual 1998 Lon MBBS MRCGP GMC Number
4537193
General Practitioner (F) Elizabeth Goodyear Qual 2004 Lon MBBS, MRCGP,
DRCOG, DRFSH GMC Number 6103536
General Practitioner (M) Nazmul Hussain Qual 2008 Lon MBBS, MRCGP, GMC 7016387
GP Registrar Crystal Wyllie
GP Trainee (F)
Practice Manager Franco La Faci
Operation Manager Sue Ellen Felician
Practice Office Manager Sanita Basi



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Practice Nurses Annie Michaels RGN RMN, Mani Nageshwaran RGN
Senior Health Care Assistant Janna Ahmed
Health Care Assistant Andrea Mathieu
Consultant CB Therapist+ CB Therapist Satwant Singh,
Counsellors
Medical Receptionists Kulwinder Mudhar, Suki Bhatti, Geetha Addagulla, Vidivambigai
Puvanenthiran, Florin Antonie, Paul Perkins, Camelea Bouzid, Mona Pandya, Shahnila
Afreen,
District Nurse Maggie Chigoma
Midwife
Caretaker Jeff Foggo

Practice Profile

We believe in giving time to our patients and make a special effort to prevent illnesses by immunisation, health education and promotion, looking for treatable diseases such as cancer of the cervix, diabetes, asthma and high blood pressure.

We are also committed to monitoring long term diseases such as asthma, epilepsy, dementia and heart disease. We will offer you appointments for these reviews with our nurses or doctors.

We provide appointment times at 10 minutes per patient to try to listen and understand the nature of our patient's problems, and we are always willing to examine you if you have any worries. Honesty is always our policy and we do not pretend to have a cure for the common cold or flu. We prescribe drugs only when we feel there is a positive indication to benefit you, as all drugs are potentially dangerous.

We believe in actively measuring all aspects of our work. Using our information technology we can monitor aspects of our workload and, by comparison among ourselves and other good practices, can actively improve our service and response to patient demand. We are a teaching practice.

Compliments, Comments, Suggestions and Complaints

We are always open to suggestions on how to improve our service. Please let us know too if we are doing something well. We welcome comments and suggestions on our premises and equipment as we see them as integral to the care we give you. We have a formal procedure to deal with any complaints or problems. Please contact the Practice Manager if you have any concerns.

Patient participation group

We have an active patient participation group. This way we are able to engage in a fuller way with our patients than just dealing with individuals. Please contact the practice manager for details. If you are interested in being involved please let us know.

Services

General nursing (ear syringing, dressings, suture removal etc)
New Patient Health Check
NHS Health Check (including over 75s)
Heart Disease Prevention/Hypertension
Ante natal and Post natal
Family Planning/Menopause
Asthma



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Diabetes
Counselling, including Cognitive Behavioural Therapy
Child development surveillance
Childhood immunisations
Travel advice and vaccinations
Drug users, HIV and AIDS friendly
Please ask at reception for further details

Car Parking and public transport

The Car park is for staff and disabled patients ONLY
Buses stop at the end of Wordsworth Ave and we are very close to High Street North, Manor Park. Bus routes 147,101,104,300

Useful Telephone Numbers

Newham NHS Walk In Centre
Glen Road, London E13 8SL 020 7363 9200
Newham General Hospital 020-7476-4000
London Hospital 020-7377-7000
St Bartholomew's 020-7377-7000
Newham PCT Switchboard 020 7 059 6900
(To Contact Newham PCT for other PCT
Services at, Newham PCT, Clifton House,
75-77 Worship St, London, EC2A 2DU)
District Nurses (day) 020-8475-2146
District nurses (night) 020-7403-7771
Health Visitor 020-8586-5172
Shrewsbury Health Centre 020-8586-5142
Church Road Clinic 020-8553-7440
Health Care Advocates 020-7445-7772
Diabetic Specialist Sister 020-8586-5239
Newham Family Planning 020-8586-5147
Advent (midwife) 020-7476-4000
Community Mental Health Team
020-8475-8000
Moorfields Eye Hospital 020-7253-3411
East London & City Health Authority
020-7655-6600
Find-a-Doc 020 7059 6566
Redbridge and Waltham Forest Health Authority
020-8478-5151
Barking & Havering Health Authority
020-8591-9595
Community Health Council 020-7511-5665
Medical Foundation for Victims of Torture
020-7284-4321
Alternatives 020-7476-8215
Crisis Pregnancy Counselling
Brooks Advisory Clinic 020-7387-8700



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Pregnancy Advice Centre	020-7363-8247
Alcohol East (DASL)	020-8257-3068
Drugs addiction	
Healthy Options Team	0207-055-1500
Foundation 66	0203-203-0310
NHS Direct	0845-4647
Also via WWW.NHSDIRECT.NHS.UK	
Citizens Advice Bureau	020-8514-1314
Samaritans	0345-909090
CRUSE (Bereavement)	020-8940-4818
Childline	0800-1111
Rape Crisis Centre	020-7837-1600
Domestic Violence	0345-023468
	0207 473 3047
Relate (couples)	020-8445-0888
Miscarriage Association	01924-200799

Website

The URL for our website is www.wordsworthhealthcentre.gpsurgery.net

Other websites we would recommend for information about your health are:

PatientUK www.patient.co.uk

NHS choices www.nhs.uk

Local providers of health and social care

Newham Social services www.newham.gov.uk/healthandsocialcare

Newham University Hospital www.newhamuniversityhospital.nhs.uk

London Hospital www.bartsandthelondon.nhs.uk

Whipps University Hospital www.whippsx.nhs.uk



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How to Contact Us

It is possible to get through to the practice or health services deputising for the practice day and night on our phone line 0208 548 5960.

Our reception opening hours are:

Monday to Wednesday	8.00am-7:00pm (phones open until 6.30pm)
Thursday	8.00am-4.00pm (phones open until 3.00pm)
Friday	8.00am-7:00pm (phones open until 6.30pm)
Saturday	8:30am -12:00pm (phones open until 11:30pm)

The doors open at 8.30am Monday to Friday

When you phone please pay attention to the information given on the prerecorded messages to facilitate your call.

Our busy times are in the mornings up to 10am. Unless you are phoning for an appointment, if you can wait until a quieter time to phone your problem should be dealt with more rapidly.

For safety reasons we do not take repeat medication requests over the phone. Please send in a written request; preferably use the right hand side of your prescription to ensure all details of your medication are recorded. You may be able to use a neighbour or relative or make arrangements with your pharmacist to do this on your behalf.

Please do your best to ensure any requests for home visits are received before 10am. A doctor will phone you back to assess the request and advise on the best way forward. If you are able to get to the surgery we have more facilities to see you there.

We currently operate a triage system for telephone requests. You may have your request dealt with by the receptionist on the spot. Otherwise you may be put down for a call back from the doctor or health care assistant. Phonecalls are triaged to the health care assistant and doctor up to 1pm Monday to Friday.

We often use your repeat prescription to pass on information about any outstanding health matters in your record. Such as the need for a routine review of chronic disease or follow up of a health issue that has been identified. Occasionally national guidelines change and we may ask you to see us about a new aspect of care or even make a change to your prescription.

Blood tests and hospital letters



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If we send you for blood tests please phone 2 weeks after they have been taken to check the results. Similarly if you are to be referred and have not received any contact from the hospital in 6 weeks please phone to let us know.

Sometimes we receive letters from the hospital which suggest changes to some aspect of your care. If you have not contacted us about these we will usually contact you to advise on the best course of action. This may be by letter or by phone.

Please ensure you keep your record up to date with your current phone number, landline and mobile, and current address.

If any tests we send you for need any follow up we will let you know when you contact us about the results. Occasionally we may need to perform further tests or give health advice regarding the results of tests we have received. In this case one of our health care assistants will contact you by phone.



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Healthier lifestyle tips

When it comes to good health, there's no big secret. Here are 10 things you can do today to improve your health.

1. Check your weight

Nearly one in three women and four out of 10 men in England are overweight. Obesity causes 9,000 premature deaths every year and, on average, reduces life expectancy by nine years. Use our BMI calculator to find out if you're a healthy weight or whether you're at risk of serious health problems, such as type 2 diabetes, heart disease and certain cancers. If you need to bring your weight down, look in the NHS choices website, you'll find everything you need to know in the lose weight and health and fitness sections.

2. Drink less alcohol

Most people are unaware that regularly drinking more alcohol than is advised by the NHS can lead to a wide range of long-term health problems, including cancers, strokes and heart attacks. For example, men who regularly drink more than three to four units a day are three times more likely to have a stroke. Visit NHS choices website drinking and alcohol section to calculate your drinking levels, read about the health risks of drinking too much, and find out where you can get help.

3. Eat less salt and fat

Excessive salt and fat in our diets are a major cause of chronic illnesses, such as heart disease, stroke and diabetes. Too much salt in your food can cause high blood pressure and make you three times more likely to develop heart disease or have a stroke. Two thirds of Britons have too much saturated fat in their diets, putting them at an increased risk of heart disease and stroke. Visit the NHS choices website to get tips on cutting your fat and salt intake.

4. Exercise regularly

There's more to exercise than losing weight. Even if you're slim, you'll still get health benefits from exercising. Even a little regular activity can lower the risk of developing major chronic diseases, such as coronary heart disease, stroke and type two diabetes, by up to 50%. Regular exercise can cut the risk of premature death by 20% to 30%. You'll find plenty of fun and practical ideas to help you get moving in NHS choices website health and fitness section.

5. Eat more fruit and veg

For a healthy and balanced diet, try to eat five portions of fruit and vegetables a day. Research shows that eating at least 400g of fruit and vegetables a day can lower your risk of serious health problems, such as heart disease, stroke, type 2 diabetes and obesity.

6. Keep stress in check

In 2008/09 some 415,000 people in the UK reported work-related stress at a level they believed was making them ill. Psychological problems, including stress, are the underlying



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reason for one in five visits to a GP. If left unchecked, stress can lead to further health problems such as high blood pressure, anxiety and depression. Learn to manage stress better with NHS choices website top 10 stress busters, advice on good time management and relaxation tips.

7. Improve your sleep

Nearly everyone has problems sleeping at some point in their life. It's thought that a third of people in the UK have bouts of insomnia. Most healthy adults sleep for an average of seven to nine hours a night. If you're not getting enough sleep, it can affect relationships, your performance at work, and it can delay recovery from illness. Good sleep starts with a good bedtime ritual and some simple lifestyle changes. See the NHS choices website to look these up.

8. Quit smoking

The health benefits of quitting smoking are immediate. After 20 minutes, your blood pressure and pulse return to normal. After 24 hours, your lungs start to clear. After three days you can breathe more easily, and your energy increases. Keep it up and you're adding years to your life. Research shows that men who quit smoking by the age 30 add 10 years to their life. For help with quitting, including what your GP can do and nicotine replacement therapies, visit stop smoking on the NHS choices website.

9. Get a sexual health test

Many people don't notice any symptoms when they have a sexually transmitted infection (STI), such as chlamydia or gonorrhoea. If left untreated, chlamydia can affect a woman's ability to get pregnant. You can't tell by looking at someone whether they've got an infection, so it's important to get a check-up if you've ever had unprotected sex. Getting tested and treated for STIs is easier than you think, and most infections can be cured. Contact the practice if you have concerns.

10. Check that lump

One in three people in England is diagnosed with cancer at some time in their life. Cancer usually affects older people, but it can occur at any age. Detecting most cancers early means that treatment is more likely to be successful. Sometimes, noticing a small change, like a lump in the breast or testicle, changes to a mole, persistent cough or change in bowel habit or unexplained weight loss, can make a big difference to your health. For tips on spotting the early signs of cancer, read cancer symptoms on the NHS choices website.



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Simple advice to reduce chance of infection

It may seem a daunting task to keep yourself and your loved ones free of infections. Beyond the obvious—steering clear of runny noses and hacking coughs—you may be wondering about some other practical ways of staying infection-free. Your skin acts as a natural barrier against harmful microbes that cause infections, but smart “bugs” have found alternative routes to get into your body and cause infection. By making a few simple behavioral changes (which ultimately reduce their access into your body), you can easily prevent the spread of many infectious diseases.

1. Wash your hands frequently. Did you know that microbes can live on inert surfaces anywhere from a few minutes to several months? Imagine these disease-causing microbes living on your computer keyboard, your light-switch, or even on the pedestrian-crossing button next to the crossing!

Surprisingly, most people don't know the best way to effectively wash their hands. The CDC recommends washing thoroughly and vigorously with soap and water for at least 20 seconds, followed by hand-drying with a paper towel. In the absence of running water, an alcohol-based hand gel or wipe will suffice, although nothing beats good old soap and water. This takes about as long as it does to sing "Happy Birthday", so some hospitals recommend washing your hands for the duration of this simple tune!

2. Don't share personal items. Toothbrushes, towels, razors, handkerchiefs, and nail clippers can all be sources of infectious agents (bacteria, viruses, and fungi). So try to remember to keep personal items to yourself as well!

3. Cover your mouth when you cough or sneeze. In a similar vein, good personal hygiene includes not only personal cleanliness, but also the age-old practice of covering your mouth when you cough or sneeze. Why is this important if you aren't sick? For most infections, the disease-causing microbe has already started growing and dividing long before any symptoms begin to show. Coughing or sneezing can spread these germs through microscopic droplets in the air. The current recommendation is to cover your mouth with your arm, sleeve, or crook of the elbow, rather than using your hands.

4. Get vaccinated. Your immune system is designed to have a “memory” of previous infections. When your body encounters a microbe that has previously caused an infection, it enhances its production of white blood cells and antibodies to prevent infection a second time. However, by getting vaccinated, you “trick” your body into thinking that it has been infected by a particular microbe, hence enhancing its own defenses against subsequent infection.



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5. Use safe cooking practices. Food-borne illnesses frequently arise from poor food preparation and dining habits. Microbes thrive on virtually all food items, and more so on foods left at room temperature. Refrigeration slows or stops the growth of most microbes. Promptly refrigerate foods within 2 hours of preparation. Use separate cutting boards for raw meats and vegetables, keep clean countertops, and wash all fruits and vegetables well prior to eating. See fightbac.org for more information.

6. Be a smart traveler. Infectious diseases can easily be picked up while traveling, particularly when traveling to underdeveloped countries. If your travel destination is one where water is questionable, make sure to use a safe water source such as bottled water for drinking and brushing your teeth. Eat foods that have been cooked, and avoid raw vegetables and fruits. Finally, be sure to update all immunizations that are advised or required for your travel destination.

7. Practice safer sex. Sexually-transmitted diseases are probably the most easily preventable infectious disease. By being smart about safer sex (using condoms), transfer of infectious bacteria or viruses from one person to another can be prevented.

8. Don't pick your nose (or your mouth or eyes either). Not only is it a social taboo, but it also leads to the spread of a number of infections. Look around, and you'll notice how many people have their hands next to their faces. Many microbes prefer the warm, moist environment inside your nose, as well as other mucous-covered surfaces such as your eyes and mouth. Infections can be easily prevented by avoiding touching of these areas.

9. Exercise caution with animals. Infections that can spread from animals to people are called "zoonotic diseases" and are more common than most people realize. If you have pets, make sure they get regular check-ups and that their vaccinations are up-to-date. Clean litter boxes frequently (unless you're pregnant then stay away!), and keep small children away from animal faeces. Different types of wild animals can carry diseases such as rabies or bird flu or fleas and ticks that spread plague and Lyme disease. Make the area around your home unfriendly to rodents and other mammals by eliminating areas where they could hide or build nests, using rodent-proof dustbins that contain food waste, and sealing up holes that offer easy and attractive access to animals. And teach small children in your household to be cautious when encountering wild animals.

10. Watch the news. A good understanding of current events can help you to make wise decisions about traveling or other recreational activities. For example, a bird flu outbreak in Asia may make you think twice about a trip you were planning. Recent reports of West Nile Virus spread by mosquitoes? You may want to bring some insect repellent on your camping trip after all! Salmonella in tomatoes? Don't eat tomatoes. You get the idea.



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Treating a common cold

Suitable for adults and children over 5 years old

If your condition worsens or does not settle over a few days or you develop shortness of breath or change in consciousness please contact the surgery

Self care

In most cases, you will be able to treat the symptoms of cold yourself at home by using a number of self-care techniques. These are listed below.

- Drink plenty of fluids to replace any fluids you may have lost due to sweating and having a runny nose.
- Get plenty of rest: there's no official guidance as to how long a person should stay off work or out of school. Most people usually know when they're fit enough to return to normal activities.
- Eat healthily: a low-fat, high-fibre diet is recommended, including plenty of fresh fruit and vegetables (five portions a day).

Many children will lose their appetite when they have a cold. However, this is perfectly normal and it should only last for a few days. It's recommended that children with a cold only eat when they're hungry.

The remedies outlined below may also help to relieve your symptoms.

Steam inhalation

Steam inhalation involves sitting with your head over a bowl of hot water. Place a towel over your head, close your eyes and breathe deeply. Avoid getting the hot steam in your eyes.

The steam may help to ease your congestion by loosening mucus and making it easier to clear by blowing your nose. Adding menthol, eucalyptus, camphor, thymol or pine oil to the water may help to clear the passageways in your nose.

Steam inhalation is not advised for children due to the risk of scalding. Instead, a child may benefit from sitting in a hot, steamy bathroom.

Gargling

Gargling with salt water can sometimes help to relieve the symptoms of a sore throat and nasal congestion.

Vapour rubs



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Vapour rubs can help to soothe the symptoms of a cold in babies and young children. Apply the rub to your child's chest and back. Don't apply it to their nostrils because this could cause pain and breathing difficulties.

Menthol sweets

Some people find that sucking a menthol sweet can help to relieve the symptom of a sore throat.

Nasal saline drops

Nasal saline drops or sprays can help relieve the symptoms of nasal congestion in babies and young children. Nasal saline drops contain salt water so they're thought to work in the same way as gargling salt, but they're often better tolerated in babies and young children.

Nasal saline drops or sprays are available from most pharmacists.

Over-the-counter cold medications

In England, over-the-counter (OTC) cold medicines are probably the most widely used type of medication. However, there isn't much evidence that certain OTC medications are effective.

Painkillers such as ibuprofen, paracetamol and aspirin are the only type of medication known to be effective in treating colds.

Children who are under 16 years old or women who are breastfeeding should not take aspirin.

Decongestants (medications designed to reduce nasal congestion) may have some limited effectiveness against colds. However, don't use them for more than five to seven days because overuse can make the symptoms of congestion worse.

There's no evidence to support the use of antihistamines or cough syrups in treating a cold.

The use of antibiotics to treat a cold is not recommended. As almost all cases of cold are caused by a viral infection, antibiotics won't have any benefit, and may cause unpleasant side effects, such as nausea and diarrhoea.

Most OTC cold medications aren't suitable for children under six years old. If your child is unwell, talk to your pharmacist about the best option if you need an OTC medication.

Many OTC medications contain a combination of different medicines; typically a painkiller, such as paracetamol, and a decongestant, such as pseudoephedrine.



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If you have recently taken an OTC cold medication, it may not be safe for you to take an additional painkiller. Read the manufacturer's patient information leaflet carefully before taking the medication, and follow the recommended dosage instructions.

More information about specific OTC medication is provided below.

Decongestants

Decongestants can be taken by mouth (oral decongestants) or they can be taken as a spray in your nose (nasal decongestants). They work by reducing the swelling in the passageways of your nose and they may also help to ease breathing.

There's limited evidence to show how effective decongestants are. This type of medication may only relieve some people from their cold symptoms. Also, when decongestants do work, they often only ease symptoms for a short period of time.

However, decongestants are a safe and rarely cause serious side effects. If you use nasal decongestants frequently or for a long time, your congestion may end up getting worse.

Don't give any form of oral decongestant to a child under six years old, as it may cause adverse side effects.

Oral decongestants can cause a rise in blood pressure and heart rate, leading to a feeling of being more alert. Therefore, if you take OTC decongestants at bedtime, you may have problems sleeping at night. Oral decongestants, such as pseudoephedrine, phenylpropanolamine and phenylephrine are used in many OTC cold remedies.

Oral decongestants may interact with some antidepressants and beta-blockers. If you're taking either of these medicines, check with your GP or pharmacist before taking oral decongestants. If you have high blood pressure (hypertension), heart problems or glaucoma (a group of eye conditions that affect vision), check with your GP before using an oral decongestant.

Nasal decongestants work specifically on the nose. They're usually safe for adults and older children to use. Nasal decongestants, such as oxymetazoline, xylometazoline, phenylephrine and ephedrine are applied directly to the inside of the nose. They are available as nose drops or sprays.

Nasal decongestants shouldn't be used for more than five to seven days because using them for longer can actually make your congestion worse. If you're taking a type of antidepressant called a monoamine oxidase inhibitor (MAOI), you shouldn't use nasal decongestants.

Painkillers



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Paracetamol, ibuprofen or aspirin can help to reduce a fever. They also act as painkillers (for children, use children's liquid paracetamol). Always follow the manufacturer's instructions to ensure that the correct dose is given.

Ibuprofen and paracetamol can be taken alternately over the course of a day as long as you don't exceed the maximum dose for each. However, children mustn't be given both ibuprofen and paracetamol. You must either use one or the other. Using both could cause adverse side effects. Always follow the manufacturer's instructions carefully.

Paracetamol, ibuprofen and aspirin are also included in some OTC cold medicines with other ingredients. Check with your pharmacist or GP before taking a cold remedy if you're taking any other painkillers.

Don't take ibuprofen if you have a history of stomach ulcer, indigestion, asthma or kidney disease. Aspirin should also not be taken by children who are under 16 years old or by women who are breastfeeding.

If you're pregnant, paracetamol – not ibuprofen – should be used for the short-term relief of mild to moderate pain and fever.



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Diarrhoea and vomiting

Treating diarrhoea

Diarrhoea often goes away without treatment after a few days, because your immune system (the body's natural defence system) automatically fights the infection.

In children, the symptoms of diarrhoea usually pass within five to seven days. Most children's diarrhoea symptoms do not last more than two weeks.

In adults, the symptoms of diarrhoea usually improve within two to four days. The time that diarrhoea usually lasts for in particular infections can be:

- rotavirus: three to eight days
 - norovirus: around two days
 - campylobacter and salmonella bacterial infections: two to seven days
 - giardiasis (infection with the Giardia intestinalis parasite): several weeks
- In the meantime, you can ease your symptoms by following the steps below.

Drink fluids

You can avoid dehydration by drinking lots of fluids. Take small, frequent sips of water. You are more likely to be dehydrated if you are also vomiting.

It is especially important that babies and small children do not become dehydrated. Even if your child vomits, still give them frequent sips of water. A small amount of fluid is better than none. Fruit juice and fizzy drinks should be avoided, as these can make diarrhoea worse in children.

If your child shows signs of dehydration, contact your GP immediately. Signs of dehydration include:

- appearing to get more unwell
- being irritable or drowsy
- passing urine infrequently
- pale or mottled skin



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•cold hands and feet

Children at risk of dehydration

Your child may be at increased risk of dehydration if they:

- are younger than one, particularly if they are younger than six months
- are less than two years old and born with a low birth weight
- have had more than five episodes of diarrhoea in the last 24 hours
- have vomited more than twice in the last 24 hours
- have not been able to hold down fluids
- have suddenly stopped breastfeeding

Continue breastfeeding or bottle-feeding

If you are breastfeeding or bottle-feeding your child and they have diarrhoea, continue breastfeeding or bottle-feeding them as normal. Rehydration drinks should also be given if your child is at risk of dehydration.

Oral rehydration solutions (ORS)

Your GP or pharmacist may suggest drinking an oral rehydration solution (ORS) if you are more vulnerable to the effects of dehydration, for example because:

- you are 60 years old or older
- you are frail
- you have another pre-existing condition, such as cardiovascular disease

Rehydration drinks usually come in sachets that are available without a prescription from your local pharmacist. They are dissolved in water and they help to replace salt, glucose and other important minerals that you may be losing through dehydration.

Rehydration drinks do not cure diarrhoea, but can prevent or treat dehydration. Do not use homemade salt or sugar drinks.

Children and Oral rehydration solution (ORS)

Your GP or pharmacist may also recommend an oral rehydration solution for your child if they are dehydrated or at risk of dehydration (see above).

It is usually recommended that your child drinks an ORS each time they have an episode of diarrhoea. The exact amount of ORS they should drink will depend on their size and weight. Your pharmacist will be able to advise you. The manufacturer's instructions that come with the ORS also give information about the recommended dose.

Advice about eating

Expert opinion is divided over when and what you should eat if you have diarrhoea, but most agree that you should eat solid food as soon as you feel able to. Eat small, light meals and avoid fatty, spicy or heavy foods.



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If you feel you cannot eat, it should not do you any harm, but make sure that you continue drinking fluids, and eat as soon as you can.

Children and eating

If your child is dehydrated, do not give them any solid food until they have drunk enough fluids. Once they have stopped showing signs of dehydration, they can start eating their normal diet.

If your child is not dehydrated, offer them their normal diet. If your child refuses to eat, continue to offer drinks and wait until their appetite returns.

Medicines

Antidiarrhoeal medicines

Antidiarrhoeal medicines may reduce the diarrhoea and shorten how long it lasts by around 24 hours. However, they are not usually necessary unless shortening the duration of your diarrhoea helps you get back to your essential activities sooner.

Loperamide is the preferred antidiarrhoeal medicine because it causes fewer side effects and there is more evidence of its effectiveness. Loperamide slows down muscle movements in your gut, which leads to more water being absorbed from your faeces. Your faeces then become firmer and are passed less frequently.

Some antidiarrhoeal medicines can be bought from a pharmacy without a prescription. Check the patient information leaflet that comes with the medicine to find out if it is suitable for you and what dose you should take. Ask your pharmacist for advice if you are unsure.

You should not take antidiarrhoeal medicines if:

- there is blood or mucus in your stools
 - you have a high temperature
- Contact your GP instead.

Children should not be given antidiarrhoeal medicines.

Painkillers

Although painkillers will not help the diarrhoea, you can take the recommended dose of paracetamol or ibuprofen if you have a fever or headache. Do not take ibuprofen if you have asthma, or if you have stomach, liver or kidney problems.



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Liquid paracetamol or ibuprofen can also be given to your child if necessary. Check the patient information leaflet to find out if it is suitable for your child. Children under 16 years old should not take aspirin.

Antibiotics

Antibiotics are not recommended for diarrhoea if the cause is unknown. This is because:

- they do not work if the diarrhoea is caused by a virus
- they can cause unpleasant side effects
- every time you use antibiotics to treat a mild condition, it is more likely that their effectiveness for treating more serious conditions is reduced

However, if your diarrhoea is particularly severe and a specific bacterial cause has been identified, antibiotics may be recommended.

Antibiotics may also be recommended if you have a pre-existing risk factor that makes you more vulnerable to infection, such as having a weakened immune system.

Treatment in hospital

Hospital treatment may be necessary if you or your child has serious dehydration caused by diarrhoea.

Hospital treatment involves administering fluids and nutrients directly into the vein (intravenously).

Vomiting in adults

Vomiting in adults is usually not a sign of anything serious and tends to only last one or two days.

Vomiting is the body's way of ridding itself of harmful substances from the stomach, or it may be a reaction to something that has irritated the gut.

One of the most common causes of vomiting in adults is gastroenteritis. This is an infection of the gut usually caused by bacteria or a virus, such as a norovirus. Gastroenteritis also causes diarrhoea. Your immune system will usually fight off the infection after a few days.

However, vomiting can occasionally be a sign of something more serious, such as a blockage in your bowel or kidney stones, so if you are feeling very unwell or are worried about your vomiting, trust your instincts and call your GP.



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This page provides more detailed advice on when to see your GP and covers some of the common causes of vomiting.

Motion sickness is covered in a separate topic.

When you should call your GP

Call your GP if you have any of the below signs, which mean you have a high risk of becoming dehydrated or may have a more serious underlying condition:

- You have been vomiting uncontrollably for more than 24 hours.
- You have not been able to keep down fluids for 12 hours or more.
- Your vomit is green. In this case you are probably bringing up bile, a fluid the digestive system uses to digest foods. This suggests you may have a blockage in your bowel (see below).
- There is blood in your vomit or what looks like coffee granules. This is a sign of a peptic ulcer.
- You also have severe stomach pain.

Common causes of vomiting in adults

Gastroenteritis

Gastroenteritis or food poisoning are common causes of vomiting in adults.

Pregnancy

Pregnancy can cause vomiting. Pregnant women are especially likely to vomit in the morning.

Migraine

In migraine vomiting usually begins at the same time as the throbbing headache and disappears once the headache eases. Your GP will be able to prescribe anti-sickness medicine to help relieve this.

Appendicitis

Appendicitis, which is a medical emergency, can cause vomiting. You will also have extreme pain in your tummy and your appendix will need to be removed. You should dial 999 for an ambulance if you think you have appendicitis.

Labyrinthitis

Labyrinthitis is an inner ear infection that also causes dizziness and a feeling of spinning. Your GP may be able to prescribe medication to relieve your symptoms while your immune system fights off the infection, which may take a few weeks.

More unusual causes of vomiting in adults



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The following can occasionally cause vomiting in adults:

- an abnormally high blood sugar level (hyperglycaemia) or low blood sugar level (hypoglycaemia)
- a blockage in your bowel, such as a hernia or gallstones
- a kidney infection
- a kidney stone that has blocked the tube from the kidney to the bladder through which urine passes
- certain medicines, such as antibiotics

Looking after yourself

The most important thing you can do when vomiting is to keep taking small sips of fluid so you don't become dehydrated. Drink water, squash, diluted fruit juice or semi-skimmed milk.

A sweet drink can be useful for replacing lost sugar and a salty snack, such as a packet of crisps, can help replace lost salt.

You may find that ginger helps to relieve your nausea and vomiting. Try drinking fresh ginger stewed in a mug of hot water.

Vomiting in children

It is normal for babies and children to vomit during their childhood.

In most cases, the vomiting will last no longer than one or two days and is not a sign of anything serious.

The most common cause in both children and babies is gastroenteritis. This is an infection of the gut usually caused by a virus or bacteria. It also causes diarrhoea. Your child's immune system will usually fight off the infection after a few days.

Also, babies frequently vomit when they swallow lots of air during feeding.

However, persistent vomiting can sometimes be a sign of something more serious, such as a severe infection or even meningitis.

Read this page for advice on what to do if your child keeps vomiting, and learn about some of the common causes of vomiting in children and babies.

What to do

If your child vomits, monitor their condition carefully. Trust your instincts and call your GP immediately if you are worried.



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If the cause is just a tummy bug, they should still be feeling well enough to eat, play and be their usual self. In this case, keep feeding them as normal and offer them regular drinks (see advice below).

But if they do not seem themselves - for example, if they are floppy, irritable, less responsive or have lost their appetite - there is a higher chance they could be seriously ill and you should call your GP immediately.

When to call your GP

You should call your GP if:

- your child has been vomiting for more than 24 hours
- your child has not been able to hold down fluids for the last eight hours, or you think they are dehydrated

(Signs of dehydration)

Children with dehydration often feel and look unwell. The signs of dehydration are:

- dry mouth
- crying without producing tears
- urinating less, or not wetting many nappies
- increased thirst
- floppiness)

- they are floppy, irritable, off their food or generally not their usual self
- they have severe tummy pain
- they have a headache and stiff neck

Severe vomiting and diarrhoea can easily lead to dehydration, especially in young babies. This means your child's body does not have enough water or the right balance of salts to carry out its normal functions.

Looking after your child

The most important thing you can do if your child is vomiting is to make sure they keep drinking fluids.

If your baby is vomiting, carry on breastfeeding. If they seem dehydrated, they will need extra fluids. Ask your pharmacist if they would recommend oral rehydration fluids for your baby.



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Oral rehydration fluid is a special powder that you make up into a drink, which contains sugar and salts in specific amounts to help replace the water and salts lost through vomiting and diarrhoea. Brands include Dioralyte, Electrolade and Rehidrat.

Children who are vomiting should keep taking small sips of fluid so they don't become dehydrated. They can drink water, diluted squash, diluted fruit juice or semi-skimmed milk. Again, your GP or pharmacist may recommend that your child drinks an oral rehydration solution.

If your child cannot hold down the oral rehydration solution, contact your GP or nurse.

Causes of vomiting in children

Gastroenteritis

Gastroenteritis (an infection of the gut) is a common cause of vomiting in children, and usually goes away after a few days.

Food allergy

Food allergies can also cause vomiting in children. Watch out for certain foods that may bring on the vomiting, and see if your child is better after avoiding this food.

Labyrinthitis

Labyrinthitis is an inner ear infection that causes dizziness and a feeling of spinning as well as nausea and vomiting. Your GP will be able to prescribe medication to relieve your child's symptoms while their immune system fights off the infection, which may take a few weeks.

Appendicitis

Appendicitis can cause vomiting in children, as well as extreme pain in the tummy. It is a medical emergency and means your child's appendix will need to be removed. You should dial 999 for an ambulance if you think your child has appendicitis.

Poison

Accidentally swallowing a drug or poison can cause vomiting in children. If you think this is the case, call your GP immediately or take them to your nearest accident and emergency department.

Causes of vomiting in babies

These include:

- Swallowing lots of air during feeding.
- Gastroenteritis (an infection of the gut).
- A food allergy or milk intolerance.



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- Gastro-oesophageal reflux, which is when stomach acid escapes back up the gullet.
- Too big a hole in the bottle teat, causing your baby to drink too much milk.
- Accidentally swallowing a drug or poison.
- A birth condition where the passage from the stomach to the bowel has narrowed and food cannot pass through easily, causing projectile vomiting. This condition is called congenital pyloric stenosis.
- A blockage, such as a hernia, in your baby's bowel. They will vomit frequently and cry as if in great pain.

Facts I Need to Know about Abuse

Child Abuse

Many parents, relatives, friends, and neighbours are interested in the welfare of the children they know. Very few adults harm children deliberately and most often, when harm does happen, families need support, not punishment or the removal of their children.

This information will help you to understand what child abuse is and how to get help if you think a child you know is being abused. The sooner you take action, the sooner the abuse will stop.

What is Child Abuse?

Abuse can happen to a child at any age, from birth up to 18 years of age and can happen in well-off families and in poor families; it can happen to black children and white children; it can happen to disabled and non-disabled children. Abuse can happen because of the way adults or other children and young people behave towards a child; it can also result from adults failing to provide proper care for the children they look after. One child may suffer different kinds of abuse at the same time.

Physical Abuse

This is when someone physically hurts or harms a child. Hitting, squeezing, biting, or twisting a child's arms or legs, can cause injuries like bruises, grazes, cuts or broken bones. Sometimes, someone burns a child, perhaps by holding a part of their body against something very hot or by scalding. Violently shaking a baby can cause brain injuries, which can lead to permanent disability. Poisoning a child, perhaps by giving them alcohol or drugs, and deliberately making them ill is also physical abuse. Warning signs:

- Any injuries at all to young babies who are not yet able to move on their own
- Bruises in places where you would not normally expect to find them on a child
- Bruises which have a distinctive shape or pattern, like hand prints, grasp or finger marks, or belt marks
- Burns or scalds with clear outlines
- Bite marks
- Bruising in or around the mouth

Neglect

Neglect can result when adults fail to meet the physical or emotional needs of the children they are responsible for. All children need food, clothing, warmth, love and attention, in order to grow and develop properly. Warning signs:



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- A child who always appears dirty and smelly
- A child who looks thin and ill
- A child with illnesses which have not been treated
- Inadequate or unsuitable clothing for the weather conditions
- A child who suffers repeated accidents
- A child who does not respond when given attention
- A child who craves attention and affection from any adult

Sexual Abuse

This is when someone forces a child to take part in sexual activity, which the child does not really understand and to which the child is not able to give informed consent. The abuser may use different methods to persuade the child to co-operate, like bribery, threats or physical force. Sexual abuse can take many different forms, from touching to penetration. **Often, there will be no physical signs.** It can happen to boys as well as girls. Sexual abuse can have long-lasting effects: some children who have been abused in this way go on to abuse other

children; some find as they grow up that they are unable to have close relationships with other people; others deliberately harm themselves because they feel so bad about what has happened. Children who are being sexually abused may tell an adult they trust - that person must be prepared to listen, hear and take action. Warning signs:

- A child who behaves in a sexual way
- A child who has inappropriate sexual knowledge for their age Injuries or unusual appearance to private areas of the body
- A child who seems to take on an 'adult' role in the family
- A child who has 'secrets' with adults
- A child who hints at sexual activity through words, play or drawings.
- Truanting, running away from home

Emotional Abuse

Emotional abuse occurs when a child's basic needs for love, security, praise and recognition are left unmet. It may result in a child becoming withdrawn, nervous, and unhappy or lacking in confidence; a child may be isolated and find it difficult to make friends, perhaps because they don't behave like other children.

Emotional abuse may happen when an adult constantly behaves in an uncaring or hostile way towards a child, perhaps by bullying, rejecting, frightening, criticizing or scape-goating the child. An adult may behave in an inconsistent way all of the time so the child never knows what reaction to expect.

Some adult carers can be very possessive or over protective towards a child. In severe cases, children may be subjected to cruel treatment and punishment like being locked up in cold dark surroundings. Basic needs like food, drink and warmth may be withheld or have to be 'earned'. A child may also be emotionally abused if they are living in a household where they are witnessing or overhearing domestic abuse. Warning signs:

- A child who is constantly blamed unfairly for things that go wrong
- A child who is made to carry out tasks inappropriate to their age
- A child who is not allowed to do normal childhood activities
- A child who is unhappy, nervous, withdrawn, isolated

What can I do to help?

It is very important that you take action straight away if you think a child you know is being abused. The longer abuse goes on the longer it will take for a child to recover. Sometimes



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abuse gets worse over time if nothing is done and the child suffers increasingly serious harm. Children are dependent on others for their survival and have a right to be protected and have someone who will act on their behalf. Doctors, health visitors, teachers or the NSPCC can advise you and put you in touch with a Social Worker or Police Officer, or can pass on information on your behalf.

Social Care Services (formerly Social Services)

Newham social workers and other professionals get involved when parents may be unable to protect their child from harm and need some help.

Social workers have a major role in investigating, assessing and working with the victims of child abuse. When an allegation of child abuse is made, the Children & Young People's Service (CYPS) carry out enquiries to decide what action is needed to ensure the child is safe and protected. Most often, this can be done with the child staying at home.

The CYPS has a legal duty to offer as much help as possible to the family to enable the abused child to stay at home safely. In some cases the Police Child Protection Units will

conduct a Joint Investigation with social workers to investigate allegations of child abuse. Help protect children and decide whether an offence has been committed against a child.

Newham Police Child Abuse Investigation Team (CAIT)

The Police have to become involved in cases of child abuse because of their responsibility to prevent and investigate crime. It is important to remember that child abuse is a criminal matter. However, prosecution does not always take place. In Newham there is a team of specially trained and experienced police officers who know how best to investigate child abuse.

Who to contact

If you are concerned that a child is at immediate risk you should call 999.

You can contact the out of hours Emergency Duty Team on **020 8430 4201**

You can also contact the Police Child Abuse Investigation Team on: **020 8217 6548**.

If you are worried about a child please contact us online through My Newham. In an emergency situation, please call 020 3373 4600

In addition, you can call the **NSPCC Child Protection helpline on 0808 800 5000** to discuss your concerns, or ask for advice by [email](#).

The NSPCC also provide a helpline services for children themselves who are looking for someone to talk to (**Childline 0800 1111**).

Adults

It is important to realise that adults can also suffer abuse, particularly those who are vulnerable due to illness, frailty or learning disabilities.

They can suffer similar issues to children but are also at risk of financial abuse and domestic violence.

If you are concerned that an adult is at immediate risk you should call 999.

Please contact social services on 0203 373 0440 if you have concerns regarding adult safeguarding issues.



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Chaperone Policy

Often in your contact with our health professionals they will suggest that you are examined physically.

This is in order to help make a diagnosis of your condition and so plan appropriate treatment.

We understand that sometimes you may feel uneasy about certain elements of examination and will always be happy to provide a chaperone to be present for your examination if you so wish.

A chaperone is usually a member of staff who will sit in the room while the examination is performed. They will not be involved in the examination itself.

If you would prefer to have a chaperone for the examination then please let the health professional know.



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We do have both female and male practitioners and if you would find it difficult to be examined by one or other sex then please make an appointment with the practitioner of the gender you would be happy to be examined by.

Wordsworth Patient Charter

What Patients of the Graham Practice should expect

1. The telephones are answered within a reasonable amount of time
2. . The receptionist answering the call is courteous and patient.
3. The receptionist answering the call deals with the patient enquiry efficiently and confidentially.
4. Receptionists deal with patients in a consistent and fair manner.

Note, we welcome any suggestions within the suggestion box and complaints via the complaint procedure

Appointments

Patients are at first offered normal appointments (if they are available)

If normal appointments are not available then an emergency appointment will be offered (if the condition is deemed to be an emergency and they are available)



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If there are no emergency slots or the condition is not deemed to be an emergency then a telephone consultation with a Doctor will be offered later on in the session.



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What the Graham Practice expects from Patients

1. To not verbally abuse or intimidate staff, directly (face to face) or over the phone.

The Abuse :-

- Will be logged by a member of staff with the time/date and abuse event
- The manager at his discretion will send a letter to the offending patient to stop the verbal or intimidating abuse.
- If there is further verbal or intimidating abuse, the Manager in consultation with the GP's will remove the offending patient from the list

2. This is a zero tolerance practice and physical abuse will not be tolerated

Physical Abuse

The offending patient will be removed immediately from the list

3. To wait in the queue until called by the receptionist (to protect patient confidentiality). If the patient approaches prior to being called, they will be asked politely to rejoin the queue at the barrier.
4. Patients to offer date of birth on initial contact with the receptionist (face to face or over the phone)
5. No more than 2 appointment requests per call
6. If you do not attend appointments on a regular basis you will be asked to find another GP
7. the doctor may ask you to book again if you come with more than one problem



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Patient Information Leaflet on “HOW to make a Complaint”

Why make a complaint?

We aim to provide the best possible health care for all our patients. However, sometimes things go wrong and you might not be happy with the treatment you or your family has received. If you are unhappy with any treatment or service you can make a suggestion for improvement or a complaint.

It is important to think about what you want to happen as a result of your complaint, and to make this clear you may want:-

- An apology
- An explanation of what happened
- Some change or improvement, making sure people realise their mistakes
- To ensure the same thing does not happen again

Who to complain to:

Your complaint can be made verbally or in writing. Speak to a member of staff; they may be able to sort out the problem at once. You may prefer to write a letter, we can help you write down your complaint if you wish.

What happens next?

If you make a verbal complaint you may receive a verbal or written response. If you make a written complaint, we will try and contact you to discuss the issue and resolve it verbally otherwise establish the actions to resolve the issue and write to you as acknowledgement. If we cannot contact you we will write an acknowledgment within 3 days of receipt of the letter identifying the steps we will take. We will endeavour to respond as quickly as possible but some responses may take longer, if so we will contact you to keep you abreast of what is happening

If you are unhappy with the response:

If you feel there are aspects of your complaint that need further attention or you want to discuss, please let us know. We are happy to review our response or arrange a meeting with you if you prefer, this can be arranged with a neutral facilitator from the PCT PALS office via 0207 0596733.

Or you may wish to contact POHWER ICAS the Independent Complaints advocacy Service, who can offer you help and advice on making a complaint. The phones number is 0300 456 2370.

If you do not want to pursue the issue further locally then you can contact
The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
Westminster, London
SW1P 4QP.



Wordsworth Health Centre

19 Wordsworth Avenue
London E12 6SU
Tel 020-8548-5960
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Dr Pople - Dr Sajjal - Dr Buscombe - Dr Brandon - Dr Goodyear

Patient Information Leaflet on “Your Information – What you need to know”

Why produce this leaflet?

☑ This leaflet has been produced to provide clear and consistent advice about how we use and safeguard your information.

How do I get access to my records?

The data Protection Act 1998 allows you to find out what information is held about you on computer and in certain manual records. This is known as the “right of the subject access”. It applies to your health records.

If you want to see them you should make a written request. You are entitled to make a copy, but note a charge will be made. You should also be aware that in some circumstances your right to see some details may be limited by your own interest or some other reasons.

Why we collect information about you?

Your doctor keeps a record about your health and any treatment or care you receive. These help to ensure we provide the best possible care. The records may include:

1. Basic details about you, such as address, telephone number
2. Contacts we have had with you either in clinics or via the phone
3. Notes and reports about your health
4. Details about the care and treatment you receive
5. Results of investigations, such as X-rays and laboratory tests
6. Relevant information from other health Care professionals, relatives or those who care for you and know you well

Why we collect information?

Your records are used to guide and administer care you receive to ensure

1. Your GP has accurate and upto date information on your health to decide what care you need in the future
2. Full information is available should you see another GP or specialist
3. There is a good basis for assessing the quality of care you receive
4. Your concerns can be properly investigated, if you need to complain

How are your records used to help the NHS?

Your information may be used to help us

1. Look after the health of the general public
2. Audit NHS service and accounts
3. Investigate complaints, legal claims or untoward incidents
4. Ensure our services can meet future patient need
5. Prepare statistics on NHS performance
6. review the care we provide



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7. teach and train health professionals
8. Conduct health research and development

Some of this information will be held centrally, where statistical information is used anonymity is assured. Personally identifiable data may be used for essential NHS purposes. This will be done via your consent otherwise information can be used under section 251 of the NHS 2006 Act.

How do we keep your records confidential?

Everyone working for the NHS has a legal duty to keep information about you confidential.

We may need to share information with other services (e.g. Social Services). We will only pass on information if others involved in your care have a genuine need. We will not disclose information to 3rd parties unless you give your consent unless there are exceptional circumstances, such as the health and safety of others is at risk or where the law requires information to be passed on.

Anyone who receives information from us is also under legal obligation to keep it confidential

We are required by law to report certain information to the appropriate authorities E.g.

1. Notifications of births
2. Where we encounter infectious disease which may endanger safety of others e.g. meningitis
3. Where a formal court order has been issued

Our guiding principle is that we are holding your records in strict confidence