Staff Updates

We have sadly said 'Goodbye' to Nurse Maria Cockburn who has left us to move to a new post as a Diabetic Specialist Nurse and we wish her all the best with this. We have now been joined by a new Practice Nurse, Aileen Robertson and we welcome Aileen to the team.

Mid-Summer brings more staff changeovers and both Dr Enyinnaya Okeke and Dr Lisa MacBeth will be leaving us at the start of August. Dr Marie Curtis-Barton will be joining us from August to December.

We will also shortly be introducing two new receptionists. Rosie MacPhee will be rejoining the Practice after an absence of 27years and will be a familiar face to many patients as she comes to us from Caol Pharmacy. Emily Matthews will also be joining our 'front of house' team and we look forward to welcoming both the new girls to our Tweeddale 'family'.

Remember to be careful in the sun this Summer and if you are going abroad get your vaccinations early.

Tweeddale Medical Practice

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We are also on the web at www.tweeddale.com



Patient Newsletter Tweeddale Medical Practice June 2013 Issue 26 **Summer 2013** Inside this issue: Welcome to the summer edition of your Practice Newsletter. Tick Bites 2 In the summer edition of your newsletter we have articles updating you on: What you say 3 and what we do Ticks and Lyme Disease Staff Updates 4 What you say and what we do We hope that you find these articles helpful and informative but we are always looking for ways to improve your newsletter. Comments and feedback are welcome.

You can pass suggestions on to any member of staff in the practice or e-mail us on:

high-uhb.gp55624-admin@nhs.net

Tick Bites

We would like to remind all our patients to be aware of the risk of tick encounters, particularly during the Summer months when you will be making the most of our beautiful countryside.

Tick bites occasionally have the potential to develop into Lyme Disease which can bring some nasty symptoms with it, so remember to check yourself thoroughly for 'little hitch-hikers' when you have been 'off road'.

The following websites are very informative.

www.lymediseaseaction.org.uk (who provided the embedded leaflet you can see here)



www.bada-uk.org

What is Lyme disease?

Lyme disease is an infection caused bybacteria called Borrelia burgdorferripronounced bore-EL-ee-uh burg-DOR-fer-rye). They belong to a family of bacteria calledSpirochaetes (SPY-roekeets), because of their

sniral shape. This is a highly magnifie image of a group of Borrelia burgdorferi bacteria.

What happens when you get Lyme

Some people, but not all, get a circular redrash that spreads out from the bite. Later, yournight feel ill. You might get.

- headaches
- stomach upsets
- · feeling very fired
- · pains in muscles and joints
- numbness or tingling feelings

Some people only have mild symptoms, but others can be very ill.



What are ticks? Ticks have eight legs (apart from the larvae, which have six), so they are not insects, but are ARACHNIDS, and are related to spiders, mites and scorpions. They go through four stages in their life cycle.



Adult male Adult female



Where are ticks found?

They like to live in places with deep vegetation and lots of small animals and birds they can feed



So how does a tick feed?

To grow from one stage to the next, the tick has to feed. It climbs a leaf or stalk, then waits for an animal to brush past. The tick has hooks on its front legs so that it hangs on to the animal. The tick's mouth is like a hollow needle (the proper name is HYPOSTOME). It stabs this into the animal's skin and slowly drinks its blood, like sucking a drink through a straw.



The tick might stay attached for several days. Infections can be passed to you during this time. When it has finished feeding it drops off, ready to change to the next stage in its life cycle.



This photograph shows a nymph tick attached to someone's skin. Look how small it is compared to a fingernail

What if I have heart hitter? Be smart and be aware!

· Keep your arms and leps covered when walking in woodland and similar places removed as puickly as possible and in the right

- check yourself carefully alterwards. If you find a tick attached, remove it puickly



Fiveu den't have a tool, you can lie a loop of thread around the lick as close to your skin as possible and put firmly upwards without Two officers

· DO NOT by to pull a tick out with your fingers! You might squeece the contents d the tick into your body, which is more likely to make you it.

 DD NOT by to burn the tick or cover it with vaseline or any other creams or chemical

Den't maniel From Provi and hillion he a firly if

doesn't mean you will get it, as not all ticks carry diseases. Just make sure the tick is

If you get a rash or you feel it in the first six weeks or so after a tick bits, see your doctor

The best way to remove a tick is to use a

special tool which hooks underneath the tick

Some bals, like one shown, are designed to be twisted as you pull to help break the grip.

How do you remove a tick?

straight away.

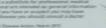
- D0 disinfed the area around the bite using antiseptic cream, after you remove the tick
- ick removers can be bought from our web
- ---- Immer monet units



and in the proper way.

FACT: ticks can carry other germs as well. These include Babesia. Bartonella and Birtichia: An inflected lick can give you more than one inflection at the same limat

e





Patient Feedback: What you say and what we do....

What you said	What can we do or are doing	What we are unable to do & why
The waiting time to access my doctor of choice is too long	We have introduced book- able telephone review ap- pointments for each doctor – if you do not require a face-to-face appointment, you may be able to speak to your doctor of choice on the telephone sooner.	We have no control over demands on our resources but try our best to meet the needs of our patients.
What about using facilities like Skype for consulta- tions?	This has been considered by the NHS Highland eHealth Committee al- ready and for various rea- sons concerning security around a commercial sys- tem, it is thought not to be viable. We have raised this topic again for further consideration and review – watch this space	We are bound by NHS policies and need to com- ply with whichever sys- tems are authorised and endorsed by them.

Please be assured that we do listen to you and value your opinion.