

Keeping Well?

The Newsletter of the Nuffield Patient Group

Welcome!

Isn't it great to see the Spring sunshine at last! We have another packed issue of **Keeping Well?** for you, and really hope that you enjoy reading the news and features.

I had hoped that we would have some healthy recipes to share with you, but no-one has sent any! Do feel free to let us have your very best (with a photo) for next time.

Caring relatives often work under really tough conditions, so it is a privilege to include the remarkable story of one lady who does so much to support her husband (this page).

On a sunnier note, there's so much support available both for the well and the not so well. We feature news of two schemes on page 3: Safe Places to support vulnerable people in Witney, and TalkingSpace Plus for those suffering stress and anxiety.

There is lots of news from the Practice on pages 4 and 5, and our regular feature on the evidence base for healthcare on page 6. This quarter the spotlight is on the benefits of exercising in the swimming pool for those with osteoarthritis.

Finally, many of you don't have time to attend our PPG meetings every 2 months, but still want to be involved. Well, now you can, by joining our 'virtual' panel. Contact Catherine Simonini for more details. Keep well!

Spring 2016 Issue 12

A day in the life of an informal carer

It is 6.30 a.m. and the alarm clock reminds me that in half an hour two trained carers will be on my doorstep. The inter-com (between my bedroom and my husband's annexe) has been mercifully silent all night. This is not always so. Trips downstairs during the night are sometimes necessary, either to answer a call or to check that all is OK.

Put the kettle on – welcome the new day with my husband and listen to a catalogue of aches and pains which have happened during the night! Also, an urgent plea for the loo. Mostly incontinent, but such demands cannot be ignored. Moving husband from bed to commode necessitates use of a hoist – strictly speaking, a double handed job, but can just about be achieved by one person. False alarm this time, so back to bed. A cup of tea needs to be supervised as frequently it finishes up in bed, having successfully wetted vest, pyjamas and bedding!



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Carers arrive at 7 a.m. and tackle the almost impossible task of washing, shaving, dressing and transferring husband to his chair in half an hour. They are remarkably cheerful, considering they have no drive time and are already late for their next call. Why do they do such a vital job in such conditions with so little recognition – angels comes to mind!

Whilst the carers are in charge, I shower, dress, read emails and prepare breakfast. I feed husband his breakfast – a slow job – and eat my cereal at the same time. Give medication and more drink. Failure to do this can result in dehydration and resultant mental confusion, adding to the confused state already resulting from vascular dementia.

By this time it is getting on for 10 a.m. – time to tackle the washing – lots of it, and housework, shopping and cooking. All tasks punctuated by requests for drinks, painkillers, moves of position or just conversation, started but not completed because memory has failed! Checks on medication must be made as pills can run out so easily and 48 hours are needed to get some more.



Shopping trips lasting more than an hour need a request to an independent carer (trained). The same is true of trips for me to the dentist, hospital etc.

Coffee break needs supervision for the same reason as early morning tea.

Hair washing, manicures, pedicures when necessary must be attended to, also frequent changes of position to relieve pressure areas. During the morning there has been little or no coherent conversation, but occasional smiles indicate that all is well.

Lunch can take an age – lack of co-ordination makes it a messy business but it is important to

try. Lots of patience needed! Another change of pad after lunch, so hoist in use again.

Housework and garden are suffering from lack of attention, but both on back burner until who knows when! Choir practice, Italian lessons and are other hobbies also are casualties.

The need for good nutrition for the healing of leg ulcers demands thought for supper. No ready prepared pizza and chips for us! And again drink and fruit – bowels can be another hazard if not attended to. Macrogol can have explosive results. Please, not on my shift, plead the carers! Soon after supper the carers arrive to put husband to bed – a reversal of morning routine. What a relief to share responsibility for half an hour. After evening drink I am relatively free apart, of course, from demands for drink, pillow adjustment and pain relief. I sit down on husband's Rise and Recline chair – such bliss, and promptly fall asleep!

This is just one day – a reasonably calm day – some days, however, can be hell! Especially if it means dealing with officialdom. Do not officials whose job it is to deal with the needs of the elderly and infirm, know that carers cannot spend hours on the phone waiting to be transferred from one office to another? Try organizing hospital transport or dental appointments! Stress levels can get dangerously high!

Am I a bit disgruntled? You bet I am! I'd have to be a saint not to be. And I'm no saint! I have been a carer for twelve years and have seen my friends go on theatre trips, outings and holidays, while all our hard worked for savings are disappearing rapidly to pay for ever increasing care bills. Caring for someone at home is very, very hard work. Nobody to bring me a cup of tea in bed. If I don't feel well, I have to struggle on. No sick leave for me, no deputies to take over and no holidays! And the constant worry of what if I run out of money.

It would be churlish of me not to mention some good local initiatives. I am very grateful for the GP respite money which I have received. But of course it is a drop in the ocean when you consider the real cost of caring. What is needed is a fundamental change at government level. The situation can only get worse unless tackled now.

What a joy it would be to have a well-funded, fully co-ordinated service with primary care, NHS, social services and the independent caring companies all working and communicating with each other.

Witney is the latest town to operate a Safe Places scheme

Safe Places aims to help vulnerable people feel reassured when they are out and about in the county. The scheme encourages local retailers and businesses such as libraries, shops and leisure centres, to sign up to offer a safe place to anyone who is feeling lost, worried or threatened.

Participating business display a distinctive yellow/orange sticker in their premises so that they can be easily identified (See illustration).

Each business is vetted by Thames Valley Police to ensure that they meet the Safe Place criteria, and volunteers periodically check the venues.

Those who might benefit from the scheme include people with dementia, learning disabilities or mental health needs; they are given a card where they can fill in the name of their chosen point of contact. If someone shows the card in a Safe Place, the business or shop will contact the helper named on the card and keep the vulnerable person safe until their supporter arrives.

Help with Anxiety and Depression

By TalkingSpace Plus

Overcoming Anxiety and Depression

Most of us have times when we find life difficult: we may struggle to cope with daily routines, become easily upset, feel low, panicky, have trouble sleeping, feel alone and stop enjoying things.

TalkingSpace Plus is an NHS service for people experiencing the following difficulties: Depression, General Anxiety Disorder (GAD), Phobias, Panic, Obsessive Compulsive Disorder (OCD), Post Traumatic Stress Disorder (PTSD), and Health Anxiety.

The service is easy to access, offering a confidential service for adults aged 18 and over who are registered with an Oxfordshire GP.

Safe Places is now running in Witney and is supported by District Councils, Thames Valley Police, Oxfordshire County Council, Carers Oxfordshire, Oxfordshire Age UK and many others.

If you would like a card for yourself, for a family member or friend, then they are available at the Town Centre One Stop Shop (on the end of Welch Way opposite the Halifax) or at the Council offices on Wood Green.



Safe Places Identifier–Shown in the windows of participating businesses and facilities .

They offer a range of talking treatments and wellbeing activities such as Cognitive Behavioural Therapy (CBT), Computerized CBT, Mindfulness, Counselling and 5 Ways to Wellbeing.

More information and a full list of the types of therapy and wellbeing activities offered can be found on their website:

www.talkingspaceplus.org.uk.

TalkingSpace is easy to access

You can self refer in the following ways:

- telephone: 01865 901222
- through their website (address above)
- in writing, including your name, address, date of birth, NHS number and contact number:

TalkingSpace Plus,
Oxbridge Court, Osney Mead,
Oxford, OX2 0ES

- GP Referral.

From the Practice

GP News

Dr Anna Morrish is expecting a baby and will go on maternity leave in mid-June. She will be away for 12 months and her locum is called Dr Eoghan de Burca . He will start in August.

Dr Frances Carey will be moving back to the North of England with her family in mid-July. We will miss her but we wish her well in her new job.

We will be sending letters to all of Dr Carey's patients to inform them who their new GP is.

Suggestions?

We now have handrails in the long corridors following a suggestion made by a patient. Please use the 'suggestions box' located in the waiting room if you would like to make any more requests. All requests will be considered.

Pneumococcal Vaccine

The pneumococcal vaccine protects against serious and potentially fatal pneumococcal infections. It's also known as the "pneumo jab" or pneumonia vaccine.

Pneumococcal infections are caused by the bacterium *Streptococcus pneumoniae* and can lead to pneumonia, septicaemia (a kind of blood poisoning) and meningitis. At their worst, they can cause permanent brain damage, or even kill.

Who should have the pneumococcal vaccine?

There are four groups of people who are advised to get vaccinated against pneumococcal infections:

- babies
- people aged 65 and over
- anyone from the ages of 2 to 65 with a long-term health condition
- anyone at occupational risk, such as welders.

Babies and the pneumococcal vaccine

Babies are routinely vaccinated with the a type of pneumo jab known as the pneumococcal conjugate vaccine (PCV) as part of their childhood vaccination programme. They have three injections, which are usually given at:

- 8 weeks old
- 16 weeks old
- one year old.

Adults aged 65 years or over and the pneumococcal vaccine

If you are aged 65 years or over, you will be offered a type of pneumo jab known as the pneumococcal polysaccharide vaccine (PPV). This one-off vaccination is very effective at protecting you against serious forms of pneumococcal infection.

People with long-term health problems and the pneumococcal vaccine

The PPV pneumo jab is available on the NHS for children and adults aged from 2 to 64 years old who are at a higher risk of developing a pneumococcal infection than the general population.

This is generally the same people who are eligible for annual flu vaccination.

Children up to five years old may also need the PCV (because the PPV injection doesn't always work in young children).



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You're considered to be at a higher risk of a pneumococcal infection if you have:

- had your spleen removed, or your spleen does not work properly
- a long-term respiratory disease, such as chronic obstructive pulmonary disease (COPD)
- heart disease, such as congenital heart disease
- chronic kidney disease
- chronic liver disease, such as liver cirrhosis
- diabetes
- a suppressed immune system caused by a health condition such as HIV
- a suppressed immune system caused by medication such as chemotherapy or steroid tablets
- a cochlear implant (a small hearing device fitted inside your ear)

- had cerebrospinal fluid (the clear fluid that surrounds the brain and spine) leaking from its usual position – this could be due to an accident or surgery

- adults and children over the age of five who are severely immunocompromised (including anyone with leukaemia; multiple myeloma; genetic disorders affecting the immune system or after a bone marrow transplant) usually have a single dose of PCV followed by PPV.

Welders and metal workers and the pneumococcal vaccine

Some people with an occupational risk are advised to have the pneumococcal vaccine, including those who work with metal fumes, such as welders.

We will be contacting patients who are not up to date with the Pneumococcal vaccine. Some of you may receive an invitation by text and some of you will receive a phone call or even just a reminder from your GP or Nurse when you next see them.



“Would you say this guy is a rigid thinker?”

Evidence Matters

by Sarah Chapman

I work for Cochrane UK, the UK hub of an international network of people working together to help people make informed decisions about health care. It does this through doing systematic reviews, which bring together the results of clinical trials to answer questions about what helps or harms in health care.

Do you have osteoarthritis? Aquatic exercise may help!

If you suffer from osteoarthritis, it might just be time to grab your cossie and get into a nice warm pool!

Osteoarthritis, which causes joints to become stiff and painful, is the most common type of arthritis in the UK. Some people have it mildly and their symptoms come and go. For others, it may mean chronic and severe joint problems. It often affects the hips and/or knees, though almost any joint can be affected.



There isn't a cure, but there are things that may help symptoms and prevent the condition from getting worse. Now we have evidence that exercising in warm water may be helpful.

A Cochrane review has brought together the best available evidence, from 13 studies with almost 1200 people, on the effects of aquatic exercise for people with hip and/or knee osteoarthritis. Most of the people taking part in the research had mild to moderate symptoms.

Aquatic exercise is different from swimming. Exercises are done whilst immersed in warm water, usually at a temperature of 32°C to 36°C, and may involve a programme of sessions over some weeks.

The review shows that aquatic exercise probably leads to small improvements in pain, disability and quality of life, immediately after the end of a course (up to 12 weeks). There were no serious side effects. The evidence doesn't tell us whether the initial benefits last.

The researchers say that to achieve the effects found here, the program should involve active exercise rather than passive treatment in water, where the main focus is on the effect of water temperature or minerals.

Another Cochrane review suggests that aquatic exercise may also be beneficial for people with fibromyalgia.

You can see the review in full at www.thecochranelibrary.com.

ARTICLE details

Bartels EM, Juhl CB, Christensen R, Hagen KB, Danneskiold-Samsøe B, Dagfinrud H, Lund H. Aquatic exercise for the treatment of knee and hip osteoarthritis. Cochrane Database of Systematic Reviews 2016, Issue 3. Art. No.: CD005523. DOI: 10.1002/14651858.CD005523.pub3.

Bidonde J, Busch AJ, Webber SC, Schachter CL, Danyliw A, Overend TJ, Richards RS, Rader T. Aquatic exercise training for fibromyalgia. Cochrane Database of Systematic Reviews 2014, Issue 10. Art. No.: CD011336. DOI:

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You can access these articles at www.thenuffieldpractice.co.uk

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