

Keeping Well?

The Newsletter of the Nuffield Patient Group

Autumn 2015 Issue 10

Welcome!

Welcome to our latest issue of *Keeping Well?*, the newsletter of the Patient Participation Group (PPG) of the Nuffield Practice.

The practice continues to appreciate patient input to keep its services up to pitch, so this issue provides some good reasons why every patient should join our PPG (page 1).

Inside this issue, we have a patient story (page 3) and information on flu jabs (page 5), and the shingles vaccination (page 4).

A lot of people phone the surgery every day, but there is also news about another way of staying in touch, booking appointments and obtaining test results. This is via the online Patient Access service, and it is offered in addition to all the current methods of contact (page 5).

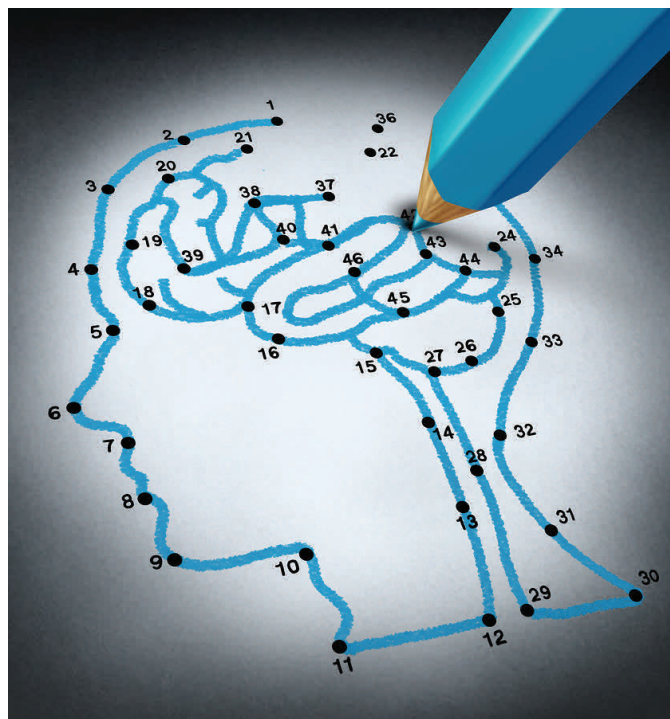
We have an update on staffing changes at the practice (page 5) and the new same-day service at the Witney Hub (page 4). I can also report that, although the Wenrisc ward is closed at the Witney Community Hospital, we are hopeful that it will reopen in 2016.

'Tim', our resident cartoonist, is here again for your delight, and we also have our regular feature from Cochrane UK (page 6). Enjoy!

How can I make a difference at the Nuffield Practice? – Join your Patient Participation Group!

Let your voice be heard – by joining your PPG. We are here to have a constructive dialogue with the Practice on all matters that affect patients, and any changes at the Practice that affect patients are always discussed by the PPG.

Every patient registered at the Nuffield Practice is entitled to belong to the PPG, but it is important to understand that you do not join the PPG unless you request this.



A good starting point is to make sure that the Practice Manager has your e-mail address and your permission to send you information about the PPG. Then we will be able

Continued overleaf

to send you this newsletter and occasional updates about the PPG, and also tell you about specific opportunities to become involved with the Practice. This will enable you to participate as much as you wish.

You can also ask to become a member of the PPG's Steering Group. This meets every 2 months at the Practice, so the duties aren't too onerous, but it will give you the opportunity to become better

informed about the key choices that the Practice has to make as the NHS continues to evolve.

You will learn a lot more about the NHS and social care in Oxfordshire via the PPG's connection with the West Oxfordshire Public and Patients Locality Forum (WOLF), so your 'patient voice' can be heard loud and clear on the critical decisions about the way that health and social care services are provided in Oxfordshire.

Frequently asked questions

Q: What does membership cost?

A: Nothing.

Q: Why does the Practice have a PPG?

A: For many years, NHS England has encouraged practices to have active patient groups to ensure that their patients are kept well informed on developments and involved in non-clinical decision-making. The Partners and management of the Nuffield Practice have always seen the benefits of this both to the Practice and to us, their patients, and they have always actively supported the PPG.

Q: Is the PPG effective?

A: We have a very active committee, and *Keeping Well?* is one of the outputs that we produce, but we could certainly do with more members! The larger the membership, and the more representative that membership becomes, the more useful it is to you and to the Practice management.

Q: Do I have to participate in the matters raised by the PPG?

A: Everything is voluntary, so you only do as much as you want. In reality, the duties are not hard or time-consuming.

Q: If my e-mail address and permission are provided to enable the PPG to contact me, will my data be safe?

A: Yes. You will always be contacted via the Practice, and the PPG will hold no information on you or your medical history.

Q: I am worried that, if I join and participate in surveys and research, my name will be known to the surgery and outside providers. Can you reassure me on this?

A: Absolutely! Names and e-mail addresses are never divulged to anyone without explicit permission.

Q: How is the PPG managed?

A: It's run by a committee comprising members of the Practice and patients. The officers of the PPG are its Chair, Deputy Chair and Secretary, and these roles are all held by patients. The Practice Manager, Catherine Simonini, supports the work of the committee and attends the Steering Group's meetings.

Q: How easy is it to join up?

A: Simply e-mail your request to join up to any of these addresses.

- Catherine Simonini:
catherine.simonini@nhs.net
- Susy Brigden:
susybrigden@btinternet.com
- Bee Chatt:
bjchatt@hotmail.co.uk
- Graham Shelton:
graham.shelton@pharmagenesis.com

Q: How easy is it to leave the PPG?

A: You simply e-mail one of the above and request that you be removed from the PPG.

We are grateful to Martin Tarran-Jones, Chair of the Woodlands Medical Practice PPG, for allowing us to adapt his article on this subject, which first appeared in the *Woodlands Patient Newsletter* earlier this year.

One patient's experience

by Ian

I have participated in the Bowel Cancer Screening programme for some years now without giving it too much thought. It came as something of a minor shock and naturally a cause for concern when, after a recent test, I was asked to repeat the test because the result was 'unclear'.

I completed a quick retest which was clear, but normal procedure requires a third test to be clear but it wasn't ... blood was detected. This meant that I was invited to the JR to meet with a screening practitioner to discuss the possibility of undergoing a colonoscopy. Consequently, I agreed to have the colonoscopy to determine the cause of the previous test results. During this sequence of events, the communications from the JR were quick, informative and reassuring without understating the potential seriousness of the situation.

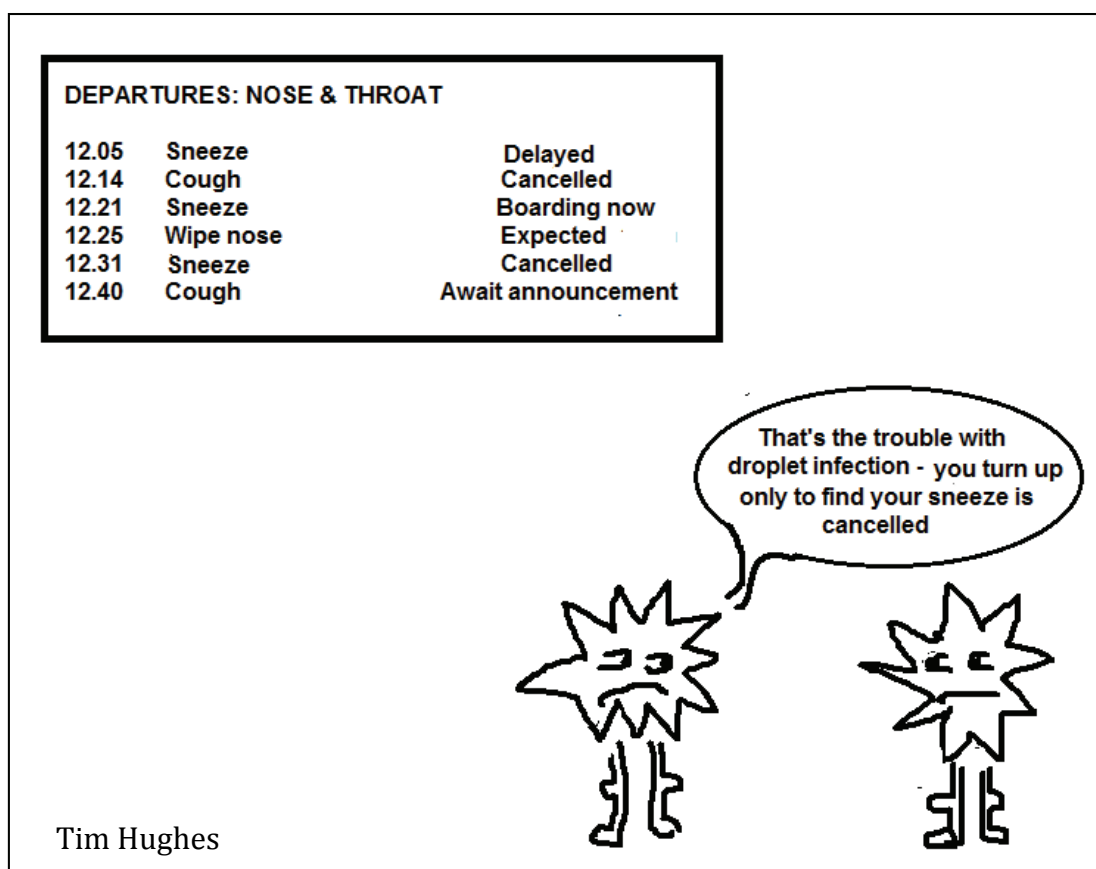
Arriving home after the meeting with the screening practitioner, with some trepidation I marked the date for the colonoscopy on the kitchen calendar. The date approached both quickly and slowly. Quickly because I wanted to get it out of the way and know the best or the

worst, but also slowly as it is not the kind of day out when one would be taking 'selfies'!

As soon as I arrived at the JR, every single member of the team who looked after me put me totally at ease. I had thought that I would not want to see what was going on and would feel embarrassed. In fact neither assumption was correct. It was absolutely fascinating to watch the procedure at the same time as the consultant and, while not a pleasant experience, it was reassuring to be treated by such a skilled team. They measured their behaviour and comment with exactly the right amount of seriousness and humour.

On that same day, I received the good news that I almost certainly did not have bowel cancer, although some polyps were removed. Following laboratory examination of the polyps, that initial finding was confirmed.

Now, it is probably true to say that I speak so highly of the team and the whole experience because the procedure resulted in a satisfactory outcome for me. That said, I still feel that I am lucky not only because of the positive outcome but also because we are privileged to have such an excellent service, delivered by such dedicated professionals.



Shingles vaccine

The shingles immunization programme for people aged 70–79 years is being phased in over the next few years. Not everyone will be eligible for the vaccine this year. If you are eligible for the vaccination, we will contact you and ask you to book an appointment or, you can book your appointment yourself.

Who will get the vaccine?

From 1st September 2015, the shingles vaccine will be offered routinely to people aged 70 years and, as a catch-up, to those aged 78 years. You become eligible for the vaccine on the first day of September 2015 after you've turned 70 or 78 years and remain so until the last day of August 2016.



In addition, anyone who was eligible for immunization in the first 2 years of the programme but has not yet been vaccinated against shingles remains eligible until their 80th birthday.

This includes:

- people aged 71 and 72 on 1 September 2015
- people aged 79.

Anyone aged 80 years and over is unsuitable to have the shingles vaccination on the NHS because it seems to be less effective in this age group.

You can have the shingles vaccination at any time of year, but many people will find it convenient to have it at the same time as their annual flu vaccination.

For more information about shingles, you can refer to a previous article in *Keeping Well?* (issue 8, Spring 2015).

The Witney Hub

Some of you will have already experienced care at the Witney Hub, which opened for business on Thursday 24th September. The Hub is a pilot project funded by money from the Prime Minister's Challenge Fund which was created in October 2013, making £50 million available for projects that could offer new ways of delivering services to help GP practices to meet increasing demand.

In Witney, this has led to the creation of a Neighbourhood Access Hub which provides same-day urgent appointments for patients as an alternative to an appointment at their own GP

surgery. The service helps GP practices meet the increasing demand for urgent appointments and enables GPs more time for planned care.

A Neighbourhood Access Hub is not a walk-in centre – you must be referred by your own GP practice. If you call the practice asking for an urgent appointment and we do not have any available, you may be offered an appointment at the Hub, and they will have access to your clinical record, subject to you giving permission for this at the time of booking. The Hub is staffed by GPs and advanced nurse practitioners (ANPs), and a record of your visit will be sent back to us to be added to your medical record.

Have you had your flu jab?

You are eligible for a flu vaccination if you fall into any of the categories below. Please book an appointment at one of our flu clinics or ask for the jab when you are seeing a GP or a nurse for another matter.

- age 65 years or older
- age 6 months or older and one of the following
 - chronic respiratory disease
 - chronic heart disease
 - chronic kidney disease
 - chronic liver disease
 - chronic neurological disease
 - diabetes
 - immunosuppression
- pregnant women at any stage of their pregnancy

- people in long stay residential homes
- carers
- age 2, 3 or 4 years on 31 August 2015 (i.e. date of birth from 1 September 2010 to 31 August 2013)
- in school years one and two (i.e. date of birth from 1 September 2008 to 31 August 2010)

The flu vaccine for children is given as a single dose of nasal spray, which is squirted up each nostril. Not only is it needle-free, the nasal spray works even better than the injected vaccine.

The flu clinics start on Monday 28 September, and we will be running one clinic on Saturday 7 November to accommodate those of you who cannot attend during the week.

Get your test results online via Patient Access!

Patient Access is an online service that enables you to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at some of your medical records online. We have now expanded the options for you to include viewing your test results online. This means that you will no longer have to call the Practice to find out whether or not your blood/urine test was normal, and you will also see the comment of the GP.

Being able to see some of your records, test results and medication(s) online may help you to manage your medical conditions. It also means that you can access your results from anywhere in the world should you require medical treatment on holiday. If you decide not to join or if you wish to withdraw, this is your choice, and Practice staff will continue to treat you in the same way as before. In summary, your decision will not affect the quality of your care.

If you already use Patient Access and you would now like to see your test results as well, please speak to a receptionist next time you are in and ask them to update your Patient Access preferences. If you do not already use the service, then please ask a nurse or reception for an application form. You will still be able to use the telephone or call in to the surgery for any of these services as well. It's your choice.

Staffing update

Dr Victoria Hemmings will be joining us on the 3rd of November and will be taking on Dr Jenny McGillivray's list of patients. Dr McGillivray started sick leave in April and resigned a couple of months later, and we had been unable to find another GP until now. Dr Hemmings trained in Southampton and is moving to Oxfordshire to be nearer her family. We are very pleased to welcome her to the Nuffield Practice.

Lisa Duncan, one of our nurses, has left us because her husband, who is in the RAF, has been posted to Cyprus. They will move back to

England in 3 years' time, so we hope that we will be able to re-employ her on her return.

Debbie Dickinson, one of our healthcare assistants, has moved to another job which offers her more hours.

Doreen Onslow, who was training to be a practice nurse, is now employed directly by the Practice and will be covering all of Lisa's hours and some of Debbie's. We are all happy that Doreen now has a permanent position here because she has been such a great addition to the nursing team.

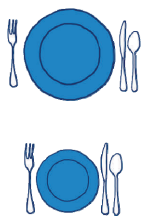
Evidence Matters

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.

Let's talk about portion size and overeating

We know that overeating is bad for us, right? It increases risk of heart disease, diabetes and many cancers, which are leading causes of ill health and premature death. But to what extent is this big problem due to big portions, big packaging and big tableware? Surprisingly no one knew – until now.



A team at the University of Cambridge has recently published their new research, a Cochrane review, which combined the best available evidence on the influence of portion, packaging and tableware size on how much we eat. The data come from 6,711 people in 61 high-quality studies. What they found may surprise you.

The bigger the size, the more we eat

People consistently consume more food and non-alcoholic drink when offered larger-sized portions, packages or tableware than when offered smaller-sized versions.

Cut big portions: cut the calories

Cutting out larger-sized portions from the diet completely could reduce energy intake by up to 16% among UK adults.

We ALL eat more when offered big sizes

You might think personal factors come into it. In fact, bigger portions, packaging and tableware were associated with eating more regardless of gender, body mass index, susceptibility to hunger and degree of self-control in relation to food.



What can be done?

The researchers call for action to reduce larger sizes and limit their availability and appeal. Measures such as placing upper limits on serving sizes of fatty foods, puddings and sugary drinks, putting larger packages further away from shoppers, and providing smaller plates, cutlery and glasses for their consumption could help.

But buying big packets of food is better value for money isn't it?

Yes, very often it is! The researchers say that pricing practices that make larger sizes cost less in relative terms need a rethink in the light of their research.



More research please!

- Would making standard-sized portions and packaging smaller have an impact on overconsumption similar to reducing larger-sized portions and packaging?
- What works best, apart from directly controlling the sizes of the foods that people eat, to reduce the size, availability and appeal of large portions.

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

Hollands GJ, Shemilt I, Marteau TM *et al.* Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco. *Cochrane Database of Systematic Reviews* 2015, Issue 9. Art. No.: CD011045. DOI: 10.1002/14651858.CD011045.pub2.

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