

Keeping Well?

The Newsletter of the Nuffield Patient Group

January 2015 Issue 7

Biggest-ever issue

Happy New Year! Welcome to the biggest-ever issue of *Keeping Well?*

Time flies, and it is almost a year since the last patient survey, so I'm sure you'll be interested in the results reported here. We have a 95% satisfaction rate, with 90% saying they would recommend the Nuffield Practice to their friends and family. This is a great achievement from the staff under testing circumstances, and it is a pleasure to thank them in public in this column. There is more from our Practice Manager on the Friends and Family Test on page 6, which also features the latest staffing update.

Your Patient Participation Group is keen on helping to keep everyone well, so this issue features some personal tips on getting back into shape after the festivities. Try them: they work.

Memory clubs continue to help many patients with dementia, so on page 7 we highlight the great work being done at Lights Up in West Oxfordshire.

Finally, we all know that smoking damages our health and shortens our lives, but what about vaping? Sarah Chapman gives a tentative answer on the back page.

Nuffield Practice Patient Survey November 2014

by Catherine Simonini, Practice Manager

Thank you to all who took part in the survey in November and to the members of the Patient Participation Group for designing and supporting it. We are delighted with the response rate by people attending the Practice during November.



Overview of the results

A total of 239 patients (about a third of those using appointments in any one week) returned completed forms, and participants ranged from those seeing a doctor to those receiving specialist care, such as midwifery services.

Overall satisfaction

Participants appeared to be satisfied with the Practice overall, with 95% saying that they were satisfied with their

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visit that day and 90% saying that they would recommend the Practice to their family, friends and neighbours. It was clear from comments that many appreciate the care and time given to them during their appointments. There were also very positive comments about the friendliness and helpfulness of the staff.

Appointment booking, waiting time and preferred doctor or nurse

Overall, 92% of participants said that it was easy to make an appointment, and 70% thought that the time they had to wait was reasonable in their set of circumstances. In other words, if it wasn't urgent, a longer period before seeing a doctor seemed to be fine.

On the appointment day, 50% of participants were seen on time, and there were several comments about the delays in being seen, this being the single biggest cause of dissatisfaction.

Overall, 85% of participants had seen their preferred doctor or nurse.

Information provided to you

Overall, 93% of participants thought that the information provided was good, very good or excellent. There were suggestions for information that might have been useful, and some comments that made clear that some patients are not always aware of our services.

Decor and visual appeal of surroundings

The survey results suggest that 90% of patients find the Practice's decor and environment good, very good or excellent.

Improving patients' experiences

There were a lot of very helpful comments, suggestions and feedback, many positive and a few negative. We discuss the most commonly occurring themes here.

Better availability of doctors and appointments

Two new doctors joined the Practice this year, one in May and one in June. However, demand for appointments remains high, and we regret we do not have funds to employ more doctors.

GPs are being seen by people with increasingly complex, often serious, medical issues, sometimes more than one issue in patients of advanced age, but it is not always possible to deal with more than one issue in one 10-minute appointment. Please bear this in mind while you are waiting and when with the doctor or nurse.

Extending opening hours

Currently we have no plans to open on Saturdays or earlier/later in the day.

Being able to see your preferred GP every time

We appreciate that continuity of care is important, but great demand means that it is not always possible for a patient to see their preferred GP. Please be assured that our GPs can consult your medical record, and/or your GP if necessary.

Disabled toilet

We know that the disabled toilet needs attention. The floor will be mended as soon as possible.

Daily newspapers and more up-to-date and wider range of magazines in the waiting room

All of our reading material is donated by patients and staff and we are very grateful to them. Admittedly, there are a couple of magazines from March 2014 so we will endeavour to keep them more up to date. However, our budget does not stretch to the provision of daily newspapers!

Notification when results come in

We do not have the resources to contact patients directly when their results arrive. However, we are looking into how we could notify you by text message or by allowing you access to parts of your medical record. Look for news here or on our website.

Online booking

A couple of respondents suggested providing an online booking facility; this is already available via Patient Access. Please ask at reception for your PIN and login details. Once you have access, you will also be able to order repeat prescriptions and amend your personal details when necessary.

Switchboard at lunchtime

Since September 2014, the switchboard has been kept open at lunchtime. There is limited cover between 12.30 and 13.30, so please be patient if you call at this time.

Answerphone message

In response to patient feedback, the answerphone message has been changed and the order of mentioning options has been reversed. If you wish to book an appointment please press option 8 as soon as the message starts: you do not have to listen to the whole message. However, there are other options if you want to speak to other members of staff, for example a secretary or the Practice Manager.

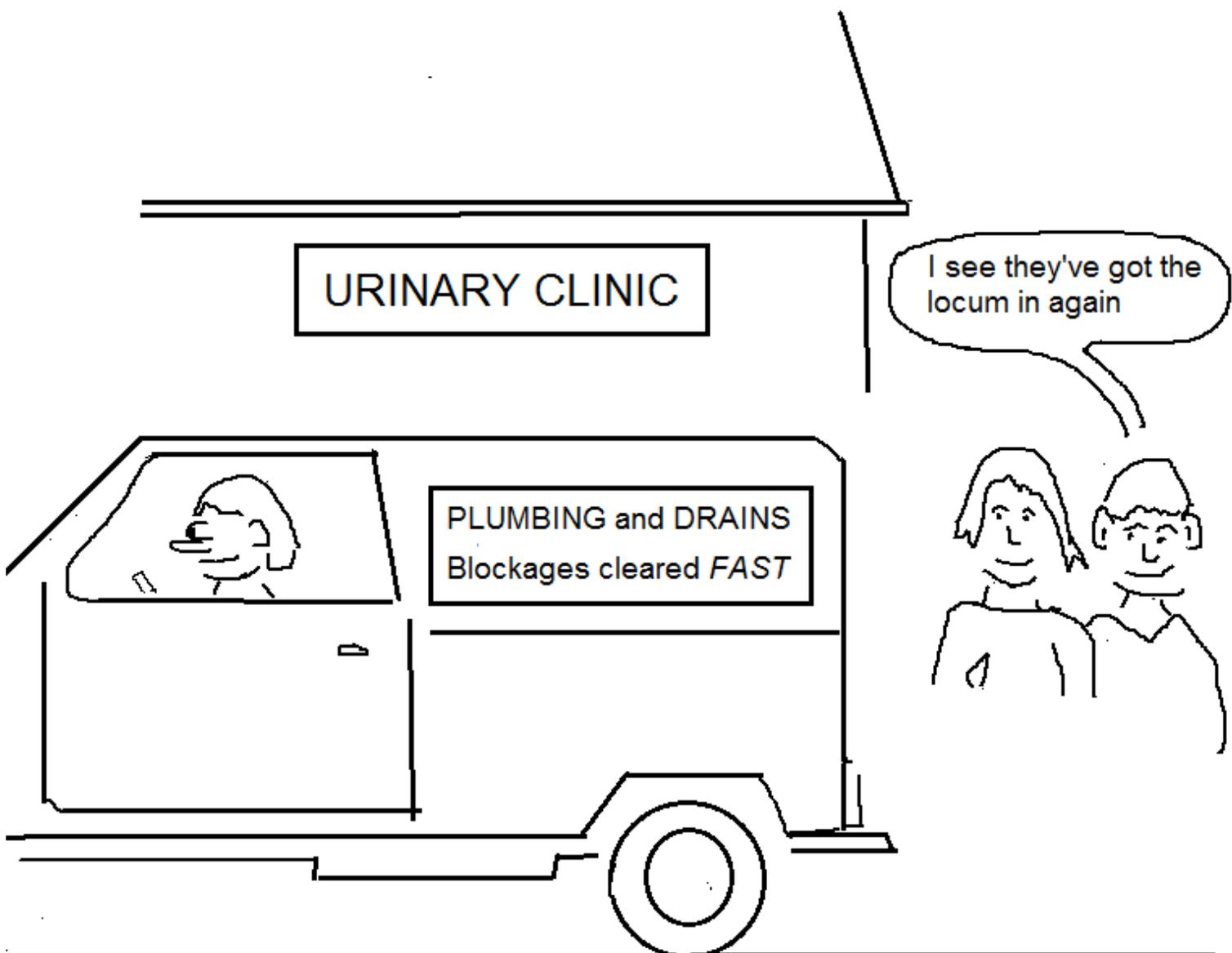
What next?

This survey has given the Practice a broad view of what patients think about some of the services

that we provide. In this time of enormous change in the NHS, we shall continue to listen to patient concerns and try to maintain the quality of services, and to improve what we can. We hope that the plans set out in this report will make improvements to the things that you have told us are important.

The Patient Participation Group has been helping us to improve things for patients. What would you like the Patient Participation Group to try to achieve on your behalf?

If you would like to be informed directly of the next survey, Patient Participation Group activities and similar Practice issues, we can contact you by e-mail or text, but we need your permission to do that: please contact the reception staff (preferably e-mail Catherine Simonini, Practice Manager, catherine.simonini@nhs.net).



Slimline tonic?

by *Graham Shelton*

Had a lovely Christmas? Enjoyed the turkey, and the drinks, and the Christmas pud, and the chocolates? I did! With the New Year upon us, it's a good moment to think about healthy resolutions. This article is about how I helped myself in 2014 to a healthier (and a happier) life by losing some excess weight.

Healthy resolutions

I'm a 64-year-old bloke (can't do anything about either of those risk factors), but this time last year I found that I'd somehow managed to become quite tubby over the years, and my trousers were getting tight. I tried the old trick of buying bigger clothes, but no one was fooled!

Nearly a third of the world is obese, and obesity is busy damaging our lives and killing us early, what with the high blood pressure, the strokes, the heart attacks, the heart failure, the kidney failure, the diabetes, the bad backs and the joint damage, and that's just for starters.

The important thing to realize is that fixing being overweight doesn't need expensive diet supplements, special foods or gym membership. What it usually needs is some maintained adjustment to how much you eat in relation to your physical activity. It really is that simple.

But first, think about your weight: is it too low, about right, or should you try to lose a few pounds? You can find out by either measuring your waist or by measuring your height and weight.

Healthy waist

Your healthy waist circumference depends on your gender and your ethnicity, but it's a surprisingly good guide. That's because abdominal (or central) obesity (too much fat around your middle) is a really good predictor of high risk to your health.

Start by measuring your waist at the mid-point between the top of your hipbone and the bottom of your ribs. Then compare your measurement with the national waist measurement guidelines.

The guidelines are strict, so if you are way over, don't despair: even losing just a few centimetres will make a healthy difference.

Healthy weight

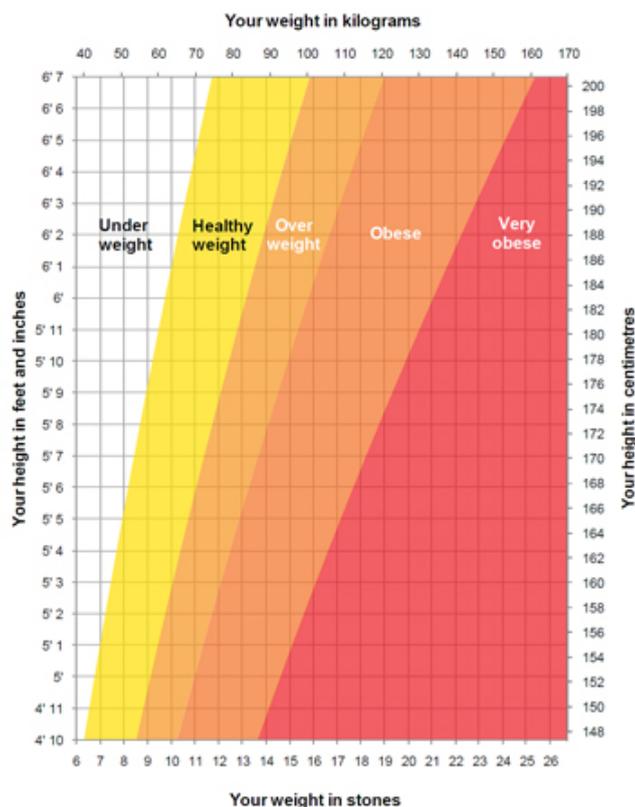
A healthy weight depends on your height, so start by measuring your height and your weight.

Using your weight, you can either find out your body mass index (aka BMI), by dividing your weight by your height and then by your height again (or using one of the many on-line calculators): generally, if your BMI is over 25 (using kilograms and metres), then it's time to

National waist measurement guidelines

| Risk of heart disease and diabetes | Waist circumference | | | |
|------------------------------------|----------------------|-----------------------|-----------------------|-----------------------|
| | Men | Women | South Asian men | South Asian women |
| Low | Under 37" (94 cm) | Under 31½" (80 cm) | Under 35½" (90 cm) | Under 31½" (80 cm) |
| Increased | Over 37" (94 cm) | Over 31½" (80 cm) | | |
| High | Over 40" (102 cm) | Over 34½" (88 cm) | Over 35½" (90 cm) | Over 31½" (80 cm) |

lose weight. Or refer to a height versus weight chart, like the one below, and find out the range of weights that are healthy for you.



Frankly, I found always calculating my BMI or referring to a chart too much bother, so I worked out my ideal weight range once, and now I just weigh myself. Don't forget, by the way, that being underweight is unhealthy too, so head for that healthy section of the chart!

Achieving a healthy weight and keeping it

What has worked for me to get to my healthy weight and staying there is the 5:2 fast diet and regular exercise. I have always found fitting in the exercise difficult (although I am now definitely exercising more than I used to), but adjusting what I eat the 5:2 way has been much easier, because all I have to do is to eat less than before!

Every week I now have 5 days when I eat normally and 2 days when I really cut back the food and alcohol to about 500 or 600 calories. I choose the days to fit in with what I'm doing; the rule is simply to make sure I achieve two 'fast' days in every seven. I do get hungry on fast days, but I soon found that nothing bad happened, and I have a little cheat of drinking water or tea whenever I get hungry (which is quite often!)

Importantly, I lost 1–2 lbs (0.5–1 kilogram) every week for about 4 months on this regimen, and I've lost over 2 stone (about 13 kilos) in total. My waist circumference has gone down from 43½ inches (110 cm) to 39 inches (99 cm). It seems like that's where it's staying at the moment and, while not technically at goal, I'm glad to be feeling loads more positive about life, to have lots more stamina and, altogether, to feel much fitter.

Apart from feeling happier, the proof of my being healthier came when I went for my annual check. This showed that every objective measure of my health had improved: blood pressure down, resting heart rate down, lipids down, blood glucose normal, kidneys in good shape, liver fine, lungs better. In so far as it is possible, the view in the bathroom mirror has improved too, and I've now got a new set of (smaller) clothes!

The photo shows what I eat on a 'fast' day.



Could this work for you? Take this issue of *Keeping Well?* home with you, and start making a change in your life today. Please let us know how you get on by writing to Catherine Simonini (catherine.simonini@nhs.net).

More information

5:2 fast diet: <http://thefastdiet.co.uk>

Waist measurement: <https://www.bhf.org.uk/~media/files/publications/workplace-health/health-at-work-measuring-a-healthy-weight.pdf>

Online BMI calculator: www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx

Height and weight chart:

www.nhs.uk/Livewell/healthy-living/Pages/height-weight-chart.aspx

The Friends and Family Test from Catherine Simononini

Every month, Nuffield Practice clinical staff will hand out a certain number of Friends and Family Test questionnaires to their patients.

The Friends and Family Test (FFT) is an NHS England feedback tool that gives people who use NHS services the opportunity to comment on their experience. The FFT asks people the FFT question – would they recommend the services they have used? – and offers a range of responses.

Launched in April 2013, the FFT question has been asked in NHS inpatient and A&E departments and, since October 2013, all providers of NHS funded maternity services. Since it began, the FFT has produced more than 4 million pieces of feedback.

The FFT is now being rolled out to additional areas of NHS care, and so it is possible to leave feedback on almost all NHS services. From 1 December 2014, the FFT went live in 8000 GP practices across England; from January 2015 it will roll out to mental health and community health services; and from 1 April 2015, it will be expanded to NHS dental practices, ambulance services, patient transport services, acute hospitals outpatients and day cases.

The FFT question can be combined with supplementary questions, and so it can provide a mechanism to highlight both good and poor patient experiences. The feedback is being used in NHS organizations across the country to stimulate local improvement and empower staff to carry out the sorts of changes that make a real difference to patients and their care.

Staffing changes in 2015 from Catherine Simononini

The year 2014 saw a few changes in staffing at the Nuffield Practice. We employed two new GPs in the summer – Dr Milly Rogers and Dr Jenny McGillivray – and they have both settled in well.

This next year, 2015, Dr Susanna Graham-Jones will retire in early April. She has worked at the Practice for 16 years and will be missed by patients and staff alike. Dr Anna Morrish, who many of you know because she acted as locum for Dr Oliver Boland and Dr Frances Fieldhouse, will be joining us as a permanent GP in mid-April and she will take on all of Dr Graham-Jones's patients.

Dr Robin Carr and Dr Frances Fieldhouse have each been offered a Partnership at two different Oxfordshire practices and they will be leaving in mid-February. We are sorry to see them go but, understandably, people will move on if they have an opportunity to further their career and we wish them well in their new positions. We are delighted that Dr Ede, who has worked as a locum here for various GPs, will join us as a permanent GP in June and she will take on Dr Fieldhouse's patient list. Dr Carr's list will be distributed among all of the GPs.

Finally, Dr Duncan Rourke will be away on sabbatical during 2015 but his patient list will be covered by Dr Christopher Clarke, an experienced locum.



LIGHTS UP

Arts-based memory clubs in West Oxfordshire

Lights Up memory clubs have the aim of enabling people with dementia to live well through the arts. Rather than making demands of abilities and skills that decline in dementia, the arts offer opportunities to participate in creative activities that engage the senses and stimulate emotions.

"It's great. We do so many different things."

Music, dance, film, felt making, drama and craft all successfully involve people in the maintenance of old skills and the learning of new skills; they provide ways to communicate and share memories, insights and feelings and, of course, to share for pleasure and enjoyment

There is no charge to attend, and all those living with dementia, their family, friends and carers, as well as those with memory concerns, are welcome. Both clubs also welcome volunteers to help with refreshments and arts activities.

Lights Up is about lighting the time to come, lighting up the brain, living well and living for the moment. The clubs offer support, information, opportunities for sharing experiences and coming together, opportunities to explore and learn new skills with professional artists, enjoying being with others, and making and experiencing art.

"I sometimes arrive feeling low, but always leave feeling cheerful."



Felt banner designed and made by Lights Up members with artist Helen Jacobs

"I enjoy Lights Up very much. It is meeting and seeing people who are cheerful and welcoming. I live on my own, so coming here provides company and I don't feel alone. Talking to people is so important for me."

Lights Up memory clubs are run on behalf of West Oxfordshire District Council by dementia specialists from Memory Clubs UK.

Clubs run from 10.30 to 12.30 on the second and fourth Tuesdays of the month in Chipping Norton (Highlands, Burford Road) and the second and fourth Thursdays in Carterton (Blenheim Court, Sycamore Drive).

For more information, please contact Memory Clubs UK (01451 810637, enquiries@memoryclubs.co.uk).

Evidence Matters by Sarah Chapman

I work for the Cochrane Collaboration, 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.

Can electronic cigarettes help you to quit smoking?

e-cigarettes have been around a few years, but 2014 saw their popularity rocket, so much so that Oxford Dictionaries picked 'vape' as their word of the year. People 'vape' when they inhale or exhale the vapour from an e-cigarette, which can also be called 'a vape'.

So can these devices help you cut down or quit? Right now, there's not a lot of research to go on, but there is evidence from a new Cochrane review that made global headlines in 2014, which says "yes, but ...". Even so, the results are encouraging.

- About 9% of smokers who used e-cigarettes delivering a small amount of nicotine were able to stop smoking at up to 1 year, compared with around 4% of smokers who used nicotine-free e-cigarettes.

- e-cigarettes helped smokers who didn't quit to reduce the amount they smoked by at least half, compared with smokers using a patch.

- People who used e-cigarettes for up to 2 years did not have an increased health risk.

Ongoing research should tell us how e-cigarettes compare with each other and with other aids to quitting smoking, such as nicotine patches and gum, and give us evidence on their long-term safety too.

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

McRobbie H et al. Electronic cigarettes for smoking cessation and reduction. Cochrane Database of Systematic Reviews 2014, Issue 12. Art. No.: CD010216.



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

Design, layout and editing provided as a service to the community by Oxford PharmaGenesis Ltd