

Keeping Well?

The Newsletter of the Nuffield Patient Group

Summer 2020 Issue 28

Welcome!

We have been fortunate that the numbers of people infected with Covid-19 have been lower than feared, with mercifully fewer people dying in the UK than the worst predictions back in March 2020. Our own Oxfordshire health system has done an amazing job, and we can now look forward to some return towards normal life. Of course, all the usual medical problems are still there, so we make no apology for also returning towards normal. For instance, it is good to be able to complete Part 2 of our patient experience article on schizophrenia (this page).

Patients with asthma and COPD will find something of interest on page 3, while we have important information about the NHS app, the new booking system at the Nuffield Practice, and the online e-consult system on page 4.

Our own exclusive cartoonist 'Tim' is back on page 3 but we couldn't leave you without some information about Covid-19, and Sarah Chapman provides that on page 6.

*A patient experience of developing acute schizophrenia (part 2)**

In part 1 (Issue 25) we heard a graphic account of how a psychotic young man found himself about to be taken to hospital. He takes up his story...

"I don't really remember this properly, but apparently when the ambulance men arrived I thought they were both taking pictures of me. I got really angry and tried to punch them.

All I remember from the drive to the hospital is my mum holding my legs down against the bed, but she says I was screaming that I didn't want to be driven on the motorway because there were people crouched inside the speed cameras.

All the above is what's called a psychotic episode, and is emblematic of acute schizophrenia. Psychosis is defined as someone having a loss of contact with reality. It can happen quickly, or – most commonly in those who develop schizophrenia – can be a slow-burner and then suddenly snap. That's what happened to me. I was hospitalized for about a week and a half and started on a course of antipsychotic medication immediately.



Continued overleaf

Back to reality

I remember the day I started to feel like I'd clicked back into reality. My brother came in to see me with my mum and we watched three episodes of *Breaking Bad* in a row on the iPad in the visitor's lounge. I laughed at something Saul said and felt like I might be getting somewhere.

The road to recovery was filled with 'potholes' – debilitating panic attacks when I had flashes of what had happened weeks previously. But the mental health team at my local NHS hospital were amazing – save a couple of nurses who treated me like a baby. I hated that. Once I was allowed home I had a social worker come and see me every week, who checked on the medication, asked about what I was doing each day and encouraged me to go for walks with my mum and start talking to my mates again – I'd been too embarrassed to, and thought they wouldn't understand. Or, worse, just write me off as a nutter. I couldn't have been more wrong.

My best mate, Sam, said he'd been so worried about me that he actually hadn't been sleeping at night. Stupid bastard. One by one they all started texting me again – I think they'd been frightened of saying the wrong thing, mostly – and said they couldn't wait to start playing footie again, that I'd be back on my skinny legs in no time. It was amazing how mature they all seemed.

The Mental Health Unit arranged a course of outpatient therapy with a straight-talking man called Gregg. The antipsychotics were really sedating for a while, and I often felt like I was wading through treacle, but there was a strange calm in my brain that I'd not felt for months and months. Gregg helped make sense of what had happened to me, teaching me techniques for when panicked thoughts came into my brain about that night when I snapped (he says it's unhelpful to talk about "losing" your mind – the mind is still there, it just got ill) and how to not live in fear of it happening again. He encouraged me to start seeing my friends again and told me about how the mind doesn't stay the same, how it's possible for it to recover and that the medication had worked so would continue to work, but that I had to be realistic with myself and accept that I had become ill. All I needed was time.

Within about 6 weeks of leaving hospital, I started going round to friends' houses again. I always felt a little twinge of discomfort when the TV was too loud, or when everyone talked at once, but I just told them when I felt strange. No one took the piss. No one pitied me, either, which was amazing. Within 10 weeks I was back at work part-time. My boss couldn't have been more sympathetic.

Having a routine, people to talk to and tangible tasks to complete was very medicinal. I had days when I'd wake up and feel frightened, when it would take me a couple of hours to have a shower and leave the house, but nobody questioned me.

I'm realistic about my prognosis: I might have a relapse at some point in the future, and I do sometimes feel depressed about that, but now I know that I can recover, well, it's less scary. I'm back at work, socializing, keeping fit and playing football like I was a year ago. I've even been on holiday.

My biggest piece of advice to anyone who starts to experience any psychological symptoms they're not used to is to tell someone. Anyone. Mental illness is no different from physical illness – it just involves a different organ: the brain. Don't worry about asking for time off work, or about telling your boss that you're feeling unwell, like I did. Looking back, hallucinating that invisible phones were ringing when I still had some grip on reality should have made me reach out to someone. Shame can play no part when it comes to looking after your mental wellbeing, and we should be as finely tuned to our mental symptoms as we are our physical ones.

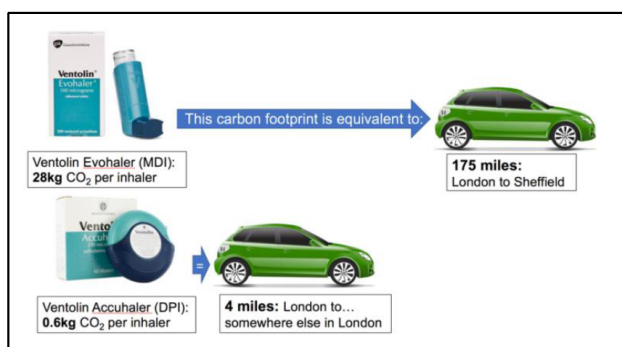
If you're feeling out of sorts, talk to your GP. Demand emergency appointments if you have to. Even if you think it sounds silly, or like something that will blow over, telling someone about how you're feeling is the best thing you can do. People are always far more sympathetic than you think they'll be."

*This story first appeared on the internet in 2014. We are grateful to the anonymous author for his compelling description, and do please follow his excellent advice if you are ever in his situation.

Environmental Impact of Inhalers

The most commonly used inhaler in the UK is the Metered Dose Inhaler (MDI). The main ingredient is HFC gas which helps propel the medicine into the lungs. HFCs are powerful greenhouse gases, and because of this inhalers account for almost 4% of the NHS's total greenhouse gas emissions.

Other inhalers that don't rely on HFCs have a much lower carbon footprint. For example, Dry Powder Inhalers (DPIs) rely on a strong breath to deliver the medicine to the lungs, and as such have just a fraction of the greenhouse gas emissions.



Swapping 1 in 10 MDIs for DPIs could:

- reduce annual drug costs by £8.2 million
- reduce annual greenhouse gas emissions by 58,000 tonnes of CO₂ – the same as 180,000 return car journeys from London to Edinburgh.

Inhaler options

Patients should not compromise their disease control or cut down on medications to reduce their carbon footprint.

However, they can:

- discuss the more environmentally friendly inhalers that are available and appropriate for them to use at their next asthma review
- ensure they are using their inhaler properly
- keep track of doses and doses left
- recycle used inhalers.

Recycling

Most inhalers are sent to landfills or for incineration as most councils can't recycle the plastics and gases contained within them. Proper recycling/disposal of inhalers ensures that any harmful greenhouse gases within them are properly treated for disposal.

The **Complete the Cycle** inhaler recycling scheme aims to reduce waste and emissions by providing an easy and free drop-off service for old inhalers.

Places with inhaler recycling bins are:

Boots UK Ltd (0241)	2–8 High Street, Witney, OX28 6HA
L Rowland & Co (Retail) Ltd (1175)	Welch Way, Witney, OX28 6JQ
Windrush Medical Practice	Windrush Health Centre, Welch Way, Witney, OX28 6JS
Boots UK Ltd (852)	3 Edington Square, Witney, OX28 5YP
Mid Counties Co-operative Chemists	Market Street, Charlbury, Chipping Norton, OX7 3PL



Tim Hughes

What is the NHS App?

You've probably already heard of the Patient Access service that enables you to connect electronically with the surgery. Now there is a new, simple and secure way to access a range of NHS services on your smartphone or tablet. It's the NHS App.

The NHS App enables you to:

- check your symptoms
- find out what to do when you need help urgently
- book and manage appointments at your GP surgery
- order repeat prescriptions
- view your GP medical record securely
- register to be an organ donor
- choose how the NHS uses your data.

If you are a patient at the Nuffield Practice you can now use all the features of the NHS App.

Keeping your data secure

The app will securely connect to information from your GP surgery. You may be asked for an Access Key and Linkage code to set up your account. We can send this directly to your email address so please just give us a call.

Get help with the app

If you have any issues using or downloading the app, check the NHS App help and support page <https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/help-and-support/>.



'Doctor First' booking system

If you have called The Nuffield Practice in the last couple of months to book a GP appointment, you will notice that our booking system has changed. Doctor First is a GP appointment system where all patients speak on the phone to a GP, on the day they call the surgery. The GP may then ask the patient to come into the surgery that day if necessary. Doctor First aims to reduce patient waiting time, because you can usually speak to your own GP on the day that you call.

You will no longer be able to pre-book to see your GP but you can book a telephone appointment with your own GP on the same day that you call. This will ensure that you are seen by the right person, and that many patients can avoid a trip to the surgery if the problem can be dealt with on the phone.

To avoid waiting in a phone queue, we recommend that you book a telephone consultation appointment online by using our eConsult service which is accessible from the homepage of our website: www.thenuffieldpractice.co.uk.

If you decide to call to book your telephone appointment, the reception team will ask for a brief summary of your problem in order to allow the GP to prioritize your call. When the GP calls they will enquire about your symptoms and if you need to come to the surgery you will see the same GP that you spoke to on the phone.

You will be booked with your own GP unless they are fully booked or not in on that day, in which case you will be asked to call back on the next day that they are in. If your call is urgent then you will be offered the choice of speaking to another GP. Please refer to the Doctors' timetable to check which day your GP works.

If your query is routine we would ask that you call before 12.00. For urgent issues we will be open until 18.30 but please try to call before 17.00 so that if the GP needs to see you, they can book the appointment before we close.

What is eConsult?

We now offer a service called eConsult which allows patients to contact our practice and clinicians online, for medical and administrative requests.

You can access eConsult via the home page of our website: www.thenuffieldpractice.co.uk. Next time you need to contact the practice, click on the banner and fill out a request form. There are various options for clinical questions, and if you have an admin query please click on the tab that says 'Request sick notes and GP letters, or ask about recent tests'. You can also use this tab to request repeat medication.

eConsult is a free to use online consultation platform, which allows anyone registered at the practice to submit a medical or administrative request online at any time of the day, 7 days a week. Our team will review every request and make sure it is passed to the most relevant healthcare professional. If you need a face to face appointment we can arrange that for you, or it might even save you a trip to the practice. We will always get back to you by the end of the next working day, if not sooner.

Seeking new members for our Patient Participation Group!

We are currently looking for new members to join our Patient Participation Group (also called PPG). It is not an onerous task but allows you to understand better how a GP practice operates and gives you an opportunity to have a say on how the practice performs. Below are some answers to questions you might have.

What is a Patient Participation Group (PPG)?

A group of registered patients, carers and Practice staff who meet at regular intervals to discuss and make decisions about the Practice and how it is able to serve the community with improved healthcare.

What is the purpose Of A PPG?

- For the practice and the group to agree what could enhance the practice.
- For the practice to understand the patient's point of view and to encourage positive feedback.
- To actively encourage and welcome comments and suggestions from members of the local and wider community.

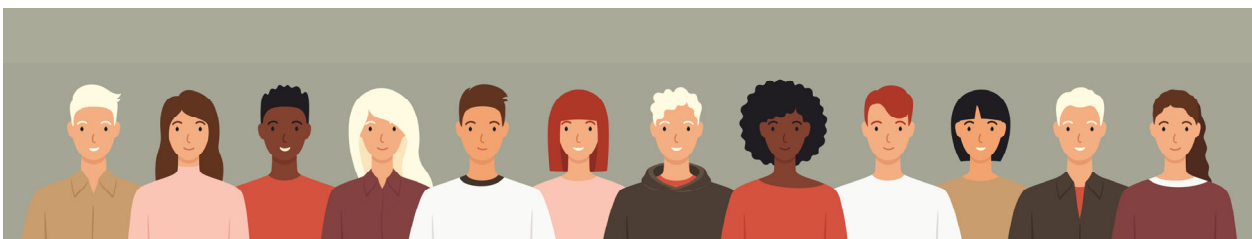
- The group is also contacted during the year if specific views are sought on various topics from the group.

How often does the PPG meet?

We aim to have a very active Patient Participation Group which meets every 2 months with representatives from the Practice to discuss topical issues, express their views on planned service developments and to raise any issues which are of concern and/or will help to improve the standard of care offered by the Practice. Our last meeting and all future meetings until Social Distancing measures are relaxed, will be via Microsoft Teams or via Zoom. We held our last meeting via Zoom and it was a huge success!

We have a couple of ground rules for our PPG:

- The group is NOT a forum for individual complaints and single issues.
- We advocate open and honest communication.
- Silence indicates agreement – please speak up.
- All views are valid and will be listened to.



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 to answer questions about what helps or harms in healthcare.

Cochrane evidence and COVID-19

How things have changed since the previous issue of ***Keeping Well?***... Cochrane is responding to the pandemic by producing rapid reviews of new evidence on priority topics. Unfortunately, much of the research leaves us with far more unanswered questions than answers.

Signs and symptoms of COVID-19

Based on the currently available evidence, neither absence nor presence of any symptoms (such as cough) or clinical signs (such as heart rate) can accurately rule in or rule out whether someone has coronavirus. There is a need for evidence on combinations of signs and symptoms, and in different age groups (children, older adults) and settings (especially GP practices).

Antibody tests for COVID-19

Antibody tests have the potential to identify people who have had COVID-19. A Cochrane Review has shown they could have a useful role in doing this but, as with any diagnostic test, there will be people falsely diagnosed as having COVID-19 and others who have it but who test negative. The evidence shows that timing of the test in relation to when symptoms start makes a big difference to accuracy.

Quarantine for controlling COVID-19

A Cochrane Review found that COVID-19 mathematical modelling studies consistently report a benefit of quarantine in reducing the number of people infected with the virus and who die from it. Decision-makers need to constantly

monitor the outbreak situation locally to maintain the best possible balance of measures in place.

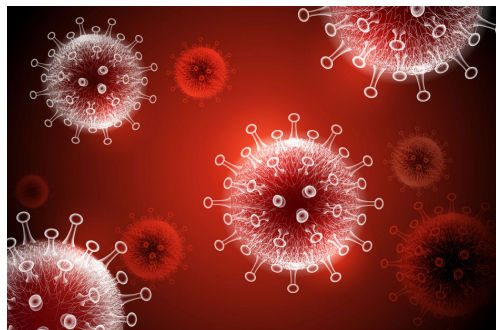
Convalescent plasma – a possible treatment for COVID-19?

After a person has recovered from an infection, their blood contains antibodies that help fight infection. Some people who have fully recovered from an infection can donate blood plasma (as with blood donation, there are reasons why they might not be able to). Many clinical trials are being done to investigate the potential benefits or harms of using plasma from people who have recovered from COVID-19 to treat people who are currently ill with it. A Cochrane Review looking at these trials shows that, so far, the benefits and harms are unknown.

Routine vaccinations during the pandemic

The World Health Organization (WHO) has emphasized the importance of keeping up with routine vaccinations during the pandemic, advice endorsed by Public Health England. Even a small drop in uptake of routine vaccinations can have a big impact on highly infectious diseases such as measles and put many children at risk. A recent Cochrane Review on MMR (Measles, Mumps and Rubella) vaccines has confirmed that they are effective and found no evidence of increased risk of autism or several other unwanted effects.

You can read blogs about all these Cochrane Reviews and more at <https://www.evidentlycochrane.net/category/coronavirus-covid-19/> The Reviews and other Cochrane resources are free to access here <https://www.cochrane.org/coronavirus-covid-19-cochrane-resources-and-news>.



For further information about this newsletter, please contact:

Catherine Simonini, Practice Manager, The Nuffield Practice (catherine.simonini@nhs.net) or Graham Shelton, Editor (graham.shelton@pharmagenesis.com)

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