# Keeping Well?

#### The Newsletter of the Nuffield Patient Group

#### Welcome!

This is the 11th quarterly issue of *Keeping Well?*, our patient newsletter, bringing you news for patients by patients at the Nuffield Practice.

This quarter, our patient story (this page) is about a form of screening that can halve the risk of dying from an abdominal aortic aneurysm. If you are a man aged over 65 years, go and have the test. It's free, it's painless and it might just save your life.

We have an article on some of those other risk factors that we can all avoid (page 2), an exciting project to transform our health and social care (page 3) and news of adult mental health services in Oxfordshire (page 4).

News from the practice also features on page 4, while on page 5 we report a useful new web-based service that will help to direct patients to the right local resources. Also on page 5 you have your chance to be a healthy MasterChef in our new feature.

Finally, on page 6, the news from our Cochrane correspondent is all about pain relief from sprains, strains and muscle soreness.

Incidentally, if you like this so much that you yearn for more, I am very pleased to say that all of the previous issues are now available on the practice website. Enjoy! January 2016 Issue 11

#### Patient story

My good friend John died of an abdominal aortic aneurysm (AAA). He'd been getting along just fine and was happily enjoying his retirement but, like many country folk, had never been that keen on doctors and, as far as I know, hadn't seen one for years.

Then one day he collapsed at home. His wife called 999, the ambulance came and he was rushed to hospital. But he didn't survive. So when I was offered free AAA screening when I turned 65 years old, it seemed like a really smart idea.

AAA screening is a way of detecting a dangerous swelling (aneurysm) of the aorta – the main blood vessel that runs from the heart down through the abdomen to the rest of the body.



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An AAA happens because the wall of the aorta can't stand the high-pressure blood coming out of the heart, so that it gets stretched thinner and thinner and can eventually burst.

This is far more common in men aged over 65 years than it is in women and younger men, so men are invited for screening in the year of their 65th birthday.

A developing AAA usually causes no symptoms, but if it bursts, it's a medical emergency that is usually fatal. Around 8 out of 10 people with a ruptured AAA either die before they reach hospital or don't survive surgery.

I went along to the Witney Community Hospital and was seen on time. The whole thing was really quick, involving a simple ultrasound scan with the results available immediately.

Happily, my aorta was just fine so I won't need another scan, but had it been enlarged I would either have been put on the list to be checked again or referred to a vascular surgeon within 2 weeks for possible surgery to reduce the risk of it bursting. So much better than the alternative! Indeed, I'm told that accepting the offer of free screening cuts the risk of dying from an AAA by half.

The NHS AAA Screening Programme was set up in England in 2009 and has been offered throughout the UK since the end of 2013. More details are available at <a href="https://www.nhs.uk/conditions/abdominal-aortic-aneurysm-screening/pages/introduction.aspx">www.nhs.uk/conditions/abdominal-aortic-aneurysm-screening/pages/introduction.aspx</a>.

### I resolve not to make any more New Year resolutions!

I was reading a magazine article the other day while thinking about what would be good for a New Year's issue of *Keeping Well?* 

The article, by Alyssa Sparacino, started with a good observation – resolutions are a bit like babies: they are fun to make but really hard to keep!

Not wishing to set up anyone to have a hard time so early in the year, here are a few things that we all might be able to manage to maintain our health and wellbeing.

#### Getting just a bit fitter

Yes, we *can* all do it. No need for heroic gestures and mega 7-day diets from the newspapers. Better to go for something a bit more realistic. So set modest and achievable goals. If you are overweight, a loss of 1 lb a month really is do-able, and it mounts up to nearly a stone at the end of the year. Smaller portions on smaller plates is a good way to go; and cut back on those sugary snacks and alcoholic drinks! Cutting back on the alcohol, and having a few days a week without any, really do help to keep the weight off.

Similarly with exercise: a walk at lunchtime works wonders, and you can build up distance and pace

as your fitness increases. Swimming and cycling are good too, and there are lots of clubs you can join.

And that's an important point. Don't try to get fitter on your own; do it with a friend or a group of friends and compare notes as you go. That way you can have fun and motivate each other when temptation inevitably rears its head after the first few enthusiastic weeks.

#### Still smoking?

That really is something you need to stop. The smoking habit destroys your heart, your circulation and your lungs. It kills you early and it destroys those around you too. Speak to the nurse at this practice about all the options and commit to a quitting timetable.

### Learning how to increase your sense of wellbeing

How you feel is as important as some of the more objective measures of health. Volunteering, visiting a new place, learning a new skill and getting enough sleep can all help you to feel better.

And yes, you're right. It's not as much fun as making babies, but arguably it really will be a lot easier to manage!

### Transformation of health and social care

Motherhood and apple pie continue to be popular, and so too does a desire to improve our health and social care.

While patients continue to be very resilient and generally positive about their experiences, the stresses in the system are nonetheless clear to all. One thing is for sure: if we don't make some changes, the system will remain the same or more likely fail to everyone's disadvantage. It won't be enough to work harder or tinker around the edges when there are fundamental problems to address.

This article is not here to take sides among the various parties involved, but rather to tell you what the people who manage our health and social care services are planning to do about it in Oxfordshire.

The big idea is to set up a 'Transformation Board' comprising representation from the Oxfordshire Clinical Commissioning Group (OCCG), Oxford Health Foundation Trust, Oxford University Hospitals Foundation Trust, South Central Ambulance NHS Foundation Trust (SCAS), the Oxfordshire GP federations and Oxfordshire County Council (OCC).

The Board has started its work with the aim of creating new ways of working that integrate clinical and social care between providers to

"Our ambition is to transform the Oxfordshire health and social care system to improve the health of the population, reduce inequalities, and deliver services that are high quality, cost effective and sustainable whilst reducing bureaucracy where there is no benefit to patients/users."

OCCG

provide greater efficiency while maintaining the highest quality for all patients, thus enabling us to stay within the finite resources available.

This will involve redesigning the wide range of healthcare services currently provided throughout Oxfordshire. The transformation programme will lead to services being delivered in new ways with increased emphasis on prevention, self-care, bringing more care into the community and further integration of health and social care.

For more information, please visit the OCCG's website: <a href="http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/transforming-">http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/transforming-</a>



#### From the Practice

#### GP News

Dr Rourke is back from his sabbatical and will now be working 3 days instead of 4. His days of work are Monday, Tuesday and Friday.

Dr Clarke, who was looking after Dr Rourke's patients whilst he was away, has moved on to be a locum at other GP practices in Oxfordshire. I think we all agree that he was an excellent locum and we will certainly be using him again in the future.

Dr Carey will return from maternity leave in late February/early March.

#### Flu Vaccinations

There is still time to book your flu jab! We still have lots of vaccines in stock for adults, and a few left for children, so please book your appointment at reception or ask your GP or nurse to give you the jab next time you are seeing them for an appointment.

Because of popular demand, we are going to run two Saturday sessions next year, with more clinicians present, so we hope that will be more convenient to you all.

### Adult Mental Health Services in Oxfordshire - what's new?

Oxfordshire Clinical Commissioning Group (OCCG) in partnership with Oxford Health NHS Foundation Trust invites you to an event on Tuesday 23rd February in Oxford, to showcase a range of new mental health services across Oxfordshire.

The event will bring together Oxford Health NHS Foundation Trust with Connection Floating Support, Elmore Community Services, Oxfordshire Mind, Response, Restore, Thames Valley Police and South Central Ambulance Service and will show how partnerships with these organizations are already helping individuals to focus on their personal journey towards recovery by identifying the goals important to them.

People attending will have the opportunity to explore how they can be involved in and benefit from the continuing development of mental health services across the county. There will be short talks and information available about services such as the new Recovery College, the psychological and wellbeing service (TalkingSpace Plus) and crisis services.

If you would like to attend the event or have any queries, please contact Julia Stackhouse on 01865 334638 or by email to <a href="mailto:cscsu.talkinghealth@nhs.net">cscsu.talkinghealth@nhs.net</a>





### Adult Mental Health Services in Oxfordshire - What's new?

Oxford Health NHS Foundation Trust with Oxfordshire Clinical Commissioning Group would like you to join us to celebrate our new partnerships which have come together to deliver better mental health services in Oxfordshire. These include the Oxfordshire Mental Health Partnership, TalkingSpace Plus and services within our urgent care pathway.

We will be holding an event on Tuesday 23 February 10am – 1pm.

This will be an opportunity for you to find out about some of the new services available to people in the Oxfordshire.

This event will showcase new initiatives such as the Recovery College and will also provide information on improvements that support mental wellbeing. You will also have the opportunity to explore how you can be involved in the continuing development of mental health services across the county.

If you would be interested in attending, please contact cscsu.talkinghealth@nhs.net or call 01865 334638.

www.omhp.org.uk



NHS Oxford Health Foundation Trust NHS Oxfordshire Clinical Commissioning Group

## New health advice website 'COACH' launched for the residents of Oxfordshire

#### www.my-coach.org.uk

The COACH (County of Oxfordshire Advice on Care and Health) website has been created as part of the Oxfordshire GP Federations' winning bid to the Prime Minister's Challenge Fund. Patients can access 24 hour advice online, so maximizing GP and other healthcare workers' time for those who need it most.

COACH offers healthcare support, local information and signposting in four key areas: Health Services, Support & Advice, Wellbeing, and Health Conditions, with information sourced from a range of providers including NHS Choices, Oxfordshire County Council and local voluntary and support groups.

COACH allows users to self-care by choosing the right service or using the symptom checker, and under the comprehensive Health Services section, users can look up their nearest pharmacies, dentists, GPs and opticians or find out about other local services – for example advice on maternity, child, young adult or elderly care – ensuring the patient receives both accurate and appropriate information.

The Support & Advice section really broadens the COACH website from a health advice site to a one-stop portal for health and related services. Guided information on Blue Badges, finding a home, employment, registering a death and claiming for benefits are all included to help people in their time of need.

With a commitment to promote wellbeing, COACH offers the latest information around healthier living, including interactive health apps that help with a variety of things including quitting smoking and healthy eating. COACH's Wellbeing section is not just health focused, by recognizing that external factors such as housing, loneliness, bereavement and/or financial worries can all affect a person's health. Advice addressing all these areas and more will enable people across the local area to find the right help for their individual needs.

Finally, the Health Conditions section gives tips on avoiding ill health, including details on available screening programmes and immunizations, living with long-term conditions and accessing clinical information using the Health A–Z guide.

COACH users are also able to access health news powered by NHS Choices and contribute to Patient Opinion (a non-profit feedback platform for health services) to ensure the ongoing improvement of health provision.

#### Healthy recipes

Have you perfected a lovely, healthy recipe that you'd like to share? If so, here's your chance of fame, if not fortune!

Just send your recipe, ideally with a nice photo (either of you or your creation) to the Practice Manager <a href="mailto:catherine.simonini@nhs.net">catherine.simonini@nhs.net</a>.

We'll try to publish the very best in a future issue of *Keeping Well?* Who knows, we might even make a *Keeping Well?* recipe book if there is enough interest. Just remember to avoid too much butter, cream, sugar and salt!



#### 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.

### Painkilling gels can give good relief from sprains, strains and muscle soreness

The most common painkilling drugs worldwide, often prescribed for mild-to-moderate pain, are non-steroidal anti-inflammatory drugs (NSAIDs). When NSAIDs are taken as pills or injections, they can have unpleasant side-effects, but when applied to the skin as a gel, cream or patch, they can get to work on relieving pain just where it's needed, without affecting the rest of the body. That's great as long as they work – so do they?

A Cochrane review has reliable evidence from 61 studies (over 8000 people) that compared topical preparations (such as gels) containing a NSAID and with those containing no active ingredient. A week after treatment was started, the researchers looked at how many people had their pain reduced by at least half.

- Topical NSAIDs gave much better pain relief than placebo (the version with no active ingredient).
- Gel formulations of diclofenac, ibuprofen and ketoprofen, and some diclofenac patches, were the most effective. For example, 7 or 8 people using ketoprofen or diclofenac gels for a painful



strain, sprain or pulled muscle had very good pain relief, compared with 2 or 3 people having relief when using a placebo gel.

• About 1 in 20 people had a mild and short-lived side-effect such as redness where they had applied the gel, and this was the same whether or not it contained a drug. There were no serious side-effects.

Sheena Derry, a senior research officer at the University of Oxford and lead author of the review, says "this Cochrane Review offers important news to patients and clinicians; out of the topical NSAID options, gel formulations work best and they are a safe alternative to oral drugs".

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

Derry S, Moore RA, Gaskell H, McIntyre M, Wiffen PJ. Topical NSAIDs for acute musculoskeletal pain in adults. *Cochrane Database of Systematic Reviews* 2015, Issue 6. Art. No.: CD007402. DOI: 10.1002/14651858.CD007402.pub3.

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