

# Keeping Well?

The Newsletter of the Nuffield Patient Group

September 2013 Issue 2

## Editorial

The Nuffield Practice does a great job of fixing us when we are sick, but there is a great deal that each of us, as patients, can do to prevent illness in the first place, to aid our recovery when we are ill, and to make the most of the resources in the practice.

This issue of *Keeping Well?* is a special, bumper edition on the theme of each of us taking responsibility for keeping well. Contributors this month include:

- Nikki Shaw, who explains how we can all help to reduce medicines waste [p. 1]
- Sarah Chapman, who picks up the theme of improving medicines use [p. 3]
- Stuart McGinness, who runs Witney Mountain Bike Club [p. 4]
- Graham Shelton, who writes about his patient perspective on high blood pressure [p. 5]
- Catherine Simonini, our new Practice Manager, with news about herself and about new developments in the practice [p. 5].

## Waste not, want not

by Nikki Shaw, Locality Support Pharmacist for the West Locality Team, Oxfordshire Clinical Commissioning Group (OCCG)



**Each year, unused medicines worth approximately £300 million are disposed of in England. Nationally, as much as 10% of all medicines prescribed are not used.**

Within Oxfordshire we spend over £70 million on prescription medicines in general practice each year, and so the value of our wasted medicines could be as high as £7 million! That's money we then don't have available to spend on something useful.

In Oxfordshire £7 million could buy:

- 300 community nurses *or*
- 2000 hip replacements *or*
- 500 breast cancer treatments *or*
- 8000 cataract operations

## What is medicines waste?

Medicines waste is unused or partially used prescription medicines. If you are given a medicine but don't use it, it's not going to make you well. Importantly, it can't be used to make anyone else well either. That's because once a medicine has been dispensed to a patient, it becomes the property of that patient and cannot be used by another patient. If the medicine has left the pharmacy/dispensary premises, it cannot be re-used when it is returned for disposal but it still has to be paid for by the NHS.

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In chronic conditions, such as high blood pressure or diabetes, you do need to take your medication as prescribed, because it will prevent expensive and damaging health issues for you later on. In spite of this, research suggests that 30–50% of patients who have a long-term condition are no longer taking their medicines as the doctor prescribed after just 6 weeks of starting the medicine!

That means the drugs that you do take for the first few weeks do no long-term good, and because you don't continue to take your medicines you are more likely to suffer complications, stroke, heart attack or early death.

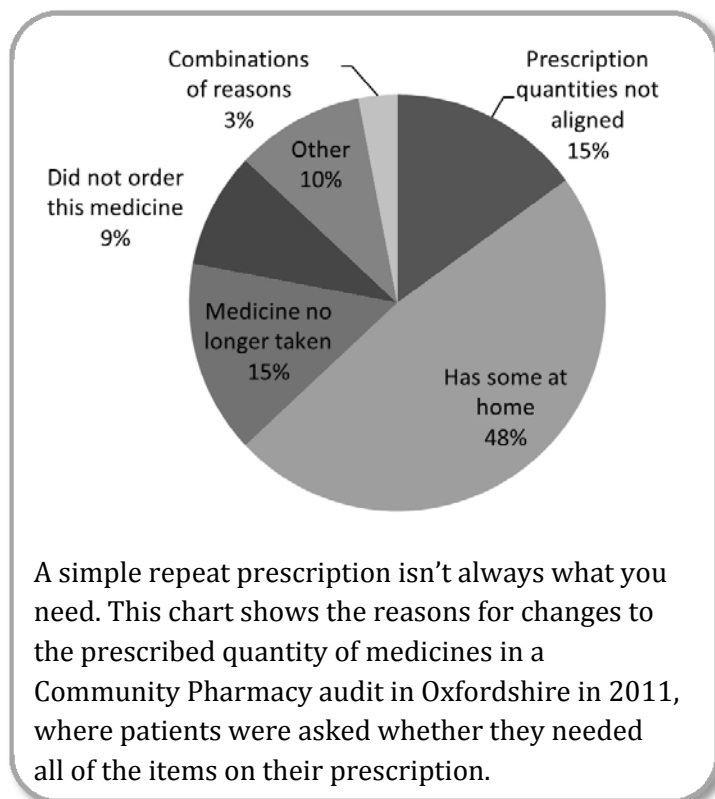
### **Why don't patients take their medicines as prescribed?**

There are lots of reasons why patients do not take their medicines as they have been prescribed by their GP. If you take regular medicines and would like to check whether you are getting the best from them, you could start by making an appointment with your community pharmacist for a Medicines Use Review. All of the community pharmacies within the Witney area are able to offer you help and support with your medicines.

### **Is the ordering system for repeat medicines working for you?**

An audit carried out in the 82 community pharmacies in Oxfordshire in 2011 asked patients who were collecting repeat medicines whether they required all of the medicines that they had ordered. The results showed that, when asked, changes were made to 15% of the prescription items. Interestingly, the majority (92%) of "when required" medicines (e.g. paracetamol tablets or a salbutamol inhaler with directions to take only when needed) were not dispensed in the quantity ordered. This was in stark contrast to the 9% of changes made to regular medicines. The main reason for this was that the patient already had some at home,

presumably in a sufficient quantity that they were happy to leave the item.



### **So what can you do?**

- If you are taking a medicine regularly, make sure you understand the process for getting a repeat supply. If you don't, the practice staff or your community pharmacist can explain this to you.
- Only order the medicines that you need.
- It is important that you are happy with what has been prescribed, and understand how to take it. If you are thinking of stopping any medicine you should discuss this with your doctor or pharmacist first.
- If you still get prescribed a medicine you are no longer using, please tell your doctor or pharmacist.
- When you receive your dispensed prescription, check through your medicines to make sure you have only received what you need before you leave the pharmacy.

**Remember...reducing waste is everyone's business, so only order what you need and help us make more of your local NHS.**

## Evidence Matters

by Sarah Chapman

### Getting our medicines right: what does research say might help us?

It's clear that a lot of medicines are wasted. They are not taken as prescribed or not taken at all, with consequences for us as patients and for the NHS purse. Nikki has talked about some practical things you can do to reduce medicines waste. I wondered what research tells us about what helps people take medicines safely and correctly.

Last time in Evidence Matters, I talked about how systematic reviews can help us make decisions about healthcare, and that those produced by the Cochrane Collaboration are among the best. They pull together all the trials looking at a particular question, whatever their results, and give us the best 'answer' that's available. Occasionally there will be an overview of reviews, which go one better and look at all the systematic reviews on a topic.

*It's clear that a lot of medicines are wasted*

### There are lots of things that might help to improve medicine use

A Cochrane overview has brought together 37 systematic reviews looking at what helps people take medicines correctly. They looked at many ways to do this including giving information, helping people change their behaviour and teaching them relevant skills. Here's what they found.

- There wasn't one approach which proved to be most helpful for everyone and for all the outcomes looked at (such as harms related to medicine use and knowledge about medicines as well as whether they were taken as prescribed).
- Self-monitoring reduces harms from medicine use.

*Just giving information may not make a difference*

- Other promising ways to improve medicines use are simplified dosing and directly involving pharmacists in medicines management.
- Reminders, education combined with self-management skills training, counselling or support, financial incentives and strategies involving lay health workers may also show promise, although this is less clear.
- Just giving information may not make a difference.
- The overview included 18 high-quality Cochrane reviews, but not all the evidence was good quality and there were gaps too. We know very little about what works best for children and young people, for carers and for those with multiple health problems. For many strategies, there is not enough evidence to decide whether they have any effect or not.

### Where does this leave us?

Well, the reviewers suggest that researchers will find plenty here that needs further investigation and that those working to help us take medicines safely and effectively right now would do well to choose approaches that have been shown to be effective or promising.

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**LOYALTY SCHEME  
AUTUMN SPECIAL**  
100 Bonus Points  
if you pass your blood test

*Tim Hughes*

## What about multimedia programmes?

There's a recent Cochrane review on multimedia programmes for helping people learn about their medicines so they can take them safely and effectively. These use more than one format to provide information, which could include words, pictures and video for example, accessed on CDs, DVDs or the internet.

This review found reasonable quality evidence that multimedia programmes are better at improving people's knowledge and skills than teaching people about their medicines as part of their usual clinical care or, not surprisingly, not teaching them at all! Interestingly though, this didn't seem to make any difference to them actually taking medicines as prescribed. What a shame!

You can read a summary or the full text of these reviews or listen to a podcast online for free (see the links below)

Ryan R, Santesso N, Hill S, Lowe D, Kaufman C, Grimshaw J. Consumer-oriented interventions for evidence-based prescribing and medicines use: an overview of systematic reviews.



## Did you know?

Due to popular demand, we have added one more disabled parking space, so there are now three instead of two!

Cochrane Database of Systematic Reviews 2011, Issue 5. Art. No.: CD007768. DOI: 10.1002/14651858.CD007768.pub2.

<http://summaries.cochrane.org/CD007768/strategies-to-improve-safe-and-effective-medicines-use-by-consumers-an-overview-of-systematic-reviews>

Ciciriello S, Johnston RV, Osborne RH, Wicks I, deKroo T, Clerehan R, O'Neill C, Buchbinder R. Multimedia educational interventions for consumers about prescribed and over-the-counter medications. Cochrane Database of Systematic Reviews 2013, Issue 4. Art. No.: CD008416. DOI: 10.1002/14651858.CD008416.pub2.

<http://summaries.cochrane.org/CD008416/multimedia-programs-for-educating-patients-about-medications>

## Witney Mountain Bike Club

**"My name is Stuart McGinness, I am a member of the patient panel, and I am also Chair of Witney Mountain Bike Club with over 100 members, both adults and children.**

We teach children from 2 years of age to ride bikes, and we support Cub, Brownie and Scout packs with cycling badges. We work with Queens Dyke School and Henry Box School with bikes and other support. We have contacts with local transport groups and provide family rides which are not too strenuous for all to enjoy.



If you'd like to contact me about how you and your family can take some gentle exercise, and have some fun in a local cycling group, do feel free to contact me at [bestumtb@btinternet.com](mailto:bestumtb@btinternet.com)."

## High blood pressure

by Graham Shelton

### **I was diagnosed with high blood pressure in my 40s.**

I needed a health check so that I could obtain a visa to work in Australia. I wasn't overweight, I felt well, and everything was fine until the nice Australian GP checked my blood pressure. She almost sent me straight to hospital, but after due deliberation

and discussion she started me on a low dose of a drug called enalapril. This lowers blood pressure by dilating the small arterioles. I was in a high-stress job and needed something that would bring my blood pressure down without making me feel tired all the time. Happily, enalapril did the trick!

I knew that I would have to watch out, as both my grandfather and my father had died early from cardiometabolic problems, so I kept taking the pills, knowing that unless I did I stood a very good chance of dying before my time or suffering severe disability from stroke or a heart attack.

As time went on, I returned to the UK, and my blood pressure began to creep up again, so we increased the dose of enalapril, and subsequently



added a second drug, bendroflumethiazide. This works in a complementary way by lowering blood volume (it makes you wee!).

Now in my early 60s, I remain completely well, but know that I need to take personal responsibility for looking after my health. I make sure that I take my blood pressure pills

night and morning, and because they are part of my routine I rarely forget, unless it has been a really heavy night! They have never caused me any problems, and now I regard them a bit like brushing my teeth or taking vitamins.

I do try to look after myself, taking exercise each week, having a sensible diet, not adding salt to my food, and trying to keep the weight off. I also make sure that I receive regular blood checks for lipids and glucose, as the risk factors hunt in packs, and are always most dangerous when they are all present.

Is it a lot of trouble? Not really, I feel great, and it's so much better than the alternative. Keep well!

## Practice News

### **We wish a very warm welcome to Catherine Simonini, who writes a few words about herself.**

"Hello everybody. My name is Catherine Simonini, and I became the new Practice Manager here at the Nuffield Practice on 1 July. Virginia's is a tough act to follow, and I hope that I succeed in continuing her great work in running a happy and efficient practice with fantastic staff.

My previous job was at the 27 Beaumont Street practice in Oxford, where I was Practice Manager for 3 years. It is a smaller practice, so I was involved at all levels of the organization, and this has provided invaluable experience and preparation for working at a practice which is almost double the size."







## *Flu Season 2013/14*

### **This year we will not be sending out letters inviting you for a flu jab.**

If you have had a flu jab in previous years and/or if you fall into one of the groups below please contact the Practice from the beginning of September to book your appointment.

- Aged 65 years or older
- Any patient aged 6 months or above who suffers from any of the following:
  - chronic respiratory disease
  - chronic heart disease
  - chronic kidney disease
  - chronic liver disease
  - chronic neurological disease
  - diabetes
  - immunosuppression
- All children between 2 and 3 years of age
- Pregnant women at any stage of their pregnancy
- People in long-stay residential homes
- Carers

The Flu Clinics start on Tuesday 1 October. We will also be running one clinic on a Saturday (19 October) to accommodate those of you who cannot attend during the week.

## *New from 1st October!!*

### **You will be able to book appointments and order repeat prescriptions online using the Patient Access facility.**

With Patient Access, you can view, book and cancel appointments from home, work or on the move – wherever you can connect to the internet. What's more, because Patient Access is a 24-hour online service, you can do this in your own time, day or night. All you will need is a PIN and login information, which you can then use to create an account. You must collect these in person from Reception so please ask for them next time you visit the Practice.

There is also a mobile app. Visit <http://www.patient.co.uk/accessapp> to download and for further details.

The services we currently offer for ordering repeat prescriptions online via our website and our email address ([nuffield.scripts@nhs.net](mailto:nuffield.scripts@nhs.net)) will both be discontinued on 30 September 2013.

## *Basic facts about the practice*

- Open Mon–Fri, 8.00 a.m. – 6.30 p.m.
- Tel 01993 703641 (not between 12.30 p.m. and 1.30 p.m.)
- Address: The Nuffield Practice, Nuffield Health Centre, Welch Way, Witney OX28 6JQ
- Information about the practice's services is available at [www.thenuffieldpractice.co.uk](http://www.thenuffieldpractice.co.uk)
- To find out more, please ask for a practice leaflet or speak to a member of staff.

*For further information about this newsletter, please contact:*

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You can access these articles at [www.thenuffieldpractice.co.uk](http://www.thenuffieldpractice.co.uk)

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