

Keeping Well?

The Newsletter of the Nuffield Patient Group

December 2013 Issue 3

EMU coming to Witney!

Welcome to another bumper issue of *Keeping Well*?

As well as practice news, the regular *Evidence Matters* feature by Sarah Chapman and a really interesting patient experience article from John Dawson, we also have an update about what the new NHS will bring to us and how we can better access its services.

Top news is that our much-loved Witney Community Hospital is now well down the track to becoming an EMU (Emergency Multidisciplinary Unit). The new Unit will offer an integrated team to enable quicker and more effective local diagnosis and entry into the healthcare system. This has been carefully designed to meet the urgent assessment and treatment needs of patients with multiple, often complex problems. Watch this space for more news of this in the next edition of *Keeping Well*?

Meanwhile, we all hope that you have a lovely Christmas and a healthy New Year.

Putting you at the centre of care

There's been a lot of talk in the national press about the NHS, and how it is being reorganized to be more effective and better value for money. Is this just the politicians moving the deckchairs to save money, or will it really make a positive difference to our healthcare in Witney?

Keeping Well? talked with Tim Chapman, Senior Commissioning Manager for our locality, to find out exactly what the new organization means for us in West Oxfordshire.

"We need to use our limited resources more wisely, and direct them towards the things that really matter to patients" said Tim, a qualified nurse with many years of clinical, epidemiological and public health experience.

Vision for West Oxfordshire

"My vision is to live and work in a community that understands what healthcare services are available and how to get them, where all individuals can live their lives in the best possible health and be treated equitably with respect and dignity, feeling listened to and engaged with their care when they are ill", he said.

"Importantly, patients now have a much more active voice, with real opportunities to engage through local Patient Participation Groups, through countywide Oxfordshire Clinical Commissioning Group consultations, and also via the West Oxfordshire Locality Group, which is very active in building links with patients throughout our area".



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Tim's is part of a unified vision for the whole of Oxfordshire and, indeed, the whole country. Can we deliver the vision here in West Oxfordshire? Tim believes passionately that we can, with fewer inequalities, and health services that are high-quality, cost-effective and sustainable for all.

According to Tim, the whole thing revolves around delivering patient-centred outcomes and moving away from the old target-based approach.

Measuring human outcomes

But what does that mean in practice? The Oxfordshire Clinical Commissioning Group contracts with providers in line with national guidance and policy.

At a local level, the Clinical Commissioning Group works with commissioning GPs from all practices in West Oxfordshire, looking for evidence of particular local need, and benchmarking against other places.

At the patient level, it means trying to do the right thing for the individual: putting the patient at the centre of decision-making. It means not just measuring inanimate things like how many hip replacements have been made at what cost, but measuring human outcomes, like how many people can now move freely and live safely at home without pain. Importantly, it means making sure that everyone has equal access to the healthcare they need, whether they live in a town or the countryside, whether they are rich or poor, young or old and regardless of their home circumstances.

There are some important things that go along with this, such as ensuring that patients are given the time, the information and the support to get the right decision and the right care for them. In practical terms, having a single accessible

electronic patient record will be key, enabling a team approach, avoiding repetition and promoting integration of services within the health and social care systems.

Doing it right

This is a different way of doing things, so how can we know that we are doing them right? Already our commissioning GPs work to agreed clinical guidelines based on best evidence, and guidance from the National Institute for Health and Care Excellence (NICE). As we develop the new way of working, we also need to develop better measures of patient satisfaction (technically these are called patient-reported outcomes and are often measured in surveys and questionnaires). We also now have a greater emphasis on care quality, and this is independently assessed in every practice.

Challenges

We know we have some challenges. In West Oxfordshire we live 15–25 miles from a major Accident and Emergency Department. We have an ageing population, many of whom are frail with complex needs, so we need to take a fresh look at how we can use our limited resources wisely, particularly now that social care funding is also under pressure. Patients will have a serious role in helping everyone to make the right choices.

Prescriptions

Please note that, with effect from 2 January 2014, you will no longer be able to collect your prescription from the Practice. You must nominate a local pharmacy when you make your request, and you can collect your medication there. The local pharmacies are:- Rowlands, Lloyds, Boots (High St), Boots (Deer Park), Sainsburys. All collect prescriptions at least once daily from us.

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 healthcare. It does this through doing systematic reviews, which bring together the results of clinical trials to answer questions about what helps or harms in healthcare.

Keeping on your feet and avoiding falls

My Mum is 80 years old and she's worried about falling. Many of you will relate to this and it is a worry, with almost a third of people aged 65 years and over, living in the community, having a fall in any one year, and many more among people living in nursing homes. Falls can have serious consequences, of course, and may mean that someone who has been living independently no longer can.

The good news is that there's lots you can do to reduce your risk of falling. Good evidence from 159 randomized trials with almost 80,000 older people showed that these things reduce falls:

- Exercise in groups or at home, especially where more than one type of exercise was included
- Tai Chi as a group exercise (but this was not so effective for those at high risk of falling)
- Home safety interventions led by an occupational therapist, particularly for those at high risk



- An anti-slip shoe device reduced falls in icy weather
- Cataract surgery on the first eye reduced falls but this was not so for second eye surgery

Some things worked well for some and not for others:

- People who wore multifocal lens glasses who regularly took part in outside activities were helped by having single lens glasses, falling less. This was a bad exchange for people who didn't do much activity outdoors as they had more falls with single lens glasses.

The good news is that there's lots you can do to reduce your risk of falling

Good news, too, for those who fund our healthcare. These approaches saved more money than they cost.

Most of the trials didn't include people with dementia and similar problems, so we don't know if these things work as well for them.

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A change to the appointment system

On Monday 9 December 2013, we will be making a change to our appointment system and there will no longer be appointments saved for release on the day. If your need to see a doctor is urgent and not routine, you will always be able to speak

to the duty doctor who will telephone you to triage your call and deal with it accordingly. Please do not call at 8am expecting to book an appointment on the day because there will be none available. Thank you!

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The review also found that giving vitamin D didn't reduce falls, but that it might in people who have low levels of vitamin D. This was confirmed in another Cochrane review which looked at how we can cut falls in people in care facilities like hospitals and nursing homes. The evidence wasn't so good in this review so we are mostly still unclear about what might help. However, in nursing homes where residents had low levels of vitamin D, giving it to them as a supplement every day did reduce falls.

This evidence reminds us that it can be little things that really make a difference in helping ourselves stay well. I know many older people, like my Mum, feel so much better when they exercise and now you can feel good about knowing that it's helping to keep you on your feet too!

For more information, please see these references:

Gillespie LD *et al.* Interventions for preventing falls in older people living in the community. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD007146.

DOI: 10.1002/14651858.CD007146.pub3.

Cameron ID *et al.* Interventions for preventing falls in older people in care facilities and hospitals.

Cochrane Database of Systematic Reviews 2012, Issue 12. Art. No.: CD005465.

DOI: 10.1002/14651858.CD005465.pub3



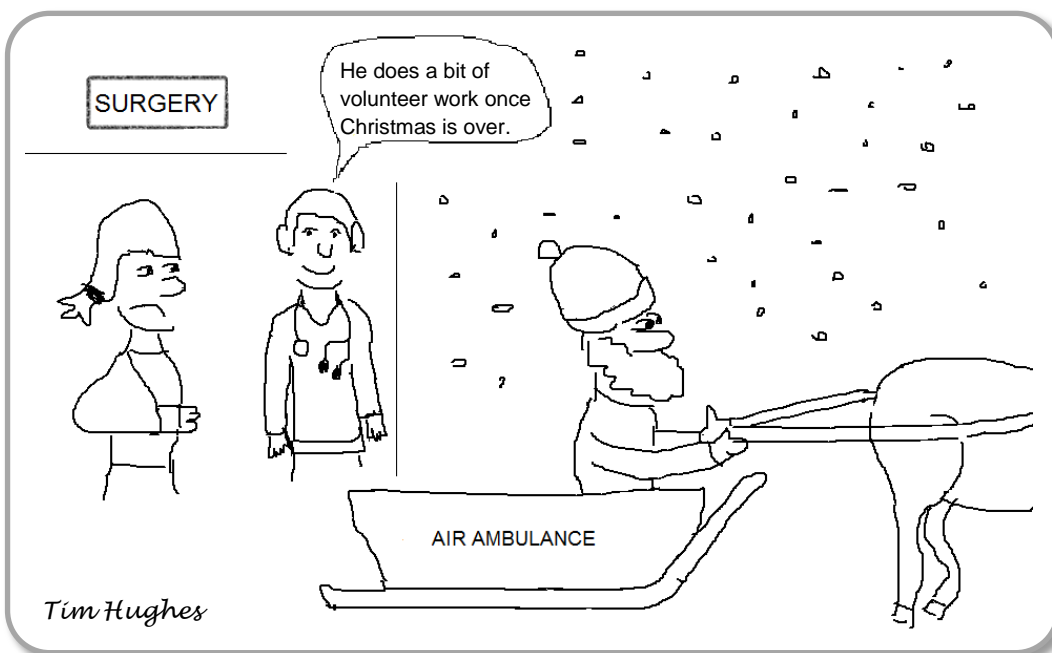
Practice Improvements

Recently we have installed two new check-in screens. The previous pair were no longer performing at full capacity owing to their age, hence their regular breakdowns, which were the cause of long queues and much frustration for patients and staff alike. To date, we have had no problems with the new screens, and we have also moved one of them to a more suitable height.



Some of you will have noticed that we now have a Hearing Loop on the reception desk. Our version is portable so that patients who are hard of hearing can take it into their

appointment with them. Please ask at reception if you would like to do this.



We have ordered 29 new chairs for our waiting room and they are due to be delivered in the first week of December. When they arrive, we will also change the configuration of the chairs. Next year, we will order new chairs for all of the consulting rooms; it is a change that is necessary to comply with CQC regulations.

Choose well!

With the patient at the centre, clinical care becomes much more of an active partnership than a passive relationship. That means that we, the patients, have to play our part!

Here is some information about current services that should help you to navigate the system.

- If your doctor has given you some advice and a prescription, ask questions, understand how to use them, and make sure you take the medication as directed. There is nothing more ineffective than advice not heeded or a drug not taken!
- Make sure you have a well-equipped first aid box, and know how to handle minor ailments.
- High street pharmacies all have consulting rooms, and are happy to offer walk-in support and advice from a qualified pharmacist.

*Cough or cold?
Choose ...
a pharmacist*

*Deep cut? Choose ...
the Minor Injuries Unit*

- Witney Minor Injuries Unit is a fantastic local resource that is usually pretty quick, and can handle possible fractures, a bang on the head, deep cuts etc. during the hours of 10am–10.30pm, 7 days a week.
- Dialling 111 out of hours should get you through to someone who can direct you when everything else is closed.
- Your GP practice/family doctor is there when you need a GP, and he/she is supported by an out-of-hours service, and also the practice website: www.thenuffieldpractice.co.uk/.

*Sore throat?
Choose ... self-care*

*Feverish child?
Choose ...
your GP surgery*

*Unwell, unsure?
Choose ... NHS 111*

- The Accident and Emergency Department is available 24/7 at the John Radcliffe Hospital in Oxford.
- 999 is still the number to dial in an acute emergency (e.g. crushing chest pain, stroke, life-threatening injury, severe bleeding, road traffic accident etc).

Making it better

It's amazing just what sophisticated healthcare we already have in West Oxfordshire, but there is more work still to do. In the West Oxfordshire Locality, the priorities for 2013/14 are to:

- improve community infrastructure to support more patients safely in their own homes and in the community
- address variation so that everyone gets high quality care right for them
- make what we have work better by providing constructive feedback and support
- reduce waste and duplication which take resources and add no value.

*Severe chest pain?
Choose ... A&E or call 999*

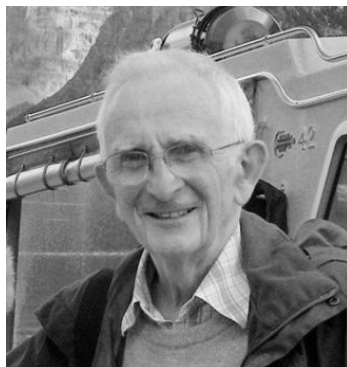
A story of indigestion (or how not to deal with a heart attack)

by John Dawson

We were on holiday at the time in Somerset, staying at a very nice farmhouse on a B/B basis. Earlier in the week, while out, I hadn't felt very well – unusual for me – and I suggested a visit to a coffee shop for a rest. Thirty minutes later, feeling refreshed and much better, we left and I thought no more of it. A few days later I woke up with a pain in the chest. I thought it must be indigestion, after all it was a farmhouse B/B.

I was not overweight, ate very healthily, and took plenty of exercise, I couldn't possibly be a candidate for a heart attack. We packed the car up and returned home, stopping on the way to visit a Falconry Centre. When we arrived back I was feeling very unwell again and rang the Health Centre who asked me to come in straight away. The tests confirmed a heart attack and I was in the Cardiac Ward at the John Radcliffe Hospital (JR) before you could say "knife". A week later, after X-rays, an angiogram and having a stent fitted, I was discharged.

The care didn't end there. The Cardiac Unit at the JR run a very good and carefully supervised exercise programme at the Leisure Centre. The programme is designed to get patients back on their feet again, and many have had pretty drastic surgery, a triple heart by-pass for example. The course is voluntary, but it would be a foolish person who wouldn't take advantage of this facility. The care continues; having been discharged from this course, there is the opportunity to move on to The Cardiac Rehabilitation Course, again carefully supervised by a trained member of the Leisure Centre staff. Many areas of the country don't have these facilities, so the motto is "use it or lose it". The care I received throughout this



episode, at the JR and after through my GP, has been first-rate. Now I make sure I have regular checks, and I make sure I listen to my body when it tells me something important.

The moral of the story is that I was extremely foolish not to act on the original symptoms, and very lucky to have survived the whole incident.

Don't do what I did, better to be safe than sorry – dial 999. Rather perhaps a wasted call, than a fatal no call.

Have you had your Flu Vaccination?

Please remember that if you fall into one of the categories below, you are eligible for a free flu vaccination.

Please book your appointment as soon as possible:

- Aged 65 years or older
- All children between the ages of 2 and 3
- 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
- Pregnant women at any stage of their pregnancy
- People in long-stay residential homes
- Carers

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