

Keeping Well?

The Newsletter of the Nuffield Patient Group

March 2014 Issue 4

Happy birthday *Keeping Well?*!

This issue is a milestone for *Keeping Well?*, completing our first year of publication.

Once again, we are pleased that the practice survey shows it to be generally well-regarded by its patients, and we owe a great debt to the Partners and all the other professionals at the practice for their fantastic efforts to keep us well under truly testing conditions.

One area of survey interest for the *Keeping Well?* team is your editorial suggestions. We'll be taking all these on board, and we have acted on one of them already: to provide reports on medical news in the area (see p. 4 for an update on our wonderful new Emergency Multidisciplinary Unit in Witney).

As usual, we have a great piece from Sarah Chapman (p. 3), a fitting cartoon from Tim Hughes (p. 2), and a personal perspective about keeping well (p. 6). Thank you to Judith Le Good for that and good luck with the marathon.

Nuffield Practice Patient Survey 2014

by Catherine Simonini, Practice Manager

240 patients completed the survey in January and February this year. They were completed by people who had appointments with the doctor, nurse or other health professionals including midwives and health visitors. The survey questions were designed with the Patient Group. The survey report is on the Practice Website www.thenuffieldpractice.co.uk.

93% said they would recommend the practice to their family, friends and neighbours, and 96% of patients said they were satisfied with the practice overall. Thank you!

82% of patients said that it was easy to make an appointment.

The survey highlighted that not all patients were of the new Patient Access facility, which enables you to order medication, book appointments and update your personal details online. All you need is a login and a PIN number; please ask for these at Reception or request them via email to catherine.simonini@nhs.net.

61% thought that the time they had to wait for an appointment was reasonable given their circumstances. We know that there are real pressures on the appointment system. There are no easy solutions – more doctors would be great, but there is no more money to pay for them. However, it would be possible to offer more appointments if patients who find that they are unable to attend for their treatment or consultation were to inform the surgery. In January 2014,



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264 people failed to turn up for their appointment; 125 for nurses and 139 for doctors. That is a *minimum* of **44 hours** of appointments that could have been used by other more needy patients. *Please* call to cancel your appointment if you cannot make it and, if you struggle to remember when to attend, if you provide your mobile phone number we can arrange a text reminder of your appointment time and date.

92% of patients thought that the information provided was good, very good or excellent.

If you are looking for more information then please see the coloured posters in the Waiting Room which have been designed by the Patient Group and remind you of our services in a clear, eye-catching format. More information is available on the Practice website:

www.thenuffieldpractice.co.uk, and in the

Practice leaflet which is available at Reception.

We hope this Patient Group newsletter, *Keeping Well?*, will also help. This is available as a paper copy in the waiting room or online.

96% of patients said that they were satisfied with the practice

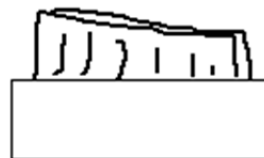
We were pleased that 81% had seen their preferred doctor or nurse, given that Dr Fieldhouse is on maternity leave and Dr Bhella recently left the Practice. We are currently recruiting for a new GP(s) and interviews took place at the end of February.

Having got your appointment, 54% of you were seen on time. It seems that waiting times were the biggest source of concern. GPs are dealing with increasingly complex medical problems, many of you have serious medical problems, and over 800 of our patients are aged over 80 years. The demands on appointments are increasing and it is not always possible to deal with multiple issues in 10 minutes. Please all bear this in mind during your session with the

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NOTICES

Please complete a survey to tell us what you think of surveys



Tim Hughes

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.

A mouthful of evidence: which toothpaste and toothbrushes can best help you look after your teeth and gums?

When we think of health research, we tend to think about getting answers to big, important questions about treatment, but sometimes it can help us with the everyday things, like looking after our teeth. A new Cochrane review sent me scurrying to my bathroom cabinet to check what's in my toothpaste. It has evidence from 30 trials with almost 15,000 people. They compared fluoride toothpastes containing triclosan, an antibacterial ingredient, and copolymer, which cuts down the amount of triclosan that's washed away, with fluoride toothpastes without those ingredients. Here's what it says:

- There's really good evidence that using the triclosan/copolymer toothpaste was associated with a 5% reduction in tooth decay, and there were no ill effects.
- There's reasonable evidence that the triclosan/copolymer-containing toothpastes reduced plaque and inflamed or bleeding gums, although it's not clear whether these reductions were enough to make a noticeable difference.

The ingredients in our toothpaste and the type of toothbrush we use can make a difference to the health of our mouths and teeth



Another Cochrane review found that brushing with a powered toothbrush, with a head that moves one way and then the other, reduces plaque and gum inflammation better than a manual toothbrush. We don't know whether this sort of powered toothbrush is better than other types though.

I was interested to learn that the toothpaste tube was first introduced in 1892 and that toothpaste is often sold packed in shiny cartons to make us feel it's worth the price, but what really matters is that this evidence tells us that the ingredients in our toothpaste and the type of toothbrush we use can make a difference to the health of our mouths and teeth.

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

Riley P, Lamont T. Triclosan/copolymer containing toothpastes for oral health. Cochrane Database of Systematic Reviews 2013, Issue 12. Art. No.: CD010514. DOI: 10.1002/14651858.CD010514.pub2.

Robinson P *et al.* Manual versus powered toothbrushing for oral health. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD002281. DOI: 10.1002/14651858.CD002281.pub2.

New emergency unit providing vital service

Praise has been given for a new emergency unit in Witney which enables patients to be treated closer to home, helping to ease pressure at Oxford's John Radcliffe Hospital. West Oxfordshire District Council's Cabinet Member for Health, Cllr Mark Booty, visited the Emergency Multidisciplinary Unit on 19 February and described its role as being "vital" to Witney and the surrounding rural locality.

Run by Oxford Health NHS Trust, the Unit provides 24/7 care at the site of Witney Community Hospital, in Welch Way, and includes an assessment centre with five beds, a physiotherapy room, an isolation room and a kitchen.

Patients are referred to the Unit by GPs or healthcare professionals and are given a full assessment, diagnosis and treatment

Staff can treat many medical conditions, except for heart attacks, strokes and those requiring theatre. Ongoing care and support are given to help patients through their illness without the need for admission to an acute hospital and the Unit has access to beds in the hospital's wards, if needed. An ambulance is available to transfer emergency cases that cannot be treated at the Unit to the John Radcliffe.

Samantha Band, Clinical Lead at the Unit, said: "The Unit helps people stay closer to home and the relaxing atmosphere of the small unit makes it less stressful for patients. The fact that we are local also means it's more convenient for people to come back to us for any follow-up care and treatment.

"Everyone involved in setting up the Unit has been very motivated. One of the best things we offer is our holistic assessments. We can look at the patient as a whole and treat them

accordingly with our range of healthcare professionals, from doctors and nurses, to physio, occupational therapy and social care – which means they can get back to their own home environment and start recovery quicker."

West Oxfordshire District Council has a responsibility to represent the District on community and public health issues and are involved with West Oxfordshire Locality Group (WOLG), who themselves are part of the Oxfordshire Clinical Commissioning Group, which is responsible for purchasing health services for the county.

Cllr Booty said: "It is fantastic to see this Unit up and running in Witney. In a rural District like ours, which has an increasing ageing population, this will provide a vital service to our local community.

"It is invaluable for patients to be treated closer to home and to their families, with the additional benefit of helping to relieve the pressure at our closest acute treatment hospital – it is a win/win situation for all involved. Our Council very much welcomes the Unit and will continue to work with our partner agencies in the health service to ensure that West Oxfordshire continues to be well represented."

The Unit fully opened in January and is the second of its kind in Oxfordshire – the other is located at Abingdon Community Hospital – and has been funded as part of an £18m investment in Oxfordshire by the Department of Health and the National Institute for Health Research.



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doctor or nurse and while you are waiting. It was clear from comments that everybody appreciates the care, and time, given to them during their appointments, and that this is not always achievable in 10 minutes. Appointments to see the nurse were generally on time.

Overall, the comments suggest that 84% of patients find the Waiting Room décor good, very good or excellent. A few found the colour a bit dull. Unfortunately there are no current plans to repaint the walls, but we will bear these comments in mind when we do. There were a few comments about the new arrangement of the chairs in the Waiting Room. Most were favourable and found the layout less clinical; we are pleased about this because the chairs were rearranged in response to the comments made in last year's survey.

There were lots of positive comments about the practice, its staff and services, which were much appreciated.

As a result of what you told us last year, we have:

- added a third disabled car parking space
- replaced and rearranged the Waiting Room chairs
- changed the message on the telephone to give you more options and, we hope, reduce the time spent waiting for a response. Please note that you do not have to wait until the extension that you require is mentioned in order to choose it. If you know that you want to book an appointment or speak to a receptionist for another reason, then you can press 8 as soon as the message starts.



- updated our computer system with Patient Access

92% of patients thought that the information provided was good, very good or excellent

- ensured that there are two receptionists on duty at peak times to keep queuing time to a minimum
- to reduce the number of people queuing, we have stopped patients collecting prescriptions from Reception. Instead, you must nominate a pharmacy where you go to collect your medication (this does not apply to private prescriptions, which must now be paid for prior to collection)

- placed specimen bottles on the Reception desk so that you do not have to queue to collect them.

As a result of your suggestions this year, we have already:

- provided a screen around the blood pressure machine and weighing scales in Reception to make your use of these more private.

There were lots of positive comments about the practice, its staff and services, which were much appreciated

With the help of the Patient Group, we will review all your suggestions and try to respond, within the constraints of the resources available.

A warm thank you to all who took part in the survey, and to the members of the Patient Group for designing and supporting it, and for helping us with the actions that we hope will improve things for you all.

Raising money for “Le Good” cause!

by Judith Le Good

I have been working at the Nuffield Health Centre for nearly 10 years and enjoy my role as a health care assistant. I try to encourage patients to partake in regular exercise as part of a healthy lifestyle and reduce the risk of heart disease and diabetes. I often hear lots of excuses why people do not exercise; lack of time and the weather seem to be the most common.

I have enjoyed taking part in various sports all my life but I didn't actually start running until I was 40 years old, and the challenge for my fortieth year was to run a half marathon. Twenty years later, I still like a challenge and have a place for the London Marathon this year. I have run a marathon before but I am now at the age where the training takes longer and long runs that take up to 4 hours can't always be fitted around fine weather, especially this year.

I have always been quite competitive and age has not stopped my competitive spirit. I joined Witney Road Runners and running with like-minded people not only improved my running, but also gave me a new circle of friends. Joining a club encouraged me to compete in races and I have won various trophies over the years.

I try to encourage people to set themselves targets, whether it's to walk, cycle or run regularly or to enter an event. Setting goals is something



everyone can do, whatever their age. Three years ago, I took swimming lessons with the goal of doing a triathlon. I could only swim one length of front crawl very badly. I bought myself a road bike so I had no reason not to do a triathlon. I reached my goal 6 months later and competed in the

Carterton Triathlon. I have carried on swimming and I am still trying to improve my stroke and speed; being nearly 60 years old, my running speed is not going to improve, but I can still improve my swimming.

I am not suggesting that people aged 60 years should run marathons, but anyone can set themselves a physical challenge to improve their fitness whatever their age. Walking and cycling are excellent forms of exercise and don't cost anything.

I am raising money for Kamran's Ward at the Oxford Children's Hospital, which treats children with cancer and leukaemia. I would greatly appreciate any support which will help me get around the 26.2 miles, and I hope I can inspire some people to set themselves a challenge to get fit.

Please go to my website www.justgiving.com/Judith-Le-Good to find out more about the charity and why I am raising funds.

For further information about this newsletter, please contact:

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

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