

# Keeping Well?

The Newsletter of the Nuffield Patient Group

Summer 2015 Issue 9

## *Have a healthy summer!*

A longer, healthier life is a high priority for most people. In this issue, we take a look at what we can do as patients to make smarter choices when we are concerned about our health. Sometimes we need a GP but often we don't! Turn to page 4 to learn how you can 'Choose Well'.

Also in this issue:

- a Nuffield patient's personal experience of managing insomnia, something that up to one in three of us will have at some time in their life (page 1)
- the latest innovations designed to look at completely new ways to give us better access to care (page 3)
- the sad news of the death of Dr Ed Morris (page 5)
- news on pregnancy and breastfeeding from Cochrane UK (page 6)
- our very own cartoon from Tim Hughes (page 2).

And don't forget that we would still like some more patients to join us on the Nuffield Patient Participation Group. Ask Catherine, our Practice Manager, about how you can get involved.

## *Often I just can't sleep*

*by Joy Secola*



As a fibromyalgia sufferer, I know only too well what it's like to have difficulty sleeping. For the past six years, I have experienced a tendency to wake at 3 o'clock in the morning and not be able to nod off again for a couple of hours, if at all. Consequently, it has been very difficult to function during the day.

I have tried many remedies to help to overcome my insomnia including taking over-the-counter natural tablets, alcohol (a small glass of red before bedtime), yoga relaxation techniques, reflexology, antidepressants (which just made me feel like a zombie with insomnia) to name but a few.

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Nothing has cured my insomnia completely but cognitive behavioural therapy for insomnia (CBT-I) has been the most effective. There is evidence to suggest that 70% of people who have tried such psychological therapies have gained lasting benefit.

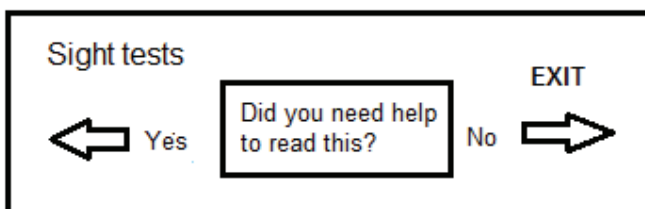
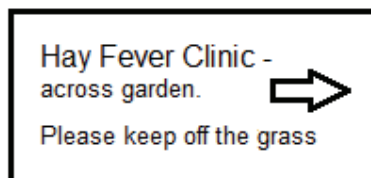
Stimulus control, sleep restriction, and relaxation therapy along with CBT help to restructure bad sleeping habits, dismantle conditional behaviours and eliminate insomnia. However, it does require some level of effort and self-discipline. I would advise not starting the sleep restriction activity when you are busy at work or have important appointments to attend but perhaps starting over a long weekend or holiday. You will feel worse before you feel better. For me, it took just five nights of staying up late, getting up early and not napping in the day to experience, finally, that wonderful, blissful state of 6 hours and 45 minutes of uninterrupted quality sleep. It was pure happiness.

There are CBT-I classes available to help you to realize this feeling of euphoria. They provide information on sleep hygiene, sleep restriction,

stimulus control, managing worry, and relaxation and cognitive strategies. They are available through the Oxford NHS Foundation Trust. You can refer yourself by contacting Talking Space directly (tel: 01865 325777; e-mail: [talkingspace@nhs.net](mailto:talkingspace@nhs.net); [www.talkingspaceoxfordshire.org](http://www.talkingspaceoxfordshire.org)).

An initial assessment will be made by telephone, privately and at a mutually convenient time. If considered suitable for CBT-I, you will be offered a 30-minute face-to-face appointment in Witney. After this appointment and over a period of two or three months, several follow-up sessions will take place by phone. You will also be sent a copy of a relaxation CD.

If you would prefer to tackle insomnia by yourself and at your own pace, an excellent booklet is available for about £3, entitled 'An Introduction to Coping with Insomnia and Sleep Problems' (by Colin A. Espie; ISBN 978-1-84901-620-9). It covers a similar syllabus to that used by Talking Space. The booklet includes a section on further sleep resources and references, including how to access a free relaxation MP3 download.



# *GP Federation and the Prime Minister's Challenge Fund*

*By Catherine Simonini, Practice Manager*

## **What is a GP Federation?**

A GP Federation is a group of GP practices which have come together to enhance the delivery of health and social care services locally.

Eight practices in the west have joined together as WestMed, and are under the umbrella of Principal Medical Ltd, which has a total of 56 GP practice members.

## **What is the Prime Minister's Challenge Fund?**

The Prime Minister's Challenge Fund has been set up by the government to help to improve access to general practice and to stimulate innovative ways of providing primary care services. This fund sets out to try some new ideas and see if they work by running them as 'pilot studies' before they are rolled out nationally.

On 30 September 2014, the Prime Minister announced a new wave of 'access pilot studies', as a continuation of his original Challenge Fund initiative, which was launched in October 2013. This second wave of funding is for 2015/16 and offers a further £100 million, compared to the £50 million made available during wave one in 2014/15.

## **How much money will we get, and how will it be used?**

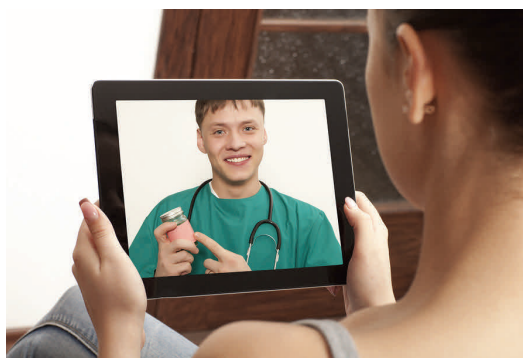
The funding awarded in Oxfordshire amounts to £4.9 million and will enable the three Oxfordshire GP federations to operate four pilot studies in the county over the next year. It is estimated that an additional 70,000 appointments, consultations or assessments will be offered each year through these measures, avoiding 1,000 hospital admissions and 3,000 A&E visits. The results will be measured, so we shall know if they achieve their goals.

## **The pilot studies**

**1. Neighbourhood Access Hubs:** Patients who need a same-day urgent appointment with a GP or nurse, but are unable to get one at their GP practice, will be offered one at a local healthcare

facility with a local GP or nurse who will also have access to their medical records. This pilot study will run initially in Banbury, Bicester, Witney and their surrounding villages. In Witney, the hub will be centrally located and it will open from Monday to Friday.

In other parts of the county, there are plans to create Skype-type links to care and nursing homes and even to patients' homes. This technology will be trialled in a few settings, potentially in Banbury, Bicester and Witney.



**2. Home Visiting Teams:** These teams will respond to requests for urgent same-day home visits from older patients or those with more severe conditions. Patients will be seen by emergency care practitioners in the morning to identify early support for patients, and this service will also offer greater support to patients both in their own homes and in care homes. This pilot study will be run in Banbury, Bicester, Witney and their surrounding villages and in Oxford. The start date for the service in Witney is the 24th July 2015.

**3. E-mail consultations:** GPs in two practices in Abingdon will offer urgent appointments by e-mail outside of practice opening hours, including early morning, early evening and Saturday mornings. Alongside the new urgent service outside of opening hours, they will also introduce a routine in-hours e-mail consultation service. The e-mail consultation pilot has the potential to be expanded to other practices.

**4. Local health website:** Abingdon and Malthouse surgeries will develop a website with health advice to enable people to gain a greater understanding of how they can look after themselves with healthy lifestyle choices or to manage their care if they have a complex condition. The website will have localized content.



## *Our responsibility to use the NHS wisely*

*By Graham Shelton, Chair, West Oxfordshire Locality Forum*

Almost every day, there is a new story in the media about pressure on the NHS, waits at A&E, difficulty in getting GP appointments, and escalating costs.

This article offers a few insights from the West Oxfordshire Locality Forum (WOLF), one of eight patient forums in Oxfordshire set up to provide some patient input to the decision-making about our healthcare provision in the county.

### **The WOLF**

A key part of our role at WOLF is to work with patient participation groups and to hold public meetings in different parts of the locality to hear patient views about their care. The findings are fed directly to the Chief Executive of the Oxfordshire Clinical Commissioning Group (OCCG, the body responsible for buying most of our clinical care), to Healthwatch Oxfordshire (the patient group with statutory duty for monitoring our care), to Oxfordshire County and West Oxfordshire District Councils (who provide a variety of social care services) and to the GP practices in West Oxfordshire.

### **The word**

So what's the word on the street? No surprises really: we often complain about having to wait too long, and patients report issues with co-ordinating follow-up appointments in different parts of the service. On the other hand, the overwhelming patient view is that clinical care in the UK is very good – when we can get it! Perhaps because of that, there is strong pressure to have more.

But here's the news: as patients, we all have a strong responsibility to use the NHS wisely. Inappropriate use just consumes resources needlessly, creates longer queues by filling them with well people who don't really need the doctor, and may harm rather than improve our health.

### **We over-use the service**

From November 2012 to December 2013, there were well over 6 million consultations in Oxfordshire GP surgeries; that's an average of one consultation every 10 weeks for every man, woman and child registered with a GP in the county! At A&E too, we see colossal pressure, with over a quarter of A&E attendances in the country being for children. Were all these attendances necessary?



The brutal answer is no. Dr Hilary Cass, President of the Royal College of Paediatrics and Child Health says “The vast majority of children’s illnesses are minor and require little or no medical intervention. ... But of course every attendance means that a parent is worried about their child’s health and either unable or unsure about how to access a more appropriate service.”

So how can the average person make the right choices about when to seek medical help and where to get it?

### Who could help you best?

The practice receptionist, the practice nurse, the health visitor, the social worker and your local pharmacy can all help to point you in the right direction. There are also lots of really good online resources.

One of these is ‘Choose Well’, an education campaign which aims to help Oxfordshire residents understand where to go for urgent health advice.

### You could:

#### Download OCCG’s Choose Well app to your smart phone

to find health services closest to where you are in Oxfordshire.

Visit the app store to download the app for Android or iOS operating systems. See <http://bit.ly/iphoneappchoosewell> or <http://bit.ly/androidappchoosewell>



Visit the Choose Well pages on the OCCG website ([www.oxfordshireccg.nhs.uk/your-health/choose-well](http://www.oxfordshireccg.nhs.uk/your-health/choose-well)) for more information about local services, including information on:

- self care
- pharmacy
- GP
- NHS 111
- Minor Injuries Units (right here in Witney)
- dental emergencies
- eye emergencies
- A&E or 999

Visit NHS Choices, an NHS website with a symptom checker and information on which health services are local to you using a postcode finder. Visit [www.nhs.uk](http://www.nhs.uk).

**Call NHS 111**, available 24 hours a day, 365 days a year. Call 111 if you need health advice at the evening or weekend or if you are not sure which service can help you best.

Another **good source of information** can be found at <https://www.oxfordshire.gov.uk/cms/public-site/social-and-health-care>.

It’s a good idea to **become familiar with these sources of help and advice when you are well**, and then when you are ill you’ll know just where to go to get the help that you and your family need.



### Dr Ed Morris

It is with great sadness that we announce the death of Dr Ed Morris, who worked as a GP at the Nuffield Practice for 28 years. We have opened a book of condolences, so please feel free to sign it and share your memories.

Our thoughts are with his wife and family.

### Edward Morris

#### Obituary Published in the Oxford Mail on 11 July 15

MORRIS Doctor Edward Died, living adventurously! On 3rd July 2015, aged 62 years. Beloved Husband of Lesley Morris, Father of Katy and Tilly, Grandfather of Lily, Tom and Hamish and Father-in-law of Ross. The funeral service will be held on Tuesday 21st July 2015, at St. Mary’s Church, Church Green, Witney, at 2.00pm. Family flowers only please, donations if desired for Quaker Peace & Social Witness (for work in Israel & Palestine) or The Woodland Trust (Witney) c/o Greens Funeral Services, 21 High Street, Eynsham, Oxford, OX29 4HE.

## *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.*

### **'Eating for two'? Maintaining a healthy weight in pregnancy**

Diet and exercise can help you improve your health and cut your risk of complications, new research has confirmed. Excessive weight gain in pregnancy increases the risk of gestational diabetes, high blood pressure, delivery by caesarean section and having a baby with a large birth weight, a risk factor for childhood obesity.



A Cochrane review has good evidence from trials with over 11,000 women, showing that when women took part in interventions to manage their weight through low-sugar diets, exercise only, or diet and exercise, 36% gained too much weight compared with almost half of those not following these programmes. They were also slightly less likely to have high blood pressure, large babies and caesarian deliveries.

Researchers say that exercise seems to be an important part of controlling weight gain in pregnancy. They advise that pregnant women thinking of starting a new exercise programme should discuss it with their midwife or doctor.

### **Help for sore nipples in breastfeeding women**

There are lots of products available, designed to help women with this common problem, but a new Cochrane review has found that doing nothing, or applying a little breast milk, may be as good or better than applying an ointment. It also seems that, whatever you do, nipple pain resolves for most people in 7 to 10 days.

Poor latching or positioning can hurt the nipples so it's important that mums get help from the start. Do talk to your midwife!

You can see the reviews in full at [www.thecochranelibrary.com](http://www.thecochranelibrary.com).

Dennis CL, Jackson K, Watson J. Interventions for treating painful nipples among breastfeeding women. Cochrane Database of Systematic Reviews 2014, Issue 12. Art. No.: CD007366. DOI: 10.1002/14651858.CD007366.pub2.

Muktabhant B, Lawrie TA, Lumbiganon P, Laopaiboon M. Diet or exercise, or both, for preventing excessive weight gain in pregnancy. Cochrane Database of Systematic Reviews 2015, Issue 6. Art. No.: CD007145. DOI: 10.1002/14651858.CD007145.pub3.

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Design, layout and editing provided as a service to the community by Oxford PharmaGenesis Ltd