Keeping Well?

The Newsletter of the Nuffield Patient Group

Spring 2017 Issue 16

Welcome!

Whether you are reading this in the waiting room, via the electronic version received by email, or on the Nuffield Practice website, I hope that you are feeling good and enjoying the lovely weather. Welcome to you and welcome to our new PPG Chair Jen Marks (see story on this page).

Read on for part 1 of a patient's experience of multiple sclerosis (part 2 next issue) and important information on page 3 for year 13 students and any young people going to university for the first time who have not yet had a meningitis vaccination. Although uncommon, meningitis W is a potentially fatal illness which is preventable with timely vaccination. The MenACWY vaccine is being delivered to teenagers and first-time students in a carefully planned programme over the next 3 years. All of those eligible will be invited to receive the vaccine.

Page 4 brings news of how you can become involved in shaping our NHS (tip: start by joining our PPG!), and also an update from the practice about your healthcare team: fully staffed with qualified professionals despite the stresses arising from unprecedented demand and a list already over 12 000 and still growing.

Finally, on page 6 is our regular feature from Cochrane UK. This month the word is to take care if you are a regular user of mouthwash!

Enjoy! And don't forget to let us know what you would like to see in this newsletter, produced by patients for patients.

Patient Participation Group welcomes a new member to the chair

Hello, my name is Jen Marks and I would like to introduce myself to you, the valued patients of the Nuffield Practice, as the new Chair of the Patient Participation Group. I have a strong and extensive background in frontline working in many fields of health and social care. These experiences, as well as my own personal experience, has led me to become involved in the PPG of my own GP practice. I know how important our GP services are to us.

They are often the first port of call for people when they find themselves or those they love unwell. In my own experience, the Nuffield Practice staff have been extremely helpful and supportive for myself and my family over the past years and I don't underestimate the value of their advice and guidance at those times.

So, to that end I come to be not just a member of the PPG, but the Chair! I want to use this opportunity to say to all our readers, please do contact me through Catherine Simonini, our Practice Manager, if you would like to become involved in *your* PPG. We are a route for you to advise and inform the practice on what matters most to

Continued overleaf

Continued from page 1

you, the patients, and to identify solutions to problems. We work *with* your GPs and all the practice staff to make a real difference where we can.

If you want to help us to make that positive difference which will impact on both patients *and* the practice staff, we welcome any patient of this practice to become a member of our group in whatever level and degree of involvement that suits you best, whether as a member of the group or just helping occasionally. It is all voluntary and each and every contribution is appreciated and valued. I am looking forward to building on all the great work that has been done by the existing PPG members over the past years and working with Deputy Chair Graham Shelton and all members to develop it further, hopefully with more of you who are reading this!

A patient story - Living with MS

By Elizabeth Kinder

“Here you go Elizabeth, take these. If you don’t feel better in 2 weeks, come back. Though I’d be very surprised to see you.” Dizziness and a strange sense of disconnection had taken me to my GP.

I’d been feeling for a while as if normal life was continuing an arm’s stretch away and I was trying to connect with it from inside a goldfish bowl at sea. Plus a weird fatigue had started to floor me.

It was very unpredictable: some days I could run, other days I could barely tie my shoelaces. I was learning to leave more time than usual to get anything done. My GP, on overcoming his surprise, sent me first to an ENT specialist and then to a consultant neurologist. It was May 2007.

Hospital appointments for a battery of tests and an MRI scan, all ordered by the neurologist, were fitted around a series of radio programmes I was making.

During one of them, I was in conversation with a comedian when suddenly I had no idea what he was talking about. I understood he was being funny and articulate but the words had lost their meaning. And I had absolutely no idea if my responses were making any sense.

I looked over at my producer in a panic. Normally he’d be almost crying over the sound desk at the amount of editing he could see coming. Today, he was looking oddly cheerful. In fact, when we somehow got to the end, he practically skipped out of the session whistling a tuneless ‘happy’ tune.

“Well done Elizabeth! That’s the best show you’ve done!” ‘Great’, I thought, ‘I can still work’. But the experience had shocked me and I was terrified of getting my test results.

“Well Elizabeth”, said the neurologist, “ I think you’ve got MS. Multiple sclerosis.”

“Dr Malik, are you sure I haven’t got cancer?’’

“No Elizabeth. No cancer. Look, see these white spots?” He turned the screen on his desk to show me my scan. “They’re lesions caused by MS.”

“Really? Not cancer? No tumour?”

“No tumour Elizabeth. MS.”

“Well what’s that then?” I pointed to a shadowy mass.

“That, Elizabeth, is your brain stem!”

Phew! what a relief! I rushed out and told my friend. “It’s great! I haven’t got cancer, I’ve just got MS.”

Continued page 3

"Oh my God!" She said. "How long before you're completely paralyzed and in a wheelchair?"

A lumbar puncture confirmed the diagnosis. Then a 3-day dose of intravenous steroids reduced the inflammation in my brain and Dr Malik, having told me that I might never need a wheelchair, also explained: "MS is an auto-immune condition that causes nerve damage in the brain and spine, and is most commonly diagnosed in people between the ages of 20 and 40 years.

There are basically three types of MS: relapsing–remitting, which I think you have, is typified by periods of disease activity followed by periods of remission; primary progressive, where there is no remission; and secondary progressive, which we think about 70% of those with relapsing–remitting MS go on to develop." This is like primary progressive in that there's no remission, just the steady drip of disintegration.

Then Dr Malik gave me hope. There might as yet be no cure for MS, but there were treatments. I could try and manage it through exercise and diet; I could go on a course of beta-interferons which don't work for everyone – and could cause bad flu-like side effects; or I could try and get onto a drug trial.

This, he said, might be my best hope of effective treatment. I chose the clinical trial. 'Best hope' was important for me and my family– an antidote to the anxiety that such a diagnosis brings. My stepson was at university, but my daughter was just 8 at the time. I wanted to look after her, wanted for it never to become the other way round. And I certainly didn't want my husband to become my carer. I resolved to try anything to stay mobile and to keep working …

… to be continued in the next issue of ***Keeping Well?***

Meningococcal ACWY - Call/recall of current year 13s to begin

From the 1 April 2017, a new cohort of year 13 students will become eligible for call and recall of MenACWY. It is being offered in response to an increasing number of cases of a highly aggressive strain of meningococcal W (MenW). This virus can cause meningitis (inflammation of the brain) and septicaemia (blood poisoning) that can kill in hours, and those who recover may be left severely disabled. Young people starting university are particularly at risk of MenW.

Uptake of MenACWY for last year's cohort was much lower than expected. NHS England appreciates that this is a difficult cohort to vaccinate, so we would encourage all relevant patients to book an appointment as soon as possible before their exams start and before they become mobile over the summer period and many move away for university. With this in mind, NHS England will be asking schools and colleges to send information to year 13 students and making school staff aware of MenW disease to promote vaccination, and hope to have local media support.

We will be inviting all eligible patients to book appointments for the vaccine. We will start with text messaging and follow up with phone calls.

Talking Health

Talking Health is Oxfordshire Clinical Commissioning Group's (CCG) online public involvement service. You can register by post or online. You can tell them exactly what you are interested in, and how you want to be involved.

You can help to develop health services that are right for you by telling Talking Health what you think. Your opinions, experience and feedback make a difference to the healthcare services that are provided across the county. Oxfordshire CCG wants to keep patients and the public informed of what is happening on a regular basis.

How to get involved

- Face to face.
    - Take part in a working group.
    - Attend occasional focus groups or workshops.
    - Work alongside Talking Health on projects.
- Join a patient participation group.
- Respond to questionnaires.
- Comment on consultation documents.
- Take part in discussion forums.
- Comment on public leaflets.
- Tell Talking Health about your experience of using health services, by completing their patient experience form.
- Public meetings and events.
    - Attend a public consultation.
    - Go to the Annual General Meeting.
- Register for Talking Health newsletters.

Visit the website at: www.oxfordshireccg.nhs.uk

You can also follow developments on Facebook and Twitter.

You can register to help in any of the following ways

- Register direct using Talking Health online at: https://consult.oxfordshireccg.nhs.uk
- Phone: 01865 334638
- Post to:

Communications and Engagement Team
Oxfordshire Clinical Commissioning Group
FREEPOST RRRKBZBTASXU Jubilee House, 5510 John Smith Drive
Oxford Business Park South
OXFORD
OX4 2LH

- Email: cscsu.talkinghealth@nhs.net

From the practice

Practice update April 2017

Dr Lawrence is now on maternity leave until the end of January 2018. Her patient list will be covered from June by two locum GPs: Dr Kirsty Shepherd and Dr Kate Trivedi.

We have a new GP Registrar who will be with us until the beginning of August. Her name is Dr Emily Jenkins.

What is social prescribing?

Social prescribing is a means of offering additional interventions to patients which may help to improve their general health and wellbeing, and support them to become confident in managing their conditions.

Here at the Nuffield Practice, we are hoping to develop a social prescribing project with our Patient Participation Group, where an experienced volunteer will be available weekly to work with patients to identify opportunities that will help them to adopt healthier lifestyles or to improve wider social aspects of their lives.

The main goal of our social prescribing project will be to promote better patient outcomes by linking our patients to community-based support in the form of all the groups and activities that take place in Witney and surrounding villages. We hope that this project will produce many benefits for the patients of the Nuffield Practice, such as improved mental health, increased independence, less isolation, more physical activity, and engagement and participation in their community.

Medical interventions are of course necessary to treat specific conditions or health problems, and social prescribing is *not* a replacement for the valuable treatment our GPs give us. However, a social prescribing project will give our GPs, nurses and healthcare practitioners the opportunity to offer more to their patients than can be offered in a 10-minute consultation. It will allow them to treat patients with social, emotional or practical needs in a holistic manner so they are empowered to find solutions which will improve their health and wellbeing.

We will keep you informed of how our social prescribing project is progressing in the next newsletter.

“Life, like lunch, is full of difficult choices.”

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 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.

Chlorhexidine mouthwash – can it help your gums stay healthy?

Do you get red, swollen gums that bleed easily when you brush your teeth, but improve when you take better care of them? This is gingivitis and it's very common, affecting at least half of all adults in the UK. Gingivitis that goes on to become irreversible is called periodontitis and, if left untreated, may lead to tooth loss.

Brushing our teeth is the main method for keeping our mouths healthy, stopping plaque from building up and preventing gingivitis, but some people find that this isn't enough and use mouthwashes as well. Mouthwashes containing the antiseptic chlorhexidine are available to buy without prescription.

So can it help, and does it do any harm?

A Cochrane systematic review brought together the best available research that could help answer these questions. 51 studies looked at the effect of using chlorhexidine mouthwash, as well as mechanical tooth-cleaning methods (brushing and flossing) for at least 4 weeks, in 5300 children and adults.

The good news …

They found reliable evidence that using chlorhexidine mouthwashes as well as usual tooth-cleaning methods leads to a large reduction in the build-up of plaque.

… and the bad

There is also reliable evidence that using chlorhexidine mouthwash for 4 weeks or longer causes tooth staining, which needs removal by a dental professional. It can also cause temporary taste disturbance and temporary damage to the lining of the mouth.

What else?

For people with mild gingivitis, their gum disease showed some improvement, but this may be unimportant given that they had only mild gingivitis to start with. We don't know how much improvement there was in people with moderate to severe gingivitis. We also don't know if the strength of the mouthwash or how often it's used makes any difference.

The review authors say that using chlorhexidine mouthwash may be indicated "in particular clinical situations for short periods of time" and that its use over longer periods by people with special care needs who can't control plaque build-up with usual tooth-cleaning methods, the benefits must be weighed up against the harms.

You can access the full article, free of charge, in The Cochrane Library: www.thecochranelibrary.com.

James P, Worthington HV, Parnell C, Harding M, Lamont T, Cheung A, Whelton H, Riley P. Chlorhexidine mouthrinse as an adjunctive treatment for gingival health. *Cochrane Database of Systematic Reviews* 2017, Issue 3. Art. No.: CD008676. DOI: 10.1002/14651858.CD008676.pub2.

For further information about this newsletter, please contact:

Catherine Simonini, Practice Manager, The Nuffield Practice (catherine.simonini@nhs.net) or Graham Shelton, Editor (graham.shelton@pharmagenesis.com)

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

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