

Keeping Well?

The Newsletter of the Nuffield Patient Group

Summer 2019 Issue 25

Welcome!

Thank you to all our contributors and especially to patients like Timothy Brown (see this page) who write so truthfully about their patient experiences. This time it's about arrhythmias, a very common type of heart problem. I hope you like Tim's original cartoon (page 5) inspired by Timothy's story.

It's a full edition this time bringing you up-to-date with all the latest ways to contact the surgery using the NHS app on your mobile phone (page 2) and 'Patient Access' via your computer (page 5). For those who don't have a mobile phone or a computer you can still ring the surgery as always.

You have the chance to be a Community Connect volunteer on page 3, and on page 4 – and after a request from your Patient Participation Group – is a quick description of all the new and effective people who you now may meet at the surgery. Finally, Sarah Chapman provides a fascinating insight into light therapy for Seasonal Affective Disorder. Enjoy!

My Cardiac Story

By Timothy Brown

Until March 2014 there had been no reason to think that there might be something not quite right with my heart. I had played sport (cricket & hockey) at a reasonable club standard and although a little overweight since retiring from sport, the hard landscaping aspect of gardening kept me in reasonable shape.

That night in March was to change everything. I had almost fallen asleep when I became aware that I could feel my heart beating and it wasn't a pleasant feeling. It was like a novice drummer unable to beat an even rhythm, it was all over the place, from quite slow to extremely fast and everywhere in between.

I asked my wife to have a listen, for a second opinion really, to confirm that this really was happening before calling the 111 service for advice, I don't remember much about the call except for a calm reassuring voice repeatedly telling me to try and relax and keep calm and that an ambulance was on its way, interspersed with instructions to turn all the lights in the house on, to aid the ambulance in finding the house quickly and for my wife to be ready by the door to let the paramedics in.

In what seemed a very short time the paramedics had arrived and hooked me up to their patient vital signs



Continued overleaf

monitor. It appeared that my heart was in Fast Atrial Fibrillation (Fast AF) and they were going to take me to the John Radcliffe Hospital. I vaguely recall offering to walk slowly down the stairs but this suggestion was met with a very stern response of NO, you are going down on the stretcher. This, what I had just learned was AF, had now been going on for around 90 minutes and a pain in the chest was starting to develop which was radiating up the left side of my neck and across to my left shoulder.

At about 10 minutes out, the paramedic telephoned the JR A&E so they were expecting me and on arrival there was a small welcoming team waiting and I was whisked straight into the Resuscitation Room. I vaguely recall a doctor discussing some things with me and getting me to sign a consent form for the treatment I was about to undergo. A doctor and a senior nurse took great care in positioning some large electrode pads on my chest and I was injected with a sedative and soon had the feeling of falling asleep but not in a natural way.

Some time later I awoke to find I had been moved to a cubicle in the Majors Section and

learned that I had been DC Cardioverted, basically given a highly controlled electric shock to reset my heart's rhythm back to normal and that I was awaiting a bed on one of the wards to become available, this was how I found out I was being kept in at least overnight.

The following day I was up and about, feeling almost as if the events of the night before hadn't been real. Although that soon changed when the nurses began the tests to see whether I was well enough to go home. I had an electrocardiogram (ECG) done, further blood tests and then was wheeled down to the ECG Outpatients Department where a nurse and a physiotherapist subjected me to a simulated brisk uphill walk on their treadmill which after 15 minutes or so had to be curtailed, not because of my heart but an old sports injury in my knee playing up. After a visit from the Consultant Cardiologist, I was told I could go home, was given some assistance to pack up my belongings and was led to a comfortable seating area to wait for my wife to collect me.

To be continued...

NHS App

What is the NHS App?

You've probably already heard of the Patient Access service that enables you to connect electronically with the surgery. Now there is a new, simple and secure way to access a range of NHS services on your smartphone or tablet. It's the NHS App.

The NHS App enables you to:

- check your symptoms
- find out what to do when you need help urgently



- book and manage appointments at your GP surgery
- order repeat prescriptions
- view your GP medical record securely
- register to be an organ donor
- choose how the NHS uses your data.

If you are a patient at the Nuffield Practice you can now use all the features of the NHS App.

Keeping your data secure

When you register in the app, we'll carry out checks to confirm your identity. The app will then securely connect to information from your GP surgery. To keep your access secure, we'll send a security code to your phone each time you use the app.

Get help with the app

If you have any issues using or downloading the app, check the NHS App help and support page <https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/help-and-support/>

Become a Community Connect Volunteer

Who we are

Community Connect helps people find local community groups and opportunities and supports them to join in.

Referred by medical practitioners, other agencies or self-referred, this service aims to support people whose medical symptoms will be more effectively treated by lifestyle changes.

Main purpose of the role

This volunteering role will help people to access local services, as well as providing support for those who might need an encouraging and support to try new things or go to new places. Assessments of need will be carried out by a local Community Navigator, who will agree desired outcomes and an action plan to achieve them.



Once a client has had an assessment and has a plan in place, Community Connect Volunteers will be assigned to that client. The Community Connect Volunteer will contact the client, meet with and address any concerns that the client may have.

The role will involve encouraging the client to follow their plan and in some cases may involve accompanying the client to community groups or activities to build the clients' confidence to continue alone.

Main activities

- Build a relationship with clients that develops trust and confidence in the plan and themselves

- Identify key barriers to carrying out their plan, including time constraints, any requirement for support or transport issues
- Identify any new issues or needs that arise throughout the course of support and in conjunction with the Community Navigator, agree a revised action plan and appropriate referrals/signposting.

Person specification

- Understanding of, and commitment to, the aims and principles of the Citizens Advice service and its equal opportunities and safeguarding policies
- Ability to use IT eg basic keyboard/data entry skills /navigation of websites.
- Friendliness and approachability
- Sensitivity to the needs of others
- Good communication skills, both written and oral

What's in it for you?

- The opportunity to make a lasting difference to the lives of people in your community
- To be part of a caring, supportive team and make new friends
- An opportunity to help your community
- Excellent training and on-going support provided
- A chance for you to learn new skills to add to your CV
- Reimbursement of relevant expenses

Location and base

You will be based locally and refer to the project office in Banbury or Witney, as and when required. Travel will be required to meet clients in locations across North or West Oxfordshire.

Commitment

There is no minimum commitment per week. The volunteer work is on an ad hoc basis.



What is a Paramedic Practitioner?

(also known as an Emergency Care Practitioner, or an ECP)

The Paramedic Practitioner is trained to independently provide care that does not require the intervention of a doctor. They are an autonomous practitioner who has the knowledge, skills and clinical expertise to assess, treat, diagnose, prescribe and administer medicines, manage, and refer patients in a range of urgent, emergency, critical or out of hospital settings.

At the Nuffield Practice our Paramedic Practitioners work alongside the Duty Doctors and help to manage our 'urgent' and 'on the day' workload. They will also visit patients at home if the need arises.

What is a Clinical Pharmacist?

Clinical Pharmacists are increasingly working as part of general practice teams. They are highly qualified experts in medicines and can help people in a range of ways. This includes carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes and value through a person-centred approach.

Clinical pharmacists in GP surgeries will resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing help to manage long-term conditions, advising

those taking multiple medicines (polypharmacy) and delivering clinical advice about treatments. They will also assist with communication across a patient's care pathway, manage medicines shortages by suggesting suitable alternatives where appropriate

At the Nuffield Practice we have 2 Clinical Pharmacists working alongside the GPs.

What is an Advanced Nurse Practitioner? (ANP)

Advanced Nurse Practitioners are Registered Nurses who have done extra training and academic qualifications to be able to examine, assess, make diagnoses, treat, prescribe and make referrals for patients who present with undiagnosed problems.

The role of Advanced Nurse Practitioner is invaluable. Like an ECP, they provide the opportunity for patients to receive timely care and negate unnecessarily delay in receiving treatment. Advanced Nurse Practitioners are autonomous in making decisions based on assessment, diagnosis and interpretation of test results, and they are able to independently prescribe appropriate medication, evaluate or refer to other specialists if necessary.

At the Nuffield Practice our ANP works alongside the Duty Doctors and help to manage our 'urgent' and 'on the day' workload. She will also visit patients at home if the need arises.

Primary Care Network coming to a Practice near you

Guess what? General practice is changing again.

The government has mandated that GP practices must work formally together in groups in order to enhance patient care. This is part of the NHS long-term plan which will focus more on prevention and on delivering quality outcomes by integrating services.

The Nuffield Practice will link with The Windrush Health Centre, Cogges Surgery and The Eynsham Medical Practice serving a total of some 51,000 patients.

Your doctor won't change, and the practice isn't going to move, so you won't see any difference in how you access your day-to-day care.

Our very own Dr Gareth Evans will be the Clinical Director of the combined service, which will be called the Witney and East Network. The other practices in West Oxfordshire will link together in a Rural West Network comprising Bampton Surgery, Burford Surgery, Broadshires Health Centre and Charlbury Surgery, and similar Networks will be formed all over the country.

Patient representation will be a key part of the new system and your Patient Participation Group will be working with neighbouring PPGs to strengthen patient representation in the new Network. If you would like to be part of this patient work, please liaise with Catherine Simonini, Practice Manager.

Benefits of electronic 'Patient Access' for you and those you care for

Do you use the 'Patient Access' portal to communicate with the Nuffield Practice via your computer or the NHS app? If you don't, you might like to ask Reception about the benefits for you. These include booking GP and pharmacy appointments, ordering online prescriptions and viewing your medical record at your convenience.

And now there is a new feature which will be a lot of help for parents and those with other dependent relatives. This new feature is called 'proxy access'. This enables a parent, family member or carer to act on behalf of the patient. Booking appointments, requesting repeat medications, messaging and, where applicable, access to medical records, can easily be done by the proxy once a relative or person has been linked. The proxy feature has gone through rigorous analysis to ensure there are no data privacy risks.

Requesting proxy access

You can ask at Reception to register for proxy access. They will guide you through the set-up process. If the relative or person you wish to act on behalf of is at a different practice to yourself, you can ask your relative's GP Practice to register you for proxy access.

What information do I need to provide to act on behalf of someone?

When the GP Practice registers you for proxy access, you will need to provide your

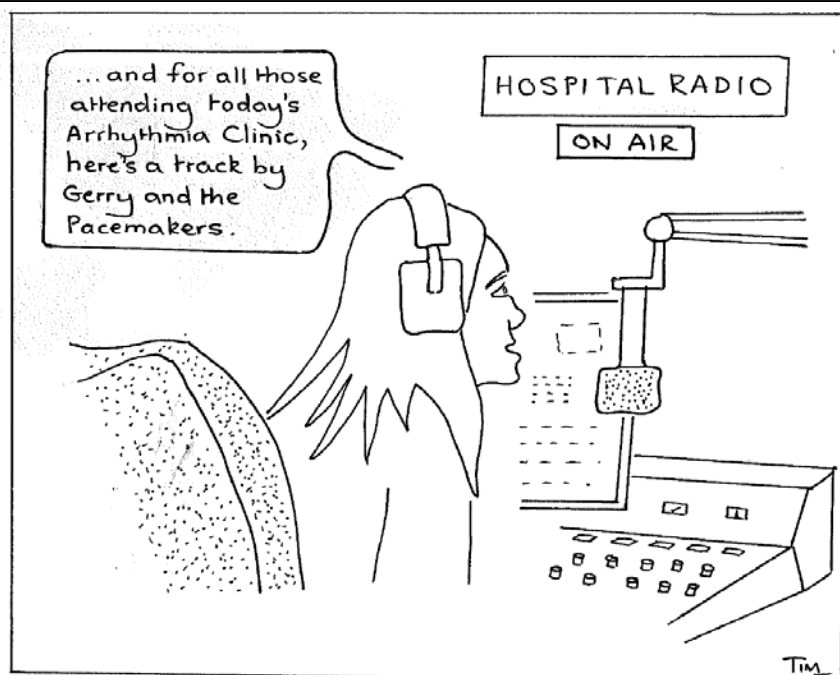
identification (ID) to establish you are the person that you say you are. Please check with the practice regards the type of ID they require.

If the relative or person you wish to act on behalf of is aged over 11 years, consent from them for the proxy access must be provided to the Practice and recorded in either:

- verbal consent to the GP witnessing the consent
- written consent; this could be a signed consent form, or a letter from the relative or person, requesting that you are given proxy access. This form should also detail the level of access you will require, if you are uncertain about what access you require, please discuss this with the GP practice. Examples include: access to book appointments and order repeat prescriptions only; or access to book appointments, order repeat prescriptions, view the patient's medical records, share or download the patient's medical records.

Note: If the relative or person you wish to act on behalf of is over 11 years but is not mentally competent to give consent (e.g. if they have dementia), their GP practice will need to confirm that you are the right person to act on their behalf as a proxy. This will usually be because you are listed as their carer.

Ask at Reception and check online <https://support.patientaccess.com/proxy> for more information.



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.

Preventing seasonal affective disorder (SAD): shining a light on the evidence

Even as I sit here feeling the heat and sipping a cool drink, I'm all too aware of the fields being harvested, the daylight hours getting shorter and that feeling of autumn being around the corner. But whilst I don't look forward to the hurtle towards shorter days, it's a worrying prospect for those who suffer from seasonal affective disorder (SAD). SAD is a seasonal pattern of recurrent major depressive episodes that commonly happen in autumn or winter and improve in the spring.

Last winter, I found myself looking at light boxes, wondering if they might help my friend. I didn't get far, as I read that people taking anti-depressant medicine should ask their GP before trying them. But I did get the impression that light therapy (exposure to artificial light in various ways) is helpful for people with SAD and that there's a lamp or light box for every budget and preference.

What's the evidence?

There are plenty of articles to help you choose a SAD lamp. But, as with any treatment, it's important to ask what are the potential benefits and harms of light therapy for preventing SAD?

A team from Cochrane asked this question some years ago, and earlier this year they updated their review, hoping to include new research. They

looked for all the relevant research studies, about any type of light therapy, that could help answer this question. They were interested in trials looking at light therapy on its own or combined with other treatments, compared with no treatment, placebo (a 'dummy' treatment) or another treatment.

The review includes just one really small study, with just 46 people, done over 20 years ago... So the evidence sheds no light (sorry!) on whether there is any benefit from light therapies for preventing SAD or whether they are safe.

A lightbulb moment?

My lightbulb moment was learning that so little is known about how to prevent SAD and in particular that light therapy, which seems to be popular, has no basis in robust evidence. I am also surprised that this isn't made clear in the things most people will find when searching the internet. I don't just mean on 'top 10 gadget' lists or commercial sites, but also on non-commercial health sites where we might expect (and hope) to find evidence-based information.

Ideally, treatment choices should be based on the best available evidence (sometimes that means knowing that the evidence is lacking!), clinical judgement and the patient's preferences and values. Cochrane reviews like this one can help with the first part. So before you invest your money and your hopes in light therapy, as with any other treatment, it's important to ask for the evidence and to remember that treatments can potentially harm as well as help.

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

Nussbaumer-Streit B, Forneris CA, Morgan LC, Van Noord MG, Gaynes BN, Greenblatt A, Wipplinger J, Lux LJ, Winkler D, Gartlehner G. Light therapy for preventing seasonal affective disorder. Cochrane Database of Systematic Reviews 2019, Issue 3. Art. No.: CD011269. DOI: 10.1002/14651858.CD011269.pub3.

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