



chipping
norton
health
centre



Living Better

A series of open meetings for all, about your wellbeing

The over-use of Antibiotics

Do they always work?

Why does your doctor not always prescribe them?

Find out why, and more

at

Chipping Norton Town Hall

Saturday 2nd March

10.00 a.m. for 10.30 – 12.00 noon

Chaired and introduced by Dr. Isabel Welch,

Chipping Norton Health Centre

with

Professor Carl Heneghan

BM, BCH, MA, MRCGP, DPhil

Professor of Evidence-based Medicine, University of Oxford

Brought to you by Chipping Norton PPG, please e-mail any questions beforehand to
cnhc.ppg@nhs.net

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The challenge of satisfying patient demands for GP appointments

Background

Demand for GP appointments is greater than it has ever been. The extensive range of treatments that are now readily available on the NHS mean that people are living longer than they would have done 20 years ago. We are seeing better survival rates for what would have previously been considered terminal illnesses and the education that patients can now receive regarding chronic conditions they are living with, is supporting them in managing the condition and extending their life expectancy.

We are a large practice that has built a multi-disciplinary team that provides our patients with access to varied health care professionals. This is something that is not common in this locality and sets us apart from other GP surgeries. Even with a proficient team such as ours one of our largest areas of dissatisfaction reported by our patients is the difficulties they have in booking appointments with, and the wait time to see, their own GP.

So why is it that we have patients who are finding it difficult to see their own GP?

First principles

Some of our GPs are in high demand due to the relationships they have built with particular patients (and families) over their years of working in the locality, plus perhaps their service style attracting a greater following than average. Others are in demand because of a particular specialism or interest they have which results in them becoming the 'go to' GP for a specific situation.

To deal with this demand we prioritise access according to patient safety, their welfare and with maintaining continuity of care, for those patients that it is really important for.

We provide same day access in the form of the walk-in clinic for any patient that has an absolute need for 'on the day' emergency care. The walk-in clinic can get very busy at times, typically on a Monday. All patients are prioritised by clinical urgency. If a patient arrives to the walk-in clinic with chest pain as their complaint they would be prioritised over a patient presenting with less serious conditions.

We have maintained our open door policy, for the walk-in clinic. Other practices have introduced telephone triage for same day presentations – this is not something we are currently considering.

GP appointments

Our GP's typically work a 12-hour day with limited breaks when they are in clinic. They usually carry out the administrative duties related to patient care in their own time at evenings and weekends. So, a day in the surgery is a full-on experience covering a variety of activities in addition to routine appointments.

The challenge of satisfying patient demands for GP appointments—continued

A clinical session for a GP involves consulting with around 13 patients, plus 4 phone calls within a 2.5 hour time frame. Each appointment always involves a consultation, observations of the patient and record keeping of the consultation and the observations. Additionally to bookable appointments our GPs also deal with patient emergency treatments, referrals, contacting outside agencies about treatments and other administrative duties.

If a patient is undergoing ongoing treatment for the same condition we would always recommend they have continuity of care with the same GP. This could be in the form of telephone appointments, face to face if an examination is needed or by correspondence via our administrative team.

All of our GP's are accomplished and offer a high level of care. In addition to our GP's we are able to offer appointments with clinical pharmacists, mental health nurses, physiotherapists, nurse practitioners, nurses and health care assistants, all based at the health centre.

Additional GP activities as well as routine appointments

- Every morning at least three doctors are dedicated to seeing the patients that present at our emergency walk-in clinic
- We have one 'Duty' GP per day allocated to phone all patients and other health care professionals who have called the health centre asking for urgent advice and/or care needed on the same day
- They act as point of referral for all other clinical staff within the building who may need support in clinical decision making
- We are a training practice so time is protected to support the next generation of general practitioners, we can have up to four GP trainees at one time, as well as medical students, obstetric and gynaecology trainees in rotation. They contribute to the number of appointments we can offer, and are always backed up by one of our partner or salaried GPs
- At the end of each morning clinic the GP's will gather to discuss home visit requests and they will then spend the two hours between morning and afternoon clinics visiting patients in their homes. These include housebound patients and those receiving palliative care
- We look after eight care homes that are in the locality. This means we have a dedicated GP for each care home and they visit their care home once a week to provide ongoing clinical care for the residents
- All GPs are responsible for maintaining their clinical skills via training programmes. At times these programmes will take them out of their clinics for a day or two. Without these clinical updates the GPs would not be able to continue to practice medicine
- Some of our GPs also work at local hospitals, at other practices or at out of hours HUBs

The challenge of satisfying patient demands for GP appointments—continued

Conclusions

Overall, we still offer higher availability of GP appointments than the national average. The latest NHS GP contract 2019/20, due to start on 1st April, includes incentives to employ more staff in the care sector and also to join with local surgeries to improve working together. This initiative will enable better local facilities to be provided rather than depending on hospitals or other more remote health care facilities.

Please visit our website where you will find details of the kind of conditions our various clinicians can treat. Identifying your condition to our Care Navigators in reception will help in gaining the correct appointment for you, in the quickest timeframe.

We hope you can appreciate that as a practice we are always looking to improve the service we offer our patients and we welcome feedback to help us do this. If you would like to give feedback you can complete a feedback form at the reception desk. If you would like us to contact you, please leave your details. You can also email our Patient Participation Group (PPG) at cnhc.ppg@nhs.net. The Patient Participation Group work closely with the health centre and will be happy to speak with you.

Kristina Chodyniecki is our Patient Services Manager and Jani Parsons is our Admin Manager, they are both happy to discuss any patient concerns or queries that you may have.

Chris Bean,
Practice Manager
Chipping Norton Health Centre

End

Taking responsibility for my health

Nick Parker

This is one wonderfully strange world.

I have been given a gift. Not that it came wrapped up in shiny paper, with a pink bow. Far from it.

And when thinking on how lucky I am in being able to say this, I remind myself of the need to remain humbled by others who struggle with a health story that is grimmer than mine. Or that their minds forbid them to see the positive in the hand of cards that they have been dealt.

Having been assigned a palliative (end of life) care team in January 2016, following a diagnosis of advanced, aggressive, metastasised prostate cancer, I was able to see this was the wakeup call I needed. And the last three years have been a deeply personal experience in learning more about what 'health' is, and how to 'earn' it. I have found this to be a journey where I have achieved greater understanding of the human condition during this period than I had learnt in the previous 51 years. Even the current act of writing this article is contributing to my health in a cathartic way. Indeed, I am in the luxurious position of computing whether every decision, and action, is adding to my physiological or psychological health. If not, I have a new excuse to not do it.

What is 'health'

We are all, of course, products of nature and nurture.

I was born a silver spoon child. My parents worked their socks off for me. On reflection now, I consider myself as a product of conforming to other people's expectations, whether at school, in the workplace or elsewhere.

I have concluded that the most important starting point to restoring my health is to address my spiritual, moral and 'purposeful' self: what it means to be a responsible human. Responsible to myself, responsible to my closest communities (e.g. my family) and responsible to the wider community. Being a responsible consumer of public services is something that passes most of us by. And being responsible requires me to act for, and on, myself. If I sort myself out, then I can then act compassionately for others.

I have had to conclude that, as a western society, we typically focus on physical health, enjoying resultant health care systems that are highly proficient in addressing the physical symptoms of ill health. Pharmaceutical and surgical fixes, after the horse has bolted, is where most treatment ends up. We spend little time addressing the causes of bodies in a state of dis-ease. This is not a criticism of doctors, prescribing systems, or anyone else. We, as individuals, and collectively as a society, choose to let this be the status quo.

The human body is the most amazing entity. All its parts are inextricably linked. Taking a pill for a sore knee is going to affect my gut health. (Detrimentially. How can it not? Any ingested chemical is going to have the side effect of killing good gut bacteria). And the way I allow my mind to think can affect how much fat I carry: my body is cleverly designed to store or burn energy dependent on how I perceive any given situation. How I deal with stress and my metabolic activity is different to the next 'person in the street'. So the route to health, and the causes of ill-health, are very personal things.

My good health must therefore be holistic state. A state of mind, body and soul.

How I approach my health

So, my health solution must be holistic and unique to me. And only I have the time to truly understand it. No-one else can possibly devote the time needed to reverse years of neglect. I cannot expect to defer responsibility to a time pressed doctor and expect to carry on oblivious.

In the bad old days I was pretty blasé towards my health. If I was ill, I would stick my head in the sand, not confront it and think that things would pass. Whilst at school I would take exercise daily, I have since let life get in the way. Like many of us I chose to let my lifestyle be driven by the corporate treadmill, prioritising work goals above all else. I thought that I was invincible and that the doctor would always be able to put things right (if I ever pulled my head out of the sand).

My new thinking could not be more different.

My health is more important than anything else in my life. I might have the privilege of enjoying more tomorrows if I look after my health today.

In pursuing holistic health I am attentive to more than 15 health areas, requiring constant consideration and action. It is difficult to conclude which of these areas are more important than others. They include nutrition, movement, stress management, spirituality, understanding biological function, quality of human relationships and feeding purpose.

I have come to see my progress in each of these areas as voyages in personal discovery. Satisfaction comes with taking sequences of small steps. I am a big fan of a management concept termed 'The Aggregation of Marginal Gains'. This methodology is how Sir Clive Woodward steered the England rugby team to winning the only world cup in our history. It says that it is easier to make 100 x 1% improvements than it is to make a 1 x 100% improvement. There is no single silver bullet. What's more, the compounding effect of making 1% improvements in each of 100 areas creates a combined effect of more than a 100% improvement.

And it is important for me to recognise that my health status and speed of change will be different in each of these 15 areas. I classify my necessary actions as being therapeutic, maintenance or goal driven. So, for example, when I was struggling with only getting 3½ hours sleep per night, I embarked on a Cognitive Behaviour Therapy for Insomnia (CBTi) course over 7 weeks. The therapeutic approach required me to go to bed every night at 1.30am in order to break my insomnia routine. When my insomnia was cured, my maintenance routine changed to include not working at a screen after 8pm and going to bed every night at the same time of 10pm.

The fascinating area of nutrition is something that many people enquire about. My therapeutic approach included eating up to 75 different plant ingredients in my daily food and drink. The logic being that, following the thinking that every plant contains between 300 and 1,000 active beneficial natural compounds, I should maximise the variety of my 'food as medicine' intake. Now, my maintenance approach is a vegan one, centred on approximately 30 whole plant foods each day.

I am very careful with the words that I use to describe any health activity. Where once I used the word 'exercise', I now use the word 'movement'. 'Exercise' suggests a time-bound activity, such as going on a run or doing a session in the gym. 'Movement' suggests a constant state of being. Research into the 5 Blue Zones (suggestion: Google search this term – it is a fascinating topic) concludes that the highest concentration of people who live to be 100 are in a constant state of movement. Their lives are not made of long sedentary periods, coupled with crashing through an hour in the gym once or twice a week. As part of this 'movement' thinking, I have a timer on my phone that reminds me to alternate standing up and sitting down every 25 minutes as I work at my standing desk.

The role of the Chipping Norton Health Centre

If I am to maintain my holistic health in 15 plus areas, I need to call on some brilliant and wonderful health professionals and carers. I have built a 'personal health team', comprising more than 12 different 'frontline' people. My team includes a personal trainer, a nutritionist and a psychologist. And of course, it includes my doctor and nurse team at Chipping Norton Health Centre. There are also a great many people who work unseen behind the scenes. I wish that I could have the opportunity to acknowledge both these people and what they do to support the delivery of a great service. I have learnt to appreciate everything that the NHS stands for, and whilst I might not agree with some of it, I realise that we all have to accept the compromises of a 'system' that makes its employees accountable for every action and every pound of taxpayer money spent.

Does my approach to holistic health work?

At the danger of seeing all cancers as being comparable, and in making a point out of topline statistics, I am lucky enough to be a year on from the milestone of being in 0.7% of the UK cancer population who have passed their 3rd year living with Stage 4 disease. And by another measure, where 11 blood markers (in aspects of liver function, iron profile, etc) showed that my body was in a state of dis-ease, all these markers have now returned to normal levels.

And my psychological health? I feel that the 3 years since diagnosis I have brought me my most fulfilled and happiest days of my life. And I know that the days to come will be even better.

Nick's story has compelled him to make good of it by helping to inspire others to take responsibly for their health. He does this through:

- staging a series of lifestyle health conversational events around the South East;
- giving his time to the Chipping Norton Health Centre Patient Participation Group;
- being elected to be the Patient Voice and Director at the British Society of Lifestyle Medicine;
- founding ChippyWellFest as an annual free lifestyle health event for the local community;
- founding MyHealthTribe to support local, ambitious businesses who wish to invest in the lifestyle health & wellbeing of their workforce

See www.thecancerjourneyman.co.uk for further details.

End

A journey from the unknown to the known.

By Dave Winpenny

February 2013; a momentous month for sure. I am in the Philippines to open a new support centre. After 18 months hard work, negotiation and setup, we are ready for the big day.

The day before the opening I felt unwell. It was as if I had caught a cold or flu with all the usual aches & pains; but also breathlessness & fluttering in my chest. My normal cold/flu medication of paracetamol & hot toddies didn't make any difference.

I flew home a couple of days later feeling like I was going to die. Walking from the plane to my car was painful: I could only walk about 50 metres without a rest and felt as if my chest was going to explode. "This is serious" I thought.

So in typical bloke mode I went home to bed for 5 days; no change!

Better get a docs appointment; we lived near Henley, so I went to the emergency clinic. The doctor looked at me and said that I needed to go for "investigations". I was on BUPA through work – appointment made and back to bed I went.

A few days later I saw the BUPA cardiologist; was connected to an ECG with not very encouraging results. Over the next few months I went through a barrage of tests. The exercise bike stress test made the problem very clear; I could only manage 30 seconds before my heart went into overdrive, blood pressure all over the place and the ECG looked like the drawing by a 2 year old. They stopped it, of course.

Next step was for the Cardiologist to go in and have a look; the official name is an angiogram. The results showed I had a damaged heart valve which may need replacement/repair; this was probably caused by endocarditis infection of the lining of my heart. Ouch. All this made sense based on my symptoms.

It's now 9 months since I started to feel ill and I still can't walk up a set of stairs without a rest.

I am booked for another series of tests. This time it's decided that there isn't enough damage to warrant replacing the valve. I am now going to be monitored.

May 2014 and it's time for my regular company BUPA health check. The results say my ECG results were consistent with pericarditis (or should it be endocarditis?) and no cardiologist referral is required!

Another 6 months pass (it's now November 2014) another BUPA appointment revealed thickening in my heart. Monitor was the diagnosis. I was still unable to return to work full time and couldn't travel as the physical exertion was too much.

Fast forward to summer 2015 & we make a big decision to move to Chippy as it was now becoming impossible to continue my old job role. No more travel, no more Air-Miles

As a new patient at the Health Centre, they did all the normal tests, but also an ECG; I don't know if this was because of my history, my age or my generally unfit appearance! The nurse plugged me in, ran the trace, looked at the printout and said "Err.... I just need to show this to a doctor!"

She flies out of the door and is gone for ages. Eventually, she comes back with Dr. Eyles and I am informed that there is a problem with my ECG and I should make an appointment pretty damn quickly!

A few days later, I am sitting in DR. Eyles' room being told that the ECG has some abnormalities and when she listened to my chest it sounded like I had a murmur; yet more good news! Dr. Eyles referred me to the Horton to see Dr. Arnold.

September 2015 and it's off to the Horton for another set of tests; ECG, exercise bike, etc. November and it's time to go to the Magnetic Resonance Centre at the JR for a trip in the big donut shaped CMR scanner.

A couple of months later, I had my follow up with Dr. Arnold. He went through my history, results, how I was feeling and then he stated his view of my problem. "I think you may have Cardiomyopathy or more accurately Hypertrophic Cardiomyopathy"

My response was "Mmm..... what's that?" To which he explained that it's likely to be a genetic condition that has laid dormant for 56 years (!) and the infection in 2013 kicked off something in my genetics that caused the wall of one of my heart chambers to thicken resulting in my heart becoming much less efficient. Additionally, as it's genetic there is no cure; he took me through the various stages of the disease and gave me some advice:

- lose weight (joined Slimming World the next day and have now lost 4 ½ stone),
- get fitter; but take care
- learn more about the illness from Cardiomyopathy UK – the Heart Muscle charity (<http://www.cardiomyopathy.org>)

2 years later, I have learnt lots about Cardiomyopathy or Hocum as it's called in "the trade". My EF (Ejection Factor - percentage of blood pushed out when my heart contracts) has improved, my drug regime is under control and my blood pressure is brilliant with my drugs now reduced significantly. So it's certainly something that I am able to live with; for now at least.

I'm also part of a global genetic study funded by the EU & WHO to monitor Cardiomyopathy patients over the next 10 years. My kids have been tested and they don't have genetic markers identified which means that my grand kids are clear.

I also have been invited as a test specimen ☑ for student GP's practising for their final exams. Evidently, my history and symptoms are unusual as this is more often seen in young, fit sportsmen, not in some old, overweight bloke – how very dare they say that!!!

So what has this journey taught me:

- BUPA might get you looked at quicker, but it doesn't necessarily mean a quicker diagnosis.
- Don't use Google as your expert; in my case Cardiomyopathy UK are the experts.
- Don't be a bloke and ignore your symptoms; you might ignore them for too long.
- Losing weight is a damn sight harder than putting it on.

Finally, I cannot thank the NHS (Dr. Arnold at The Horton & Chippy Health Centre, especially Dr. Becky Eyles) enough for their professionalism and helpful advice & support as I have navigated my way on this journey from the unknown to the known.

End



Contacting your PPG

The Chipping Norton Health Centre (CNHC) Patients Participation Group (PPG) is formed from volunteers who care about the quality and provision of health care in the Chipping Norton area.

Currently, the Steering Group members are:

- Moira Packer (*Chair*)
- Peter Branson (*Secretary*)
- Chris Knowles
- Sue Chapman
- Jan Cottle
- Stephanie Harrison-White
- Nick Parker
- Sue Butterworth

We need your help

Membership of the PPG is open to all CNHC registered patients over the age of 16. We have a Virtual PPG that will allow those who find it difficult to get to meetings to contribute via the internet.

If you would like to know more, please send an email to cnhc.ppg@nhs.net or leave a message on our Facebook page.

If you would like to become a more active member of the Health Centre, we would LOVE to hear from you.

How to get in contact with us.....

Through any of the following, or complete the form below and hand it in to Reception at the Health Centre

email: cnhc.ppg@nhs.net

Facebook: Chipping Norton Health Centre PPG **Twitter:** @CNHCPPG

Blog: <https://cnhcppg.wordpress.com>

Name:	
Address:	
Phone:	
Email:	

I would like to:

Learn more about how I could join the 'virtual PPG'.

Would love to help in some other way.

To be added to the CNHC PPG mailing list for future updates, please tick here

If you tick the box, you will be added to the PPG mailing list. You can unsubscribe at any time by contacting the PPG on cnhc.ppg@nhs.net.