



Patient Participation Group

Charlbury Patient Participation Group Newsletter Issue No.17, February 2023

Welcome to the winter edition of Charlbury Medical Centre patient participation group newsletter.

We are all aware of the pressures facing the NHS including primary care. The long delays in accessing secondary (hospital) care have an impact on GP practices where clinicians find they have to care for patients who are in more pain and are more unwell for longer.

The medical centre is still very busy. Reception receives a high volume of calls first thing in the morning. You may wonder why by ringing at 8am you can still find yourself “number 12 in the queue”. The reason is that while the receptionist talks to one patient for 2 or 3 minutes, ten more calls are coming through. There are three receptionists on duty at all times. For them, dealing calmly and efficiently with each patient as they see the calls mounting up requires skill and patience. **Their message to us: please only ring first thing in the morning if you need to see, or speak to a doctor that day and your symptoms, or the symptoms of someone you care for, require urgent assessment and care.** Telephone later in the morning or afternoon if you can and you may be “caller number 1” and have to wait for only a few minutes.

Staff changes. You may know that Dr Khan leaves the practice in March. He will be missed and we wish Dr Khan well in his new position. The practice has recruited a highly qualified paramedic (he is able to diagnose some conditions, and prescribe treatment) who will work for five days per week in the practice starting on 14 March. The Rural West primary care network of which Charlbury is a part has appointed a mental health nurse. This is a welcome addition to the services offered at CMC. The nurse will work one day per week in Charlbury and is expected to start at the beginning of March.

Sally Long is the deputy practice manager. Sally worked in reception for a year so is well placed to understand the difficulties we, and staff encounter. Sally also spends one half day per week working in dispensary.

Your consultation. We are encouraged to discuss only one problem at a time with the GP. However patients don't always know if the various symptoms they are experiencing are related. We asked a GP what we should do. She suggested that patients write down a list of their symptoms and give it to the clinician at the beginning of the consultation. The GP, paramedic or nurse will decide which symptoms may be connected to one another.

Missed appointments. Time spent with a GP, nurse or other clinician is precious. On the whole there are few missed GP appointments. Disappointingly, quite a number of people do not keep their appointments at the asthma and COPD clinics. It's important for their health that patients receive regular check-ups. Unable to attend? - please let reception know. Problem with getting to the medical centre? - ring ATIC on 01993 776 277 to arrange a lift.

Topics in this newsletter:

- **Defibrillator and life-saving training in Charlbury: 18 March 2023**
- **Taking medication. The most ineffective pill is the one not taken.**
- **Hearing tests: NHS providers. Communication tips from RNID.**

Save a life: training in how to use a defibrillator and CPR

(CPR: cardiopulmonary resuscitation is when someone gives chest compressions to a person in cardiac arrest to keep them alive until emergency help arrives.)

The British Heart Foundation says that about 80% of the 30,000 out-of-hospital cardiac arrests happen in the home, and fewer than 10% of patients survive.

There are five defibrillators in Charlbury, but we need more. All are checked and serviced by First Responder Russell Ingham. Russell writes: “The 999 operator will tell the caller where the nearest defibrillator is (provided you have someone to go and get it and that it is sensible/feasible for them to do so) along with the PIN for the cabinet’s locked door. Getting a defibrillator is always secondary to giving CPR – chest compressions.”

Training sessions on 18 March for adults and children aged 8 and over. Please note: This is now full. 08.03.2023.

The patient group committee, with the support of the Town Council has organised a training session on the 18 March, early afternoon in the community centre to offer defibrillator and CPR training with First Responder Russell Ingham. We feel it is important to roll out this training in our community and further sessions will be offered in due course. If you are interested in coming to the training session, email: patientgroup.charlbury@nhs.net

What are the symptoms of a cardiac arrest?

A cardiac arrest is an emergency that usually happens without warning. If someone is in cardiac arrest, they collapse suddenly and:

- will be unconscious
- unresponsive, and
- not breathing or not breathing normally – this may mean they’re making gasping noises.

Without immediate treatment, the person will die. If you see someone having a cardiac arrest, phone 999 immediately and start CPR.

How is a cardiac arrest treated?

A cardiac arrest is an emergency. If you're with someone who's having a cardiac arrest, call 999 start CPR and use a defibrillator if there's one nearby. Follow instructions from the 999 operator until emergency services take over.

Starting immediate CPR is vital as it keeps blood and oxygen moving to the brain and around the body. A defibrillator will then deliver a controlled electric shock to try and get the heart beating normally again.

About half of UK adults would not be comfortable performing CPR for a cardiac arrest, according to a recent survey.

The British Heart Foundation <https://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators> is calling on the UK to learn CPR during February's Heart Month, as it "could be the most important lesson you ever learn". The charity offers a 15 minute online CPR training tool called RevivR.

The tool covers recognising a cardiac arrest, the best method for chest compressions, and how to use a defibrillator.

"Every second counts when someone has a cardiac arrest and knowing CPR could be the difference between life and death," says Dr Charmaine Griffiths of the British Heart Foundation.

"A cardiac arrest can happen to anyone at any time - it could be your partner, your mum or dad or your child.

"Our survey shows that too many of us still haven't learned CPR and wouldn't have the confidence to step in if the worst should happen. It only takes 15 minutes to learn with RevivR – that's a coffee break, half time in the football or the time you might spend scrolling through social media. I urge you to do it today."

Alternatively, join Russell in Charlbury Community Centre on 18 March from 2pm to 4pm.

Email: Patientgroup.charlbury@nhs.net to book your place - places will be limited. More courses will be offered if there is sufficient demand. **Email now to join a waiting list.**

A heart attack and cardiac arrest are not the same.

A heart attack happens when the blood supply to the heart muscle is cut off. This is often caused by a clot in one of the coronary arteries. The heart is still pumping blood around the body during a heart attack. The person will usually be conscious and breathing.

A heart attack can lead to a cardiac arrest as you're at higher risk of having ventricular fibrillation. It's important to get medical attention immediately by calling 999 for an ambulance if you have heart attack symptoms.

The most ineffective pill is the one not taken

Many years ago, I went to a seminar, and the speaker was given a heavy grilling over the simplicity of the statistical tests that he had used. I remember nothing of the talk other than the speaker's response to his critic. "In statistical analyses there are three possible

outcomes: not obvious, obvious, and b. obvious! My results are in the last of those categories.” His critic was silenced.

With that in mind, it seems obvious that to receive benefit from a doctor’s prescription it is essential to take the pills, and to take them as directed! It must be true that the most ineffective pill is the one not taken.

And yet there is reliable data to show that while many people go to the trouble of attending a GP consultation and receiving a prescription, a minority never fulfil their prescription at the pharmacy. Some do collect their pills but never take any, and some start off taking the pills but stop after a few weeks or months. Incredibly this happens even in individuals who have severe, chronic, life-limiting conditions such as asthma, heart failure or HIV.

The shocking truth highlighted in a review by the National Institute for Health and Care Excellence is that **up to half of all medicines prescribed for long-term conditions are not taken at all or not taken as directed**. All of this adds cost to our over-stretched NHS while delivering little or no patient benefit. Indeed, your condition may worsen through lack of treatment.

There are some truly life-changing medications out there, so it is important to understand how to obtain the best benefit with the least ill-effect.

Here are a few tips to help you.

- ✓ DO listen to the prescriber when they talk to you about your illness and about your prescription. Write down the main things; it is so easy to forget exactly what was said, especially if it is a new diagnosis. If offered any diagrams or leaflets, do take them and study them later. Understanding how and why to take your medication goes a long way to doing it right so if there is something that is unclear or is worrying you (e.g. fear of side-effects) do be sure to write it down and raise it next time.
- ✓ DO make sure you take your medication at the right dose (two pills taken together are NOT twice as good as one, and don’t start working any quicker either).
- ✓ DO take your treatment at the right time of day. Your body works differently at night compared to the day, so the balance of efficacy versus side-effects can be different at different times.
- ✓ DO take as directed before or after meals. This can have a big effect on how your gut reacts.
- ✓ DO take the entire course of treatment even though you start to feel better.
- ✓ DON’T forget that your pharmacist has a university degree in drugs, so he or she can also help you with understanding how to get the best from your medication, whether from the doctor, the nurse, the pharmacist or over-the-counter.

This may all seem like hard work, but there are ways you can make it a bit easier.

- If you are taking several pills a day, it is handy to put them in a pill organizer, so you don’t forget what to take and when to take it. You should be able to obtain one from the pharmacy
- If you just have to take one pill once a day, try to align that with your daily routine (e.g. every morning or every evening when you have brushed your teeth, or just before/after a meal).

- There are apps you can download to remind you to take your medication, and there are even some 'intelligent' pill boxes to help you remember.
- Also, these days medication can sometimes be given in different ways: by mouth, with a patch through the skin, via daily, weekly, monthly or even 3-monthly injection or via suppository. If you find it hard to remember to take your medication, it's worth asking if there is an alternative delivery mechanism that might be better for you.

And here's a final thought: you don't take medicine because you are ill, you take medicine to keep yourself well.

Graham Shelton, Oxford, 2022

Hearing loss and ear wax removal

Hearing Loss

According to the RNID hearing loss affects 12 million people in the UK. Permanent hearing loss can be caused by damage to the cochlea or nerve of hearing. Most common causes are:

- Age-related
- Genetic (inherited from your family)
- Noise-induced (long term exposure to loud sounds)
- Infection of the cochlea

Many of us experience hearing loss as we get older. This tends to affect both ears and can be the cause of frustration, confusion and isolation. The main cause of age-related hearing loss is gradual wear and tear to tiny sensory cells called 'hair cells' in the cochlea (the hearing organ in the inner ear). Age related hearing loss (sensorineural hearing loss) initially effects the high frequency sounds. These high pitch sounds such as "s", "f", "sh" and "t" play a key role in our ability to understand speech clearly. It might be hard to hear, especially if there is background noise. This can make conversation difficult and can lead to a guessing game by which time the conversation has moved on.

Some signs of age-related hearing loss

- think other people sound like they're mumbling
- ask people to repeat things for you often
- have difficulty understanding what is being said in noisy places
- find it hard to keep up with group conversation
- get tired from having to concentrate so much
- find other people think your TV or music is too loud
- often have difficulty hearing on the telephone.

What are we trying to find out in a hearing test?

When measuring hearing, the audiologist wants to understand how loud sounds have to be

in order for them to be heard, and also how well sounds are processed and make sense of what we hear.

What happens during a hearing test?

You may have a few different tests during your appointment to check if you have hearing loss and find out the cause.

Common hearing tests for adults include:

Pure tone audiometry	you listen to different sounds through headphones and press a button or raise your hand each time you hear something
Speech perception test	similar to a pure tone audiometry test but you listen to speech rather than sounds
Tympanometry	a small device is placed in your ear to check for fluid behind your eardrum

Hearing aids

Often a hearing aid may be recommended for someone with a hearing loss. There are a variety of different styles available. Hearing aids have a range of options, some choices are:

- Rechargeable or with batteries
- Connect wireless to the television, phones, computers etc.
- Can be controlled with apps or remote controls.
- Can be fully automatic so there is as little adjustment you need to do.
- Invisible
- Hearing loop

When choosing a hearing aid, look at what's important cosmetically, where you need to hear well: at work, at home, looking after grandchildren, and how much control you would like to have and of course, the cost if paying privately.

Free NHS Hearing Aids & Hearing Tests for People Aged 55 and Over



Buckinghamshire and Oxfordshire Age Related Hearing Loss Service

People interested in a free NHS hearing test or free NHS hearing aids no longer need a GP referral. People can book a free test at Witney Community hospital by telephoning 01865 507 280 or completing the on-line self – referral form: <https://www.oxonbucks-nhs-audiology.com/>

The NHS ceased to provide free ear wax removal for people who do not need a hearing test, and do not wear hearing aids, in December 2021. The RNID has a campaign “to defend NHS wax removal services”.

<https://rnid.org.uk/get-involved/campaign-with-us/ear-wax-removal-campaign/>

Local high street opticians and pharmacists offer free hearing tests:

Scrivens – Chipping Norton

8 High Street
Chipping Norton OX7 5AD

Scrivens – Witney

16a High Street
Witney OX28 6HB

Specsavers- Chipping Norton

The Chipping Norton Health Centre
Russell Way
Chipping Norton OX7 5FA

Specsavers- Witney

Unit 18a, The Woolgate Centre
Witney OX28 6AP

Communicating with someone who is deaf, or hard of hearing.

The RNID (<https://rnid.org.uk/>) suggests the following tips for communicating with someone who is deaf or has hearing loss. Every tip is not necessarily appropriate for everyone.

Communication tips

Re-phrase what you said

If someone doesn't understand you, repeat what you said or phrase it differently, use plain language.

Face the person you're speaking to

Make sure you are facing the person you are talking to and speak clearly – avoid shouting, speaking too fast or unnecessarily slowly.

Ask for the person's communication preferences

Always ask what each person's preferences are and if they need communication support. For example, even if someone's using a hearing aid, ask if they need to lipread you.

Use an interpreter

You should always follow the advice of the person with communication needs. If that's booking an interpreter or speaking to a friend or relative.

Write it down

Use pen on paper, text on device screens, or whiteboards to write what you want to say.

Get their full attention

Use simple gestures such as pointing or waving to get someone's attention.

Reduce background noise

In a noisy place, move to a quieter area if possible.

Speak clearly

Speak clearly and not too slowly. Use normal lip movements, facial expressions and gestures.

Find the right place

For longer chats, find a place to talk with good lighting, away from noise and distractions.

Speak at an appropriate volume

Keep your voice down: it's uncomfortable for a hearing aid user if you shout, and it can look and feel aggressive.

Get to the point

Use plain language and don't waffle.

Make it easy for people to lipread

Don't cover your mouth when speaking. (If you're wearing a mask, pull it down to speak but keep a distance).