



Newsletter

December 2014

The view from the Chair

This edition of our newsletter comes out after our December PG meeting on the topic of support for mental wellbeing, so I have the pleasure of writing with that event in mind. I am grateful to Maureen for all the planning and publicising that she did over many weeks, and for chairing the lively discussion that followed. I would like to thank all of you who came to listen and express your views.

Our next meeting will be in March and will include a brief AGM, a speaker and opportunities to exchange experiences. However, there is much that will be going on between now and then. Please look out for messages (by email, text, on the Charter website, the PPG Facebook page, and on the notice board), asking for nominations and volunteers to become committee members.

Committee members work closely with the practice in several ways, such as in surveys and action planning. We are consulted about changes and developments. We will shortly begin, for example, to look at patients' responses to the on-going Friends and Family test which all GP surgeries are asked to undertake. However, to diversify our activities we will require more active members, so please offer to take part: we will understand if your time is limited.

We will also be seeking associate members to work on time-limited particular

projects, so please consider what you would like to contribute to enable Charter PG to grow and to include a wide range of patients and experiences. We will be circulating some suggestions, but would welcome suggestions from you about PG activities and for more innovative ways of involving as many Charter patients as possible so that we become more fully representative. Please help publicize our work through personal contacts.

Currently we have two informal ways of meeting:

- During the weekly Healthwalk in St. Ann's Well Gardens, starting from outside the cafe at 2pm every Monday. There is no charge, no need to book, just come along for a leisurely stroll (or a longer walk by choice) and quiet conversation;
- We are arranging regular monthly opportunities (Chat room) for patients to meet committee members, and this is likely to be between 3pm and 4pm on the first Friday of every month. Look out for notices of when these will happen.

We are in a position to convey your views and expectations through the Brighton and Hove PPG Network and Healthwatch. You can, of course, contact Healthwatch directly and speak to someone on the Helpline (10am -12noon Mondays to Fridays, 01273 234040).

Seasons greeting to you all!

Clare Tikly, Chair

Patient Group Meetings

Since the last newsletter, we have had the talk on the 29th September on the topic of **Cancer Screening** by Susie Bennett from the Cancer Prevention Team at the Sussex Community NHS Trust. She spoke about the 3 NHS cancer screenings (bowel, breast and cervical) and the effect of the lifestyle choices we make, focussing on cancer prevention, early detection and signs and symptoms. She stressed that cancer can be a difficult subject to talk about but it is important to encourage people to be more aware of symptoms and the early recognition of these symptoms which can be key to successful treatment.

A brief summary of the talk follows:

Bowel cancer risk increases with age and is thought to be affected by poor diet, such as too much junk food, fat and sugar and not enough fruit and fibre, being overweight, smoking and lack of physical activity. Symptoms include a persistent change in bowel habit, blood in stools, unexplained weight loss or tiredness. Screening looks for hidden blood in stools and is currently targeting men and women aged from 60 to 69 and will be extended to those 70 to 75 in the future.

Breast cancer is the most common cancer in the UK. Screening (mammography) is an x-ray examination of the breasts and generally women are invited every 3 years from 50 to 70. Risk of breast cancer increases with age, family history of the disease, obesity and alcohol, early menstruation, the contraceptive pill and HRT.

Cervical cancer is the most common cancer for women under 35. Risk factors include smoking, family history, the contraceptive pill and sexual history. It

has now been determined that nearly all cases of cervical cancer are linked to HPV (Human Papillomavirus) which is a common sexually transmitted virus which will infect most adults at some point in their life. Screening is offered every 3 years for women between 25 to 49 and 5 years from 49 to 64.

Take up rates for screening are low in Brighton and Hove, so she urged people to take up the screening they are offered.

We held an open evening on 24th November for **young people** who would like to know how to access help for **Emotional Wellbeing**. Sara Callarman from the Speak Your Mind Young Peoples Advocacy Project (part of MIND in Brighton and Hove) told us of the amazing number of support groups that are available in the city. We have put a number of leaflets in the waiting room or alternatively Sara suggested that all the up to date information can be found on the Brighton MIND website www.mindcharity.co.uk (note-this is different from the national MIND website) or you can contact Sara by phoning or texting her mobile 07818860672.

One of the specific supports she mentioned was **Right Here** Brighton and Hove which is a partnership project between Sussex Central YMCA, Mind in Brighton and Hove, Brighton and Hove City Council Children's services and the NHS. They run a website www.wheretogofor.co.uk which contains details of projects and services in Brighton and Hove which are useful for young people aged 13 – 25.

They also have a website which includes a film that in 7 minutes prepares young people to visit their GP.

<http://right-here-brightonandhove.org.uk/gp-film-and-information>

This links in with another website for preparing to visit the GP about mental health issues which is Doc Ready www.docready.org

On 1st December Marianne Burrows who is a team leader for Psychological Wellbeing Practitioners (PWP's), part of **Brighton and Hove Wellbeing Service** joined us to give an overview of the service they provide. She stressed that the service is aimed at adults (18+) who are suffering mild to moderate common mental health difficulties such as anxiety and stress.

The PWP's are trained by the NHS to postgraduate level with the aim of improving access to psychological therapies and use Cognitive Behavioural Therapy techniques as a tool for managing better.

They provide group sessions or 1 to 1 support. Group sessions help with depression and managing your mood. They allow attendees to meet other people in a similar situation, introduce new activities and do not require participants to talk about their personal circumstances. Attendance is usually for 1 to 3 sessions.

The service can be accessed by GP referral or by self-referral by phoning the service on 0300 002 0060. A 45 minute assessment between the individual and the PWP will determine the appropriate course of treatment.

The service is increasing capacity to reach more people and at the moment the target is for 20 days between assessment and treatment.

There is a 12 week follow-up after treatment and individuals can be referred for other treatment if this is required.

They do not prescribe medication.

Patient's articles

We have received an article from Charter patient **Millie Ferguson**, who is a registered nutritional therapist, which brings together the themes of our cancer and mental wellbeing talks:

MENS SANA IN CORPORE SANO

Currently the PPG is drawing our attention to mental health and I use this opportunity to write to you about the connection between mental and physical health. The idea of integration between mind and body has a long history. 'A sound mind in a sound body' wrote the Roman poet Juvenal 2000 years ago. Since his time science has

provided evidence to demonstrate the mind-body connection and the body of evidence is growing.

British Universities are currently offering courses in Psychoneuroimmunology (or PNI) whose subject is the study of the mind-body connection and more specifically, the two-way signalling between our gut and brain. The name PNI comes from the traditional view of the brain being the psychological and neurological centre and the gut being the immune centre. But far from being a passive receiver of brain signals, the gut is our second brain with its own nerve regulatory processes able to handle many functions independently of the brain. It has for instance receptors for molecules which previously were thought to only exist in the brain.

We are physically and mentally alive because the body has vitality and a level of internal reserve. Health (and disease) is a manifestation of the body's ability to respond to external factors. These external factors are our diet, lifestyle and environment. For example, eating activates a chain of digestive and immune signalling. Food moves through the stages of decontamination to remove bacteria, mechanical and chemical break-down, further checks to guard against allergic

factors. Then food is absorbed, circulated and used by the cells. At each stage a number of by-products are handled and excreted and at each stage energy and some of the vital reserve are lost.

Equally, our lifestyle choices (thought processes and behaviour) are capable of triggering powerful reactions in the whole body as do the environmental factors that come from the air we breathe, what we drink and the gadgets and products around us.

Any inputs can also become sources of physical or mental stress. And like a good housekeeper, the body attends to stresses, as long as it has the resources, resources such as the air we breathe and the water we drink. The degree to which we can take care of our diet, lifestyle and environment can determine how well we can keep the internal processes going and how healthy we are over time. Of great importance in terms of resources is the availability of the essential nutrients. These are fuel, vitamins and minerals and of key importance is that they can only be obtained from our diet.

With 1 in 4 people currently experiencing some form of mental illness and 1 in 2 of us experiencing some form of mental ill health throughout the course of a lifetime, such events can quickly deplete nutrient reserves. Although mental health is not as well understood as other areas of health, we can pause to reflect on another line in Juvenals' poem: 'What I commend to you, you can give to yourself'. Since diet, lifestyle and environment are indeed what we give to ourselves, it makes sense then to 'give to ourselves' a nutrient dense and varied diet (not forgetting fluids), and pack every mouthful with as many of the essential nutrients as possible, as this is how we pay back the nutritional debt that we created by living. Illness makes extra demands on our resources and a more targeted nutritional programme may be appropriate as an adjunct to medication and other medical care.

[Millie Ferguson BSc\(Hons\)](#)

Another cancer related article has been provided by committee member **Jean Gaston-Parry**

Penny Brohn Cancer Care – Helping you live well

Following a shattering diagnosis last year of breast cancer, a successful operation and subsequent treatment, I was taken by a friend to the Penny Brohn Cancer Care Centre to join a 2-day Residential Course "Living well with the impact of cancer".

I was able to deal with my fears and anxieties which had been so debilitating during my first experience of cancer. The Bristol Approach – a unique combination of physical, emotional and spiritual support, is known as the Whole Person Approach. It is designed to give support and work alongside medical treatment - gave me the tools to deal positively with my medical treatment and to feel stronger; I learnt to focus on the important aspects of my life

An amazing and inspirational experience; everything towards peace and tranquillity (in the middle of nowhere with beautiful gardens), great workshops; a lovely group of people (some very, very ill who left with more hope). It was noticeable that those with a positive attitude, doing regular exercise and maintaining a healthy balanced diet, together with an inner belief in their own ability to combat anything thrown at them had a greater chance of recovery.

As a charity the Penny Brohn Cancer Care relies totally on charitable donations and voluntary contributions to fund its work. It meets the support and information needs of people living with and beyond cancer and their supporters. They do this through a range of residential and non-residential courses, information on complementary therapies, psychological

support services, complementary therapies and integrative doctors.

How to get in touch:

Call or email the Helpline 0845 123 23 10
helpline@pennybrohn.org

Open 10am to 5pm Monday to Friday for information and support.

Chapel Pill Lane, Pill, Bristol BS20 OHH
Tel: 01275 370 100

Email: info@pennybrohncancercare.org
www.pennybrohncancercare.org

Registered Charity No. 284881

Bob Potter has kindly written another article for our newsletter again focussing on self-help

Taking Sugar? – Or a Potted Plant?

Almost forty years ago, the BBC launched a highly successful radio series, '**Does he take Sugar?**' addressing a problem many people face when meeting a wheelchair bound person for the first time. Often, if accompanied by a carer, the disabled individual must cope with basic personal questions regarding themselves being addressed to the carer, literally 'above their heads'- implying the chair is occupied by an individual either deaf, dumb or just plain 'incapable'. The BBC series was launched in 1973; tragically, the issue remains topical today.

A sobering thought should be that, provided we live long enough, we are all destined to become 'disabled' to some extent—as we grow older, we lose many abilities—less steady on our feet, slower in our mental reactions; watching programmes like 'Mastermind' or 'University Challenge', we may well know the answers, but fail to 'do well' as contestants, simply because our 'memory system' now works so slowly it cannot provide the required 'prompt' responses!

While Britons listening to the BBC were discussing 'taking sugar', American psychologists, Ellen Langer and Judith Rodin, explored a closely related question related to the minds and bodies of elderly people, focussing on whether assuming 'personal responsibility' regarding one's own life affected the individual's own health, happiness and wellbeing.

Their field experiment took place in a large, modern nursing home, rated by the state of Connecticut as among the finest care units for quality medical, recreational and residential facilities. Residents had their own rooms, with plenty of opportunity to mix in one of several common rooms. Of more than 200 residents, a sample of 91 ambulatory residents (17 of whom were male) was selected; ages ranged from 65 to 90 years. Two groups, roughly 'matched' were selected, each separate group having their rooms on two separate floors. On one floor, was the 'responsible' group (44 residents), while the 'comparison' group (47 residents) occupied the floor below. Mostly, residents tended to socialize in their own lounges and/or reception rooms, situated on the same floor as their bedrooms. Initially, every participant was routinely assessed by nurses, physicians and social workers, being scored for 'happiness', 'activity', 'alertness', 'social interaction'. This routine procedure had always been regular practice since admission to the home. On this occasion, **members of staff were unaware an experiment was in process!**

The Experiment: The hospital administrator, an outgoing and friendly 33-year old male, who interacted with residents daily, called a meeting in the lounge of each floor ... giving each group

a slightly different 15-minute 'informal chat'.

The 'responsible' group were reminded it was **their responsibility** to ensure they were properly cared for, and that included the arrangement of their rooms – if they needed help changing things around, the staff were there to help. They were reminded to complain when they wanted things done differently. A tray of potted plants was passed around and **clients were to decide** whether they wanted one for their room, which **they would then water and care for**. Finally, a movie would be shown on two nights the following week; **they must decide** if they wished to attend, if so, which night'.

The 'comparison' group was informed it **was the responsibility of the staff** to ensure they were happy and to always raise any problems with staff. He added **they would be receiving a plant** for their room, a gift from the home, and **members of staff would water and care for it**. Finally, they were told there'd be a film show on two nights next week, and **nurses would, in due course, let them know** which night they were scheduled to see it.

Results: Three weeks later, participants in the study were 'routinely' re-assessed by medical and social staff for their 'health, alertness and activity', using the standard scoring sheets as used prior to commencement (medical 'assessors' and others were still unaware an experiment was in progress!) ... findings supported the view that a (renewed?) sense of personal responsibility induces improvement on each of the identified categories (this was the case for 93% of those in the 'responsible' group, but for no member of the 'comparison' group!).

Important Addendum! Eighteen months later, the experimenters (literally as an 'afterthought') revisited the nursing home to check for 'long-term' effects – findings being that current re-ratings for health, activity and sociability indicated processes set in motion in the 'responsible' group had been maintained – especially vis-à-vis mortality; only 15% of the 'responsible' group had died, whereas 30% of the 'comparison' group had passed away. (Those who had died, in both groups, exited mostly from cardiac problems.)

I leave it to the reader to assess the **many** 'lessons to be learned' from these important studies!

Bob Potter

Forthcoming meetings

The AGM will be held on 23rd March 2015 at 6.45pm at Charter Medical Centre. The speaker will be announced nearer the event.

Facebook

Don't forget that you can find news about our Patient Group meetings and other useful information regarding the practice and healthcare in our area on our Facebook page.

For those of you like me who are not Facebook users all you need to do is set up a Facebook account on your phone, pc or tablet (if you don't already have one) and then type 'Charter Medical Centre Patient Group - PPG' into the search box. Once you have found us then simply click on the 'like' button to follow what is happening in the group!

Newsletter editor/items

We're still looking for a newsletter editor. Let the committee know via Lucy Albu at

the practice if you are interested. Articles are always welcome.

What we have been doing

Our latest Patient Group active volunteer, Nicola Latham was soon “put to work” attending the city’s PPG network group. One of the items discussed was the EPIC project and Community Navigators. Nicola wrote this for us and you should look at the News from the practice section to see the latest for Charter.

Community Navigation

You may have seen the recent leaflets “Changes to Your Local Doctors’ Surgery” outlining some of the services that are being piloted under the EPIC Project (Extended Primary Integrated Care).

Supported by the Prime Minister’s Challenge Fund, GP practices, pharmacists, voluntary sector partners and local people are coming together to try out ways to make it easier to get in touch with and use local healthcare services.

The charity Impetus and AGE.UK in Brighton and Hove have come together as EPIC partners to deliver the Community Navigators part of the project. This involves recruiting, training and supporting a team of volunteers that will work in GP surgeries to help people access community resources that serve their need and improve their health and well-being in the broadest sense.

The key role of the Community Navigator is to:

- Have an initial conversation with you to gain an understanding of your life, health condition and how it affects you

and to explore options for social support

- Provide information such as service leaflets, useful telephone numbers and other local contacts
- Connect you to local support and services and provide assistance if necessary
- Follow up with you to ensure you have been able to access the appropriate services and support you with this as necessary.

Navigators are not counsellors or experts in dealing with particular issues but will work with you to help build your knowledge of and access to community responses to health and social problems.

They will not have access to anyone’s medical record.

They will attempt to connect you to the appropriate services and/or community resource through a facilitated referral process and will also act as a bridge between local community activities and GP surgeries creating better communication and relationships based on increased awareness and understanding.

Navigators have been recruited and are currently being trained by Impetus. There are currently 16 surgeries taking part in the overarching EPIC pilot project, including Charter Medical Centre.

If you are interested in finding out more about EPIC and the Prime Ministers Challenge Fund please go to www.epic-pmchallengefund.uk

For further information on the role of Community Navigators please contact Jenny Moore or Clair Farenden on 01273

229382 or email navigators@bh-impetus.org epic@bh-impetus.org

News from the practice from Lucy Albu

1. The surgery practice manager Phil will be retiring at the end of January 2015. We wish him a very happy retirement in his new home in France. Interviews for a new Practice Manager have been scheduled.

2. Charter Medical Centre - building refurbishment:

- We have begun to install a new fire alarm system - we will try to keep disruption to a minimum
- Phones – ETA for our new phone system is now 9th December- we are very sorry for the continuous series of delays which has been due to issues between BT and our previous supplier.
- Refurbishment of ground floor male and female toilets and creation of notes storage room from the waiting room – building work now due to start before Christmas
- Redesign and rebuild of lobby entrance area and reception desk, to include wheelchair friendly front door - building work due to start immediately after Christmas

3. EPIC pilot project:

- EPIC GP clinics: Charter patients who find it difficult to attend surgery at normal times can now book appointments in EPIC clinics via Charter reception (not available online as this is a separate EPIC booking system). EPIC clinics usually run at Charter Medical Centre on Monday to Friday from 6.30pm to 8.00pm, and on Saturday and Sunday from 8.00 to 14.00.
- EPIC Pharmacist: Sue Oliver, a Level 3 EPIC pharmacist, will be holding a clinic at Charter Medical Centre every Thursday starting in early December.

Patients from 3 participating surgeries will be booked in by their GP.

- EPIC Community Navigator - we have been allocated a named navigator and hope to have them installed at Charter before Christmas.

4. Website –we moved website supplier when our old website supplier retired and we are aware of various problems and patient dissatisfaction with our new site, including the fact that the mobile version is not working. We continue to try to resolve these issues with the supplier when we become aware of them and we apologise for the poor patient experience.
Disclaimer

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5. Patient experience of the online system: We are aware that some patients are disappointed with the design of our new online system SystemOnline which they find less user friendly than our old online system. As the system is part of our database we do not have a choice of online supplier. We will continue to insert explanatory text in response to patient questions.

5. Our Friends and Family Test is now up and running. Paper version is available in the waiting room. A link to an online version is available on our website homepage, and a text version is being tested and, after an initial hiccup, does seem to be working now.

Membership and Communication

The practice has some 900 people recorded as being members of the Patient Participation and Patient Reference Groups. Of these about 90 are in the PPG, but very few of these are participating. As the Chair said, we need more active volunteers. We are concerned that the PRG figure may be inflated above the number of interested people resulting in wasted and possibly annoying texts and e-mails, which take both time and money.

In order to get a true figure of the size and nature of the Patient Group we (the PPG committee and practice) will be contacting all those recorded as being in the Patient Group in the New Year.

We are currently working on the questions we wish to ask and the methodology for the communication.

As a footnote, the practice has no e-mail address or mobile number to send texts to for a number of patients. It also seems likely that a number of the contact details have changed. So if you want to receive information, make sure the practice has your up to date details.

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