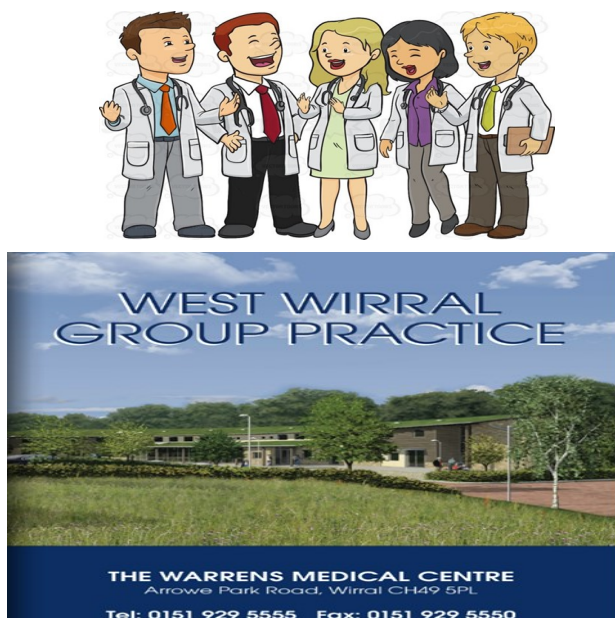


WWGP-PATIENT PARTICIPATION GROUP.

DECEMBER NEWSLETTER, ISSUE 2017/4.



Happy
New
Year
2018



Felice Anno Nuovo



**WE WISH ALL OUR PATIENT READERS A VERY HAPPY
CHRISTMAS AND THE VERY BEST OF JOY AND
HAPPINESS FOR THE NEW YEAR 2018.**



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Electronic PPG Newsletter. 1st December 2017.

Distributed to patients of the West Wirral Group Practice who have registered to be on their electronic mailing list.

A limited number of printed copies will initially be made available at the Warrens Medical Centre for the benefit of patients not currently registered for online services.

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NEWS IN BRIEF.

AGE UK– Friends in Action:- Offers the following service, which may involve a minimal charge .Transport service– offering supported transport to clients for medical appointments: doctors, hospital, dentists, and chiropodists. For more information speak to the Friends in Action Team on 0151 488 7805. Chris Mathieson, Practice Manager

HELPLINK :- Community support charity in Wirral providing transport for the elderly, vulnerable and disabled. Call 0151 648 3322 for further information. Chris Mathieson, Practice Manager

Create and Chat Group -This is a recently inaugurated PPG group for patients at the West Wirral Group Practice and has since met for three creative sessions. For any patient that would benefit from participating in a variety of arts and crafts, including card making and painting, the group meets on the first Thursday of each month, in the meeting room at the Warrens Medical Centre. Patients who feel lonely and /or socially isolated are particularly welcome. Anyone who has not yet attended but who is interested in coming to the next group meeting on 7th December is requested to email Debbie for further details. Email: create.ppgwwgp@gmail.com . Debbie Simnor, PPG Committee Member.

All GP surgeries to have Wi-Fi by Christmas. The roll-out of NHS Wi-Fi to primary care has now moved into its second phase which will see free Wi-Fi available to both patients and staff in all GP surgeries by 31 December 2017. Free Wi-Fi for patients will allow them access to health and social care resources, online tools and services, empowering self-care and helping them to make informed decisions about their health care. Further information about the GP IT programme can be found on the NHS England website. NAPP information to PPGs.

Meningitis and Septicaemia Vaccine for teenagers. Public Health England is calling for more take up in eligible young people of the MenACWY vaccine, which protects against deadly meningitis and septicaemia. Parents are being reminded this summer to encourage 18 year old children to get vaccinated. NAPP Information to PPGs.

NAPP Annual Conference “Patients, Power and Partnerships”: This year’s event was one of the best held in recent years, according to N.A.P.P. Feedback from delegates, speakers and their trustees was very positive. Many of the patients attending on behalf of PPGs from far and wide were much better informed than in some previous years about developments in the NHS and social care, locally and nationally. NAPP e-Bulletin.

Street Lighting on Warrens approach road. Following PPG lobbying, these are now in place.

Macmillan’s Coffee Morning. The annual coffee morning to support Macmillan’s was a resounding success both financially and socially. The array of cakes produced by members of the Practice staff and patients was overwhelming and absolutely mouth-watering. Sanctuary Care, whose new residential care Home, Ridgewood Court will be opening in the New Year, also provided cakes baked by their Chester chef. PPG members were on hand to answer any questions about the work of the PPG. Many thanks to everyone who helped or contributed in every way; **we raised a total of £649.93.**

Karen Sohrabi –Shiraz, PPG Committee Member.



"A day in the life of a nurse at The Warrens"

Have you ever wondered what the nurses and Health Care Assistants do on a daily basis? Well, a lot of our day to day work is around chronic disease management and health monitoring, such as diabetes, asthma, chronic obstructive pulmonary disease (COPD), health checks. Every day is different with a whole variety of patients with differing needs coming through our doors.

The following gives a snapshot of what the work of a General Practice Nurse involves.



The day starts with checking the vaccine fridges to make sure all the vaccines are kept within a tight temperature range so they remain effective for use. Then, looking at the appointment list of the day, we make sure that our rooms are stocked with appropriate equipment and materials and we are ready to call the first patient.

First through the door is a lady with chronic obstructive pulmonary disease (COPD). She has come for her annual review which includes height, weight, blood pressure, measuring breathlessness and a lung function test called a spirometry. This involves blowing into a machine that measures the lung function so we can monitor the changes that have occurred in the last year. The results could mean a change of inhaler or continuing on the same. Education on the use of inhalers is a key role we play.

Next is a lady for a smear. This is checking for cell changes to the cervix and is an important part of health screening that all women are eligible for from 25-64 years.

Then a phone call from a GP asking for an urgent ECG test on a patient with chest pain so that person is seen as soon as possible.

After that a couple who are going on holiday come for advice on how to keep healthy whilst abroad. We discuss food and water hygiene, sun safety, any need for malaria tablets or vaccinations, and measures to reduce the risk of illness whilst away.

A lady comes in for her regular vitamin B12 injection. This is usually given every 12 weeks for B12 deficiency. This consultation is an opportunity to make sure the patient is up to date with all her checks, for example, vaccinations, blood pressure, smoking and alcohol history.

A man with diabetes is next on the appointment list. He needs his annual foot check, which is to make sure he has good sensation and blood flow to his feet. A discussion about how he is getting on with his medication and diet, a review of his latest blood test results, encouragement to keep his exercise levels up, a flu vaccination and a reminder to bring in a urine sample for testing and away he goes until the next time.

Onto an asthma review for a young lady. How is she getting on with her inhalers? How effective are they? Is her asthma causing her any issues? What is her inhaler technique like?

A mini flu clinic sees another ten patients protected against flu for this winter season.

Tasks and emails to sort out and then help with sorting the samples that people bring to the surgery each day to make sure they are ready to be collected for delivery to the lab at Arrowe Park. Then it is lunchtime before getting ready for the afternoon session...health checks, warfarin monitoring, contraceptive injection, pneumonia and shingles vaccines, dressings, suture removal, ear syringing... and always with a smile!

Heather Lomas, R.N.





HCA June Cain helping patients monitor their blood pressure



HCA Jo Porter-Smith

Advanced nurse practitioner Carolyn Girvan and HCA Jackie Shennan



HCA Margaret Sheriff, Nurses Jan Adams, Nicki Stonley, Heather Lomas

WWGP-DEMENTIA INFORMATION FOR PPG NEWSLETTER.

PART I

Dementia/Alzheimer's is a progressive disease which has no boundaries. Prime Ministers, Presidents, film stars and ordinary people have been affected and as we are an ageing population, this disease is on the increase. In order to ascertain a diagnosis, we use screening questions such as :-

In the last month have you had any problems remembering things?

Have you noticed any changes in your memory or your ability to do routine tasks?

What is your date of birth?

Do you know who the current Prime Minister is?

Do you know the name of our Queen?

What is Dementia?

Dementia is not a specific disease, it is a general term that describes a wide range of symptoms associated with a decline in memory or other thinking skills, severe enough to reduce a person's ability to perform every day activities. This covers Dementia, Alzheimer's, Cerebrovascular Dementia and other conditions. Dementia is a medical disorder but the services mainly needed by people with this disease are classed as 'Social Services'.

What is NOT Dementia?

Dementia is not temporary confusion or forgetfulness that might result from an underlying illness or side effects of medication but severe enough to reduce a person's ability to perform every day activities. Dementia typically progresses to become worse over time and that is why we do blood tests early on to check if it is dementia or if it is something potentially reversible such as thyroid problems, vitamin deficiencies or even depression.

It is so sad to see the decline of a loved one and this not only affects the person with the disease but the family also. It is important to ensure that the main carer/supporter for the person is also well as their health can quickly deteriorate. The carer/supporter can get very tired, rundown and become unwell so it is important for them to have some respite and also the support, where possible, of other family members. There are also Day Care Centres and Nursing Homes where the person with Dementia or Alzheimer's can go for a break which allows the carer/supporter to get some respite for a week or two.

If you have concerns about a loved one, please do not hesitate to contact your GP Surgery as they can do memory checks and blood tests to find out if there is a memory problem or if it is something more simple e.g. a person with a water infection can become very confused and a relative may think it is dementia so it is really important to get these checks done.

Dementia is caused by damage to brain cells. The brain has many distinct regions, each of which is responsible for different functions. Different type of dementia are associated with particular types of brain cell damage in particular regions of the brain. The brain region called the hippocampus is the centre of learning and specifically for making new memories in the brain and the brain cells in this region are often the first to be damaged.

The damage to the brain cells interferes with the ability of these cells to communicate with each other. When brain cells cannot communicate normally, thinking, behaviour and feelings can be affected.

While symptoms of dementia can vary greatly, at least two of the following core mental functions must be significantly impaired to be considered dementia - Memory, communication and language, ability to focus and pay attention, reasoning and judgement and visual perception.

In Alzheimer's disease, high levels of certain proteins inside and outside brain cells make it hard for the cells to stay healthy and to communicate with each other.

Many people have memory loss issues – this does not mean they have Alzheimer's or another dementia. Alzheimer's disease accounts for 60 to 80% of cases and is the most common type of dementia.

Vascular dementia is the second most common dementia type. People often ask the question - is Alzheimer's disease genetic/hereditary? It is possible as an element could be in the genes and this sometimes shows in families.

Hereditary/Genetic – Researchers do not know the exact cause of Alzheimer's disease but it is most likely due to a combination of a variety of genetic and other factors. This may be a small element but the main risk factor is simply age and living into old age can run in the family. Genetic research is concentrating on the role of hereditary – the transmission of qualities and illnesses from parents to children in determining the risk of and development of Alzheimer's disease. Whilst most changes in the brain that cause dementia are permanent and worsen over time, thinking and memory problems caused by the following conditions may improve when the condition is treated or addressed: Depression, medication side effects, thyroid problems and vitamin deficiencies. Korsakoff syndrome – excess use of alcohol can do permanent damage to brain cells. It is also a fact that people with high blood sugar levels (diabetes) may also be more at risk.

FOUR AREAS OF THE BRAIN.

There are four areas of the brain which we need in order to communicate and these are: The frontal lobe, the parietal lobe, the occipital lobe and the temporal lobe. There is also the hippocampus (at the very centre of the brain) which stores new memories for us and if this becomes damaged, we can't store these memories).

Frontal lobe –

You use your frontal lobe nearly every day. You use it to make decisions, such as what to eat or drink for breakfast in the morning, as well as for thinking or studying for a test. The frontal lobe is also where our personality is formed and where we can carry out higher mental processes such as planning. In addition, the frontal lobe is necessary to being able to speak fluently (without fault) and meaningfully.

The Parietal lobe –

The functions of the parietal lobe include the appreciation of touch, awareness of the position of the extremities, vibratory sense and the fine tactile perception. The parietal lobe is also for understanding language, maths, touch and spatial awareness.

The Occipital lobe –

The occipital lobe is important to being able to correctly understand what your eyes are seeing. These lobes have to be very fast to process the rapid information that our eyes are sending. Similar to how the temporal lobe makes sense of auditory information, the occipital lobe makes sense of visual information so that we are able to understand it. If our occipital lobe was impaired or injured, we would not be able to correctly process visual signals, thus visual confusion would result.

The Temporal lobe –

The temporal lobe mainly revolves around hearing and selective listening. It receives sensory information such as sounds and speech from the ears. It is also key to be able to comprehend or understand meaningful speech. In fact, we would not be able to understand someone talking to us if it wasn't for the temporal lobe. This lobe is special because it makes sense of all of the different sounds and pitches (different types of sound) being transmitted from the sensory receptors of the ears.

Ten early signs/symptoms of dementia:

- 1.Memory loss that disrupts daily life so not just getting a bit absent minded.
- 2.Challenges in planning or solving problems.
3. Difficulty completing familiar tasks at home, work or leisure.
4. Confusion with time or place.
5. Trouble understanding visual images and special relationships.
6. New problems with words in speaking or writing.
7. Misplacing things and losing the ability to retrace steps.
8. Decreased or poor judgement.
9. Withdrawal from work or social activities.
- 10.Changes in mood and personality.

The impact on the person with the disease. One can only imagine the effect on someone with dementia or Alzheimer's.

Knowing that something is going to happen to you that you can't control creates a range of emotions from fear, denial, anger, resentment as well as confusion and behavioural problems as the person experiences loss of function, and sadly, loss of dignity and independence. One can only sympathise with families as they watch a loved one's loss of function, dignity and become more and more dependent and helpless. How to Cope? Coping through...

- 1.Understanding the illness (education) and the patient.
2. Helping the patient feel safe and secure.
3. Recognising the stages and the care required at each stage
4. Knowing the supports and services available and accessing them.
5. Knowing when to hospitalise.
6. Working with the hospital.
7. Ensuring that the carer/carers stay healthy, physically and emotionally. The Practice can do health checks for Carers and also there is the PPG (Patient Participation Group) – Dementia Carers Support Group meetings which are held every three months.

Part II – Dementia - details will appear in the next quarterly issue in March 2018.

Margaret Sheriff

Health Care Assistant

WWGP-PPG Challenging Quiz Competition (CQC)

Graham Griffiths was the worthy winner of the WWGP-PPG competition with 20/20 all correct answers to the PPG 's quiz, originally designed for the June edition to attract the under 20 year old registered patients, except that no answers were received from this cohort and it was then opened to all patients in the September Newsletter.

The answers were as follow:-1. nanotechnology, 2. H-bomb, 3. geode, 4. bacilli, 5. okapi, 6. organic , 7. pipette, 8. drain, 9. debug, 10. large intestine, 11. billion, 12. oleic acid, 13. leach, 14. L-dopa, 15. Planck's Law, 16. hominid, 17, melanin, 18, Bletchley, 19. glaucoma, 20. one second.



Dr. Alan Johnston, Senior Partner at the West Wirral Group Practice, seen here presenting the prize of a bottle of Rioja (Faustino 1), donated by the Newsletter Editor, to Graham Griffiths, who was the only one to get all 20 correct answers.

Terry O'Leary was a very worthy runner-up with 19 correct answers.

We would still like to hear from young people willing to join the Patient Participation Group.

Please contact us by email, ppg.wwgp@gmail.com. Please give your name and telephone number and we will call you to discuss what the PPG does and how you may be able to help.

PS The original prize for the under 20s was a Certificate of Competence and not a bottle of wine!

Mike Zammitt, PPG Committee Member and Newsletter Editor.

Patient Communication and Feedback.

MARCH 2017 Newsletter

C.L. – Because of our busy lives, try to make the Newsletter short and sweet so that we can easily read the main happenings to the practice. It's good to be informed but not with so much detail please.

Editor. *Fully understand your views, which is why we provide a Table of Contents in the Newsletters . These Newsletters are currently circulated to some 4000 out of the 13,500 registered patients and the aim is to make them as interesting and informative as possible to satisfy a diverse demand.*

C.M. – Thank you for sending us the Newsletter and Alan's Supplement. Most interesting! I wish you all well. My wife and I really believe that WWGP is a first class practice and are most grateful for all that is done for us patients.

G.M. – Blood Tests – Fully understand why you have changed the system, but we need consideration given to patients like myself that work normal hours but have not been able to provide blood for analysis because there is no provision for evening appointments.

Editor. *The Phlebotomy service is run by the Wirral Community NHS Trust and the PPG has been active in lobbying for better support for patients. Bookable appointments are now available at West Kirby Health Centre and at the Park Suite, Arrowe Park by calling :- 0151 514 2222.*

H.B. – What a good idea. As one of your patients I think it is wonderful to have this information sent by email, no cost to the practice and very informative – I could never remember what the blood pressure numbers meant. Hopefully I will now! Thank you.

P.M. – I've just read the latest patient newsletter and was interested to read the article about online services. I see that it is possible to view blood tests results from your laptop. Like the writer I also have rheumatoid arthritis but have not been able to ditch my little purple blood monitoring book as I was not aware of this facility. I've had a good look at the app and still can't manage to find this. Please could you tell me how to access my blood test results.

Editor. *The PPG committee members and the Practice Manager are always pleased to help.*

Jim Ford – In the electronic PPG Newsletter (1st March 2017) your article suggested there are vacancies on the PPG. I would like to put my name forward to join the main committee if there are still vacancies. My background is as former head of Liverpool School of Pharmacy and as one whose blood pressure was once 270/170 (Yes the figures are correct) and a patient in the practice for over 30 years.

Jai Mitchell – I understand from the recent mailings that you are seeking additional members to join the PPG. I am a patient registered with WWGP, my family having first registered with Dr Vine at Irby Surgery in 1987. I think I am interested in joining, although I know little of the activities of the group beyond what you have published recently. But it is clear that these are interesting and challenging times for all areas in the NHS. I am retired and would be available for the meetings and potentially at other times as required. I can let you have any further information if required.

Patricia Gittens – I would be interested in joining the PPG.

Editor. *All three above have joined the PPG Committee and are actively participating.*

JUNE 2017 Newsletter

L.M.C – I've read that the PPG Committee is currently full but I also saw that you're interested in representation from younger patients. I'm 25 years old and a Virtual Member but I'd be interested in becoming involved if you need any people in the future.

J.P. – I am interested in becoming a member, either virtually or committee.

SEPTEMBER 2017 Newsletter

S.T – As a new patient of WWGP, I have been very impressed with the progressive approach of its Newsletters. I expect the reach of these will be stronger amongst younger people where mental health is increasingly an issue. In the context of greater social awareness, acceptance and understanding, I would like to suggest that there are features for patients and their families/carers on mental health (not just dementia), and addiction (which is very problematic amongst baby boomers). Mental health is a professionally under-resourced area and I think anything we can learn and do as lay people would be beneficial.

***Editor**—Thank you for your kind words and very relevant contribution which we will try to address in next year's Newsletters. In the meantime I would like to refer interested patients to Dr. Michael Moseley 's (Trust me I'm a Doctor) Mental Health Special programme recently shown on BBC 2 TV and available on the BBC i-Player. Co-incidentally, the December Newsletter carries an excellent article by Dr. Geraldine Swift, a Consultant Psychiatrist at WUTH, on "Coping and managing with chronic pain."*

C.S. – How do I become a member of the Warrens PPG.

L.L– I would like to thank you for a very interesting and informative newsletter

G.G. - Kind regards and thanks for a really good newsletter.

***Editor.** The Patient Participation Group welcomes your comments and feedback so that it can continue to improve its services to both patients and practice. Only your initials have been included in this summary, unless we have had your expressed consent.*

In the future, and in order to have more meaningful communications, the Editor wishes to advise that unless you instruct otherwise, it will be assumed that you have no objection to using your full name, should your comments or suggestions be published in a future issue. Indeed, it is hoped that more patients will write "Letters to the Editors" on topics of general interest, on subjects close to their hearts, and on ways and means of continuing to improve patient practice relationships, which is one of the stated aims of Patient Participation Groups.

The PPG is currently in the process of reorganisation and is looking to recruit a number of additional members in various capacities to assist in delivering, and developing, a number of activities in the New Year.

*Please contact us by email at **ppg.wwgp@gmail.com** giving your name and phone number and we will call you to discuss how you might best get involved in the West Wirral Group Practice's PPG .*

We hope our programme will provide opportunity for people with different interests. In the March newsletter we plan to include a full update on the reorganisation, initiatives and opportunities.

Mike Zammitt, PPG Committee Member and Newsletter Editor.

Christmas Cheers for All

At Christmas time, we overindulge! Whether its on gifts, food or liquid indulgence. However, there are those who cannot or will not, for various reasons drink alcohol. Should they have to settle for fizzy drinks, juice or (sad but healthy!) tap water? Definitely not, so here is a small selection of non-alcoholic libations, suitable for any time of the year.

Simple Syrup

Many drinks start with this as a base, so a large jar can be made up and stored in the fridge:

Equal amounts of water and granulated sugar, brought to the boil until all the sugar dissolves, then leave to cool.

Apple Sour

4 cl lemon juice

2 cl simple syrup

1 green apple, juiced

1 cl egg white whipped to foam

ice cubes and soda water

The ingredients are shaken together and topped off with soda water

LOL Kids like something different at Christmas too!

2 cl grenadine

3 cl lemon juice

1/2 an ice lolly, the other half is used as a garnish after shaking

Pina Colada

4 cl coconut milk

4 cl pineapple juice

3 cl lime juice

3 cl hot water to dissolve a teaspoon of honey

ice cubes

Shake together. substitute white rum for the honey and hot water for a cheekier version!

Cherry Tonic An alternative to gin and tonic

2 cl Cherry or Morrello syrup (shop-bought)

12cl dry tonic

Shirley Temple The classic mocktail!

7.5 cl grenadine

7.5 cl lemon juice

Canada Dry ginger to taste

Gløgg The original Scandinavian Christmas welcome-drink

Demerara syrup (500g demerara sugar + 0.5l water boiled until the sugar dissolves)

4 cinnamon sticks

6 cardamom pods

8 crushed allspice berries

10 cloves

1/2 vanilla pod

lemon peel

infuse for 24-48 hours, strain and add a bottle of red wine. Serve hot. Instant Christmas!

Karen Sohrabi-Shiraz, PPG Committee Member, courtesy of son Robin, bar owner and drinks creator/ writer, Oslo, Norway



Margaret, Sue and Carolyn have returned from an amazing experience in Uganda.

The following illustrated account presents a brief summary of their trip.

Our week in Uganda began by attending the local church, after travelling for 24 hours. The singing and dancing revived us, as we were tired and the bright colours of the children's clothing and their welcoming smiles made the journey worthwhile. We were asked to introduce ourselves to over 1000 members of the community; this was important as we would be seen in the schools and hospital for the following week.

The first few days were spent at primary schools, delivering training for over 60 senior teachers from local schools. As nurses, we spoke about puberty, menstruation and contraception and answered questions about myths.

Initially, we felt completely shocked by the poverty and the state of the school buildings. The classrooms made a good home for chickens, but a very basic learning environment for children. We listened in horror as we heard that the teachers still used beating as a method of discipline. Part of the programme we were involved in was to promote other methods of discipline and to encourage teachers to act as role models for the children. The teachers explained that they had classes of up to 135 children. The classes were reduced in numbers as the kids got older and dropped out. The women teachers had to bring their own young children along while they taught a class, as they had no childcare.

The next few days were spent talking to the older children, girls and boys, and making them aware of choices they had:- A= Abstain, B=Be faithful and C= Contraception

We provided over 200 girls with sanitary pads, pants and bras, which we had brought with us, thanks to your kind donations. We were able to spend time evaluating what some of the girls thought about the products they had received last year. Every one of them appreciated the sanitary pads and said they had made a real difference to them, as they could now attend school and church without missing days.



The Charity arranged a trip behind the scenes at the local hospital. We found this most difficult of all, as the poverty and lack of equipment was overwhelming. The nurses, however, still took pride in their lovely crisp white uniforms and belts and hats. We learnt that patients had to rely on family to provide meals and personal care whilst in hospital. The patients had to pay for their care in the hospital and there were no ambulances. While we were at the Hospital, a truck arrived with a patient lying in the back. An elderly lady had to help move the patient onto a hospital trolley and go to the payment room, before he would receive treatment. This makes us so thankful for our current NHS. The trip to Uganda made us aware of how little the folk have in material possessions but yet the love and care they have for each other is humbling. We are thankful to those who sent items and money for the "Develop with Dignity" programme and for "Teams4u" in providing this amazing experience which we shall never forget.

Carolyn Girwan, Advanced Nurse Practitioner .



Update from Nurses "Develop with Dignity" Trip to Uganda



Carolyn Girvan, Sue Price and Margaret Monaghan .



Coping and Managing with Chronic Pain.



Around Armistice Day, the proliferation of poppies reminds us all of the tragedies that occur in war. The red poppy in particular encourages us to put ourselves in the shoes of soldiers during the world wars – the images of young men leaving home and loved ones going off without knowing whether they would come back, the terror and adrenaline of going over the top in the WW1 trenches, the bleakness of men dying in No man's Land. What was it like to be wounded? Soldiers' reactions to wounds were not straight forward – on the one hand wounds were a loss of physical capacity and general well-being - but they also represented a passport out of the front line and back to security. Perhaps it is understandable that soldiers about to be sent home because of their wounds reported far less pain than civilians with comparable wounds created by surgery (Beecher 1965).

What is pain?

Living with pain is awful. It can affect all aspects of life: everyday activities, sleep, work, relationships. It is often linked to low mood, can lead to hopelessness and despair and even suicide.

Acute pain is usually associated with an injury. It tends to be alleviated by painkillers and as the injury heals, the pain improves. But as the example of the soldiers above suggests, even acute pain is heavily influenced by the context in which it occurs and the meaning that the experience has for the individual. In chronic pain it is very different: the agony can persist for months and even years, and painkillers may have little effect. Chronic pain is common, affecting around 18% of people in the UK (Ref.1) and occurring in a range of conditions from osteoarthritis to fibromyalgia and inflammatory bowel disorder to irritable bowel syndrome. Sometimes people with chronic painful conditions are congratulated for looking well – such compliments may be hard to accept gracefully when they are at such odds with how you really feel.

Traditionally, health professionals thought pain occurred when nerves detected damage to the tissue and conveyed to the brain the extent of the injury. Now we understand that nerves detect a stimulus rather than pain itself – and when the brain receives this stimulus, it may or may not interpret this information as pain. Moreover, the brain can increase or reduce the sensitivity of the nerves carrying this information, depending on the level of threat it perceives.

Atul Gawande uses an analogy of a dashboard warning light (Ref.2). When the light flashes red, it can mean engine failure – or in bodily terms, an injury. If the engine appears to be working well, then the alternative explanation for the flashing light may be failure of the sensor – the brain may be incorrectly reacting to stimuli to produce terrible pain without any injury being present.

Coping and Managing with Chronic Pain. (Continued)

With our current level of medical knowledge, we do not have tests that can demonstrate such dysfunctional sensing which is why many people with chronic pain are familiar with the gruelling cycle of multiple investigations which come back normal despite severe persistent pain.

Either way, pain is a construct of the brain – either in a helpful way as a response to an injury, or in an unhelpful way as a misinterpretation of a much more minor or even non-existent stimulus.

But Paul Ingraham points out that many wise, sensible optimists still have chronic pain (Ref.3). Just because the brain is an essential part of the pain experience, does not mean one can reason one's way out of it. So how can one take back control when living with chronic pain?

There are no magic cures for many people but it may be helpful to think about the following steps as a way of managing pain:

- Learn about the theory of pain – see Lorrimer Moseley's very funny TED talk as a starting point (Ref.4)
- Think about how this theory applies to you - is there something about your current situation or resonances with previous life experiences that is important in understanding your pain?
- Reach out to others – family, friends and health professionals. Chronic pain is a lonely business, and allies are important.
- Try out different approaches to see what works for you – see Pete Mosley's Pain Toolkit (Ref.5) for useful suggestions

Above all, be kind to yourself both physically and emotionally because you are doing the best you can.

Dr. Geraldine Swift, Consultant in Liaison Psychiatry, Wirral University Teaching Hospital and Director of Medical Education.

*"Sometimes monsters are invisible, and
sometimes demons attack you from the inside.
Just because you cannot see the claws and the teeth
does not mean they aren't ripping through me.
Pain does not need to be seen to be felt.
Telling me there is no problem
won't solve the problem.
This is not how miracles are born.
This is not how sickness works."
— Emm Roy, The First Step"*

References.

- (1) <https://patient.info/doctor/chronic-pain>
- (2) <https://www.newyorker.com/magazine/2008/06/30/the-itch>
- (3) <https://www.painscience.com/articles/pain-is-weird.php>
- (4) <https://www.youtube.com/watch?v=gwd-wLdIHjs#t=8s>
- (5) <https://www.paintoolkit.org>

CONCLUDING EDITORIAL COMMENTS

Thank you for reading the December Newsletter this far, and we hope that you have found it interesting and informative. I am reliably informed that the distribution list continues to grow and is currently in excess of 4000, which is great news.

I still hear about patients struggling to gain access to the EMIS Patient Access Website and if successful, then having difficulties navigating through the different menus. If there is enough demand, the PPG would make arrangements to assist patients finding difficulty using online services.

Please take your time and trouble to visit the Practice's Website which contains so much useful information for patients. The website address is :-**www.westwirralgrouppractice.org.uk/**
Information about Christmas opening hours at the Warrens will be found here

Familiarise yourselves with the layout of the website and look for the PPG section. Here you can find copies of the other three PPG Newsletters released in March, June and September of this year.

Some of the articles in these Newsletters, particularly those written by Consultants and other people provide very up to date information on topics of general interest to patients, and as the PPG was set up to help patients and practices, it wants to have your views and suggestions on how to improve services. We are privileged to have in this issue, an excellent article by a Consultant Psychiatrist, Dr. Geraldine Swift on a topic that affects so many of us in one way or another, "Coping and managing with chronic pain".

Please get in touch with us by email at:- **ppg.wwgp@gmail.com** , giving your name and telephone number if you wish us to call you to discuss any queries that you might have.

You are welcome to send "Letters to the Editor" to the above email address; they will get replied to and if the contents are of general information to patients, and with your consent, they may get published in the next quarterly PPG Newsletter.

Its been great to have received the feedback and comments summarised in pages 9 &10 of this Newsletter—
please keep them coming!



West Wirral Group Practice's
Patient Participation Group
wishes all its readers a very Merry
Christmas and a very
Happy and Joyful New Year, 2018.

December PPG Newsletter Supplement.

QUIZ: How much do you know about antibiotic resistance?

To further support GP staff, here is some information on good infection prevention and control (IPC) practice.

World Antibiotic Awareness Week, 13-19 November 2017

The World Health Organisation (WHO), has launched a World Antibiotic Awareness campaign this week, to increase awareness of Antimicrobial resistance and its impact upon healthcare associated infection and their key messages are:

- Antimicrobial resistance (AMR) threatens effective treatment and prevention of an increasing range of infections
- AMR is a serious threat to public health globally, requiring action across all government sectors and society
- Major surgery and cancer chemotherapy would be compromised without effective antibiotics
- Resistant infections have higher costs due to prolonged hospitalisation, and use of more expensive drugs
- Drug resistance is complicating treatments for TB, HIV and Malaria

Quiz: How much do you know about antibiotic resistance?

Keep **Antibiotics** Working

1. Antibiotics are powerful medicines that help to fight:

- ☐ Viruses
☐ Bacteria
☐ All microbes

Answer: Antibiotics are medicines that treat bacterial infections. They do not cure infections caused by viruses, such as the common cold or flu. Taking antibiotics when you do NOT need them can prevent them working when you DO need them.

2. Antibiotic resistance happens when my body becomes resistant to antibiotics:

- ☐ True
☐ False

Answer: False. Antibiotics target bacteria, killing or weakening them and helping you to fight off infections. Your body does not develop resistance to antibiotics; it is the bacteria which becomes resistant to antibiotics through genetic changes. This means that if you get an antibiotic-resistant bacterial infection, the usual antibiotics used to fight it will no longer be effective. A less accessible or last resort antibiotic will then need to be used, and in some cases options for potential active antibiotics could run out.

3. Antibiotic-resistant bacteria can spread to humans through:

- ☐ Contact with a person who has an antibiotic-resistant infection
☐ Contact with something that has been touched by a person who has an antibiotic-resistant infection, e.g. a health-workers' hands or instruments in a health facility with poor hygiene
☐ Contact with a live animal, food or water carrying antibiotic-resistant bacteria
☐ All of the above

Answer: Antibiotics are given to humans, animals, fish and crops. Antibiotic resistance happens when bacteria change and become resistant to the antibiotics used to treat the infections they cause. Antibiotic-resistant bacteria spread through contact with humans, animals, food or environment that are carrying them. You can help to prevent the spread of infections by regularly washing your hands, covering your nose and mouth when you cough or sneeze, and practising safer sex.

4. What can happen if I get an antibiotic-resistant infection:

- ☐ I may be sick for longer
☐ I may have to visit my doctor more or be treated in hospital
☐ I may need more expensive medicine that may cause side effects

Answer: Antibiotic resistance is happening everywhere in the world, affecting people of all ages. It is one of the biggest threats to public health today. Antibiotic-resistant infections can take longer to treat, may require more frequent doctor visits, possible hospital stays, more severe side effects and expensive treatments. Serious, isn't it?

5. Antibiotic resistance is already out of control and it's only getting worse. There's nothing I can do:

- ☐ True
☐ False

Answer: While antibiotic resistance occurs naturally over time, the misuse and over-use of antibiotics in plants, animals and humans has accelerated this process to dangerously high levels. BUT it's not too late to reduce the impact of antibiotic resistance and we all have a part to play in preserving the effectiveness of antibiotics.

6. I can help tackle antibiotic resistance if I:

- ☐ Share my antibiotics with my family when they are sick
☐ Get antibiotics as soon as I feel sick—either directly from the pharmacy or a friend
☐ Keep my vaccinations up to date

Answer: Taking action to prevent infections, such as by getting vaccinated, will stop you from getting sick and reduce your need for antibiotics. Even small actions can make a difference, like washing your hands regularly to prevent the spread of infection. And remember: if you do get sick, always consult your doctor about whether you need antibiotics. It is important to follow your doctor's advice, and not to share or use leftover antibiotics.

Visit our website to find lots of IPC resources, many of which are free to download.

www.infectionpreventioncontrol.co.uk