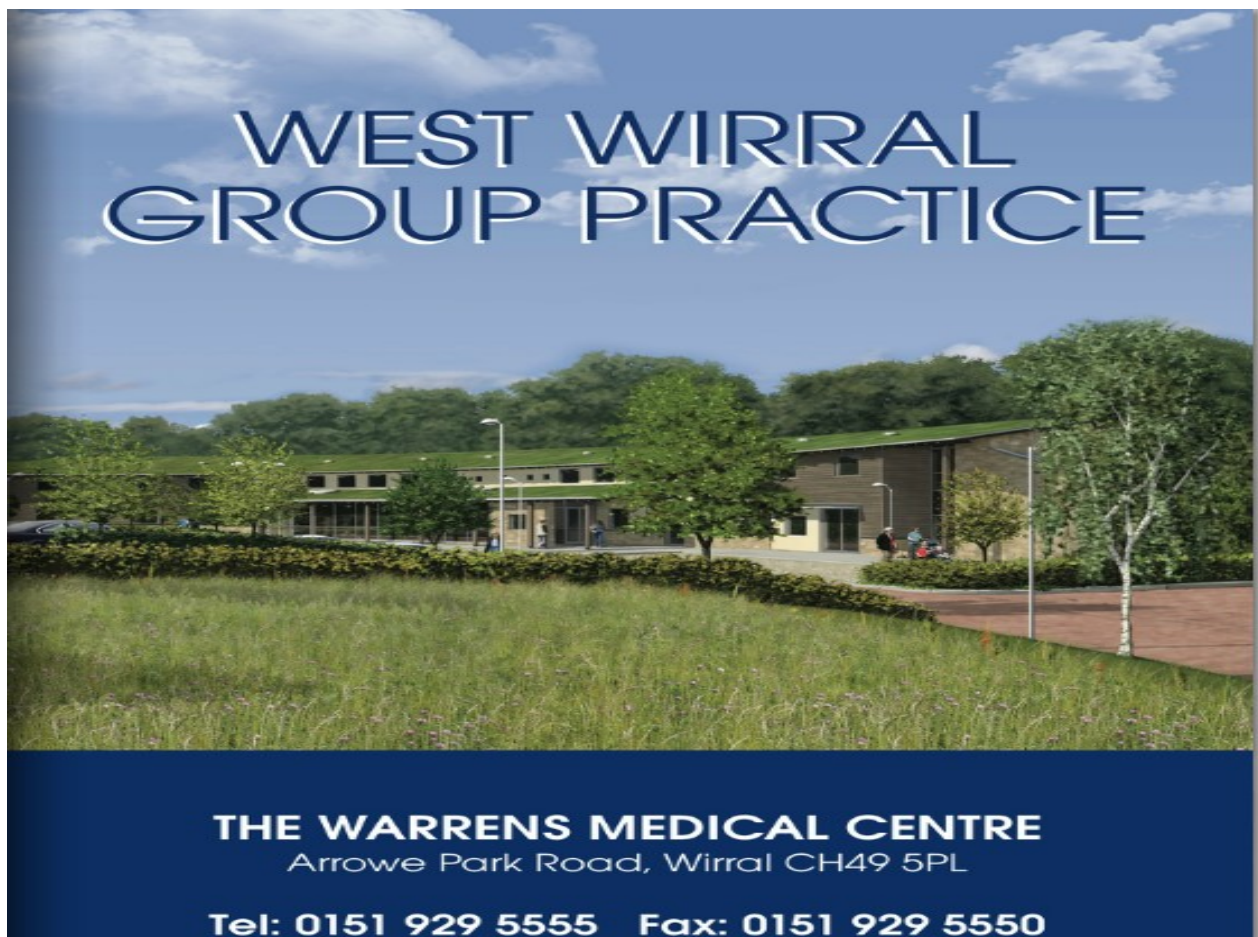


# **PATIENT PARTICIPATION GROUP**

## **1st. September 2018 Newsletter,** **Issue 2018/3**



The Warrens Medical Centre Website can be found at the following address :-

**<https://www.westwirralgrouppractice.org.uk>**



## **Electronic PPG Newsletter. 1st. September 2018.**

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## The Birth of the Quarterly Electronic PPG Newsletter at West Wirral Group Practice.

It is almost 2 years ago that the idea of producing a quarterly electronic PPG Newsletter was proposed by the PPG committee and approved by the West Wirral Group Practice.

As the instigator of the scheme I ended up being appointed editor and producer. The PPG had in the past produced two or three short Newsletters at irregular intervals and these were either printed in small batches or circulated by email to the 100 or so virtual members that the PPG had on its database and the practice also sent them to those patients that they had email addresses for, which some eight years ago was rather limited.

The idea was to actively promote the use of information technology and encourage the patients to register with the Practice to access their medical records on line and make use of other facilities being developed by the NHS, such as booking appointments and ordering repeat prescriptions online. The NHS was currently setting up a system, now known as Patient Access, requiring an email address and password.

The first PPG electronic Quarterly Newsletter was produced on the 1st. March 2017 and consisted of 13 pages, including a supplement by Senior Partner, Dr. Alan Johnston entitled "Why join the Patient Participation Group?" This and all the other Newsletters can still be accessed by going to the Warrens Medical Centre Website at:-

**<http://www.westwirralgrouppractice.org.uk>**

and looking for the PPG section, where they are available to read or download.

As there were some 14,000 registered patients with the WWGP it was desirable to make the Newsletters as varied, factually informative and interesting as possible and thereby cater for a wide spectrum of views.

A "Table of Contents" was included at the start of each Newsletter, so that people could decide what articles they wished to read. It was necessary to introduce the idea of "What is a PPG group?" and the benefits of such a group to Practice-Patient relations and of course on "How to go online!" Other articles included "Nature vs. Nurture", "Hypertension", "Healthy Lifestyle", Information on Dementia Carers Support Group, "Phlebotomy" and a specialist "Consultant's Corner with Dr. Y.H. Chiu, Consultant Rheumatologist writing an article on "What's a drug like you doing in a joint like this!"



Thanks to a concerted effort by the Practice, the number of patients registered for online communications rose markedly to some 4000 in number and the PPG Newsletter had increased its circulation to many thousands.

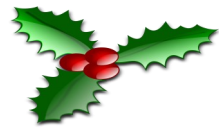
The June Newsletter, Issue 2017/2 continued with the same theme and format and included an innovative Quiz competition with 20 questions for under 20s on a varied number of “science” topics. Regrettably there were no under 20s willing to participate and the Competition was opened to all comers in the subsequent issue in September. Graham Griffith was the winner with 20 correct answers and Terry O’Leary a very worthy runner-up with 19 correct answers. The Consultant’s corner has an article by Dr. Nicola Zammitt, Consultant Endocrinologist and Clinical Director at the Edinburgh Royal, Centre for Endocrinology and Diabetes, entitled “Better Late than never”-life after cancer.

The September 2017 issue contains the concluding article on “Your PPG needs you” article by Dr. Alan Johnston, Senior Partner of WWGP, where he looks to the future of NHS services. Also, a nostalgic review of the past 60 years by veteran PPG committee member, Peter Weston.



The December Issue 2017/4 has a picture on page 8 of Alan Johnston presenting Graham Griffith with a bottle of Rioja that the Newsletter Editor had donated.

The PPG would still like to encourage younger people to join and they would be most welcome.



The Christmas Issue 2017 had a festive FrontPage and many interesting articles including “A day in the life of a nurse at the Warrens” by Sister Heather Lomas and the start of a three part series on Dementia by Margaret Sherrif, Health Care Assistant. Can you spot Heather and Margaret in the adjacent photo?

There was also a two page section on “patient communication and feedback” as well as “News in Brief” and a very interesting article of three local nurses on a charity mission to Uganda with photos like this one.



The Consultant’s Corner had an excellent article by Dr. Geraldine Swift, Consultant Liaison Psychiatrist at WUTH, entitled “Coping and Managing with Chronic Pain” which I have taken the liberty to reproduce at the end of this Newsletter, the last one that I will be producing as Gillian Carswell, a new PPG committee member has very kindly agreed to take over the duties of PPG Newsletter Editor and will be producing and editing the December 2018 issue. I am sure that she will do an excellent job and wish to thank her most sincerely for taking on this sometimes onerous but rewarding task.



The March 2018 Newsletter dealt with current issues such as Hypertension or “Know your Numbers” campaign and WWGP has been recognised as a Beacon Practice within Wirral.



Promotion of healthy lifestyles continues as an on-going theme with articles about the Walking Group and Chair Exercise Group activities.

Debbie Simnor who leads with the Creative Activity Group has also produced a series of Information Leaflets for patients-see page 8 of the March Newsletter, Issue 2018/1, available on the Practice website.

Margaret Sherrif's excellent Dementia Trilogy continues and the consultant's corner contains an interesting, cutting edge article on “Immunology and Defence Strategies” that help the body fight disease.

The June 2018 edition of the Newsletter runs into 16 pages of articles, including the final part of the Dementia series, a very informative article by Angela Carter on what to expect when you are referred to see a specialist as well as a very comprehensive listing of Community Services offered by Wirral NHS Trust, kindly compiled by Brian Knight.



Dr. Helena Martin retires and is seen here with Dr. Alan Johnston at her farewell party at the Warrens.

Mr. Barry Taylor.

The Consultant's Corner deals with Bowel cancer Screening Services by Consultant General and Colorectal Surgeon,

This is a quick resume of the contents of the 6 PPG Newsletters so far distributed electronically to an ever increasing number of patients. The Practice does provide a limited number of printed copies for patients to read at the surgery but they cost money to produce whereas the electronic version costs almost nothing to deliver to your laptop or tablet wherever you may be, or to your desktop computer at home, so please encourage your family and friends to register with the Practice for online communications.

Again, past copies of the PPG Newsletters are available on the PPG section within the Practice Website.

## **Issues raised by patients during PPG Awareness week**

Patients raised a number of items during the week 4 – 9 June 2018 when PPG members were present at the surgery. The most frequently raised are discussed below. Some other points will be considered in future editions.

### **What to do about the 8.00 battle for appointments?**

This is the main issue raised by patients. It is not an issue unique to West Wirral Group Practice. The previous Health Secretary, Jeremy Hunt, acknowledged this when he announced the planned launch of a new app to make it easier for patients to book appointments.

At the moment, the Practice has no information about the app or trials taking place, so we are unable to say at the moment what impact this will have or how arrangements will change. When information becomes available we will let patients know as soon as possible.

There are a number of factors which impact the availability of appointments. There are national requirements, set by NHS England, that practices make the majority of appointments available on a same day basis. Nonetheless the practice does make a significant number of appointments available to pre-book in advance. In addition the practice provides telephone consultations and emergency surgeries. The recent change to the booking process has also helped to provide more appointments by directing patients to the member of the practice staff most appropriate for their health concern, who may not be a GP.

The problem of capacity varies considerably during the year and will not go away, as demand for appointments continues on an increasing trend.

The current approach involves difficulty in getting through to the surgery on the telephone, when the lines open in the morning, and gives patients a sense of a lottery in gaining an appointment. Some have suggested a call queuing system. The Wirral Clinical Commissioning Group have previously indicated that they will be considering the investment of funds on telephone systems, sometime between now and 2020. The practice will not be able to invest independently until the CCG proposals are implemented.

We fully recognise and share the frustration on this issue, and would appreciate patients' views and suggestions on how the approach could be improved, so that we can provide balanced input, if and when there is an opportunity to lobby and influence the consideration.

You can send us views in the usual way.

### **Can only book one appointment at a time using the online facility**

This is true even if one needed for Doctor, one for a nurse, one for phlebotomy etc.

The Practice thus far has deliberately restricted the number of appointments to be booked online to one. There are many reasons for this not least the ever increasing demand for appointments. The Practice can lift this restriction, so are in the process of allowing an increase to 2 (possibly 3) appointments initially on a trial basis. They will see how it goes for a couple of months. If no problems are reported then they will lift the restriction permanently and then monitor ongoing. We will report back on this trial in the next edition, and would greatly appreciate patient feedback on any experience during the trial.

### **Can't see the same Doctor at every appointment so do not build up a relationship.**

If a doctor thinks it is important to see a patient again because of the specific condition they are able to do so, when the doctor has available appointments. In most cases the patient can be seen successfully by any doctor, as the patient's records will be available to any doctor they see.

The reality is that it is simply not possible for the same doctors to be on duty at all times when appointments are available. The surgery provides appointments, Monday to Wednesday from 7 am till 5.45 pm and Thursday to Friday from 8 am till 5.45 pm. It should be no surprise that doctors have other duties outside of surgeries, holidays and ongoing professional development. All these things mean there are weeks when doctors are simply not available. Some also only work part time.

We have already discussed the pressure for appointments and all these things mean it is unavoidable that patients will regularly see different doctors.

### **Follow up appointments**

When asked during an appointment to make a follow-up appointment, the patients have to go to reception and wait, queue etc. Why can't Doctor make appointment there and then?

In fact it is possible for the GPs to make an appointment and they will if time allows. As consultations often overrun the allotted time this may be an issue on occasion.

### **Wheelchair access**

The practice waiting area was originally designed with input from wheelchair users and includes a low level section at the reception desk designed to give wheelchair users easy access to reception staff. It is acknowledged that navigating round chairs and other patients is difficult at times. The practice is in the process of amending the layout to create more space for wheelchair movement and the possibility of a dedicated waiting area kept clear for wheelchairs is being considered. The intention is to keep a single queue for reception, while easing access for wheelchairs. Access to the Blood Pressure monitor will also be looked at. It would be useful if wheelchair users could let us know what they think of the changes and give any further suggestions for improvement.

### **Well man Clinic**

Some patients requested that the practice run a well man clinic. In fact this already happens.

In summary - The NHS health check is a health check-up for adults in England aged 40-74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

Details are available on the NHS website at - <https://www.nhs.uk/conditions/nhs-health-check/>

The practice contacts eligible patients by letter, email and telephone but reports that response levels are very low.

Please let us have your thoughts on any of the points above.

Email at – [ppg.wwgp@gmail.com](mailto:ppg.wwgp@gmail.com)

Drop a note in the PPG suggestion box any time you are in the practice.

**Article and commentary written by Jai Mitchell, PPG Committee Member**



## What is an NHS Health Check?

The [NHS Health Check](#) is a health check-up for adults in England aged 40-74. It's designed to [spot early signs](#) of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.

## How do I get an NHS Health Check?

If you're in the 40-74 age group without a pre-existing condition, you can expect to receive a letter from your GP or local authority inviting you for a free NHS Health Check every five years. In the meantime, you may want to try this online [Heart Age test](#).

## How can I improve my test results?

Once you've had your NHS Health Check, your healthcare professional will [discuss your results with you](#). You'll be given advice to help you lower your risk of a stroke, kidney disease, heart disease, diabetes or dementia, and maintain or improve your health. But you don't have to wait until then to make healthy changes. Take the [How Are You quiz](#) and start now with these [health apps and trackers](#).

<https://www.nhs.uk/conditions/nhs-health-check/>

Please note that the links above have been disabled but if you go to the website you can find out more about these topics.



## NEWS IN BRIEF

### FLU VACCINATIONS

The Practice vaccinates 4000+ patients each year for seasonal influenza vaccination. The Practice has purchased vaccines from 2 suppliers this year. The ADJ TIV vaccination is for patients aged 18 to 64 years and the QUAD vaccine is for patients aged 65 and over. The Practice has purchased sufficient supplies of both vaccines.

We noticed that over 500 patients had their vaccination at a local chemist / supermarket last year. This meant that the Practice were left with unused vaccines at the end of the year. This was a waste of NHS resources and left the Practice out of pocket.

A lot of planning goes into the Flu campaign each year. We expect our first delivery of vaccines to be on or around the 10<sup>th</sup> September. We have clinics available throughout the day Monday to Friday and in addition patients can book into early morning clinics from 7am on Mondays and Wednesdays, late night clinics are available up to 7.30pm on various evenings and we have a number of Saturday morning clinics too. These additional clinics will be of particular convenience to patients who work.

If you are eligible for the flu vaccination then please book your appointment at the surgery with reception asap.

**Mrs Christine Mathieson**  
**Practice Manager**

### KNOW YOUR NUMBERS

Know Your Numbers is an annual event to raise awareness and encourage people to have their blood pressure taken or take their own blood pressure so they know what their reading is. See link below which takes you to the national website. This year the week starts 10<sup>th</sup> September.

Here at the Warrens we are tying in blood pressure testing with flu clinics throughout that week as there will be a decent footfall coming through the surgery. For further information see Appendix A, and/or visit the website below. **Sister Heather Lomas.**

**<http://www.bloodpressureuk.org/microsites/kyn/Home>**

### Bowel Cancer Screening

As a follow up to the Consultant's corner article in the last Newsletter it may be of interest to know that NHS England is following in Scotland's footsteps and will be reducing the age that screening is offered from the present 60 to 50 using the faecal immunochemical test kit (FIT). From autumn, the FIT test will be sent to people between 60 and 74, with an announcement expected later this year on when this will be extended to those aged 50 to 60. People over 74 can request the test to continue every two years by contacting the screening unit, as already advised in the June Newsletter. **Editor.**

**PPG Committee members are currently the following;-** Gillian Carswell, Angela Carter, James Ford, Louise Gilbert, Patricia Gittens, Brian Knight, Jai Mitchell, Jo Purdell-Lewis, Nigel Sach, Debbie Simnor, Peter Weston, Mike Zammitt.

If you wish to join the PPG or would like further information please contact us using the email address: **-ppg.wwgp@gmail.com.** We would like to hear from you. **Editor.**

### Dementia Awareness Day.

Home Instead will be delivering, what promises to be an interesting presentation on "Dementia" at the Warrens, on the 12th September at 2 pm. Everyone will be welcome to attend.

**Patricia Gittens, PPG committee member.**



# Patient Information

## Changes to Musculoskeletal referrals

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All referrals to services to treat musculoskeletal conditions will now be sent to the Wirral Integrated Musculoskeletal Triage Service.

Wirral Integrated Musculoskeletal (MSK) Triage Service is a specialist service for patients aged 16 or over which consists of advanced physiotherapists and doctors who all specialise in orthopaedic/MSK medicine.

Musculoskeletal conditions (joint and muscle problems) can affect the spine, shoulder, elbow, wrist/hand, hip, knee, foot/ankle. The service aims to ensure people are seen by the right clinician first time and are supported to manage their condition.

### **What this change means for you**

- Your GP referral will no longer be sent directly to a particular service eg Orthopaedics. Instead it will be sent to the Wirral MSK Triage Service. It will be assessed by a team of musculoskeletal specialist physiotherapists.
- Your referral may then be sent straight to a particular service to see a consultant e.g. Orthopaedics, Rheumatology or Pain clinic. In this case, you will be contacted by a booking clerk to make your choice of provider and consultant and to book an appointment.
- However, the specialist may think that you will benefit from seeing a therapist e.g. Physiotherapy or Podiatry. In this case you will be given an appointment at a location closest to home.
- In some cases, you may benefit from a face to face assessment with an advanced musculoskeletal physiotherapist or a specialist doctor to find out more information from you and ensure that you are directed to the correct service for your problem. Our assessment clinics are held in the



Physiotherapy Departments at Arrowe Park, Clatterbridge, St Catherine's and Victoria Central Hospitals. At this appointment, you will be encouraged to discuss treatment options and ask questions. You may be given advice on how you can self-manage your condition. After your assessment, the clinician will make a referral to an appropriate service to meet your needs. This may be;

- Referral for diagnostic investigations: x-ray, MRI, CT, nerve conduction studies, ultrasound scans
  - Referral for treatment including: Physiotherapy, Pain Management and Podiatry
  - An appointment for a soft tissue or joint injection
  - An Orthopaedic, Rheumatology, Pain Clinic or Neurosurgical consultant opinion.
  - Your GP will be updated about the outcome of your assessment and treatment
- We work with other NHS organisations to provide MSK treatment. If required, information about you will be shared with that organisation to enable them to treat you effectively.
  - You will be given a contact number for to call for advice throughout your treatment or following discharge.

### **When you will hear from us**

You will be contacted within 7 days by a booking clerk to make an appointment suitable for you. It is helpful if we have a mobile telephone number so that you can easily be contacted. You may even be texted to ask you to call at a convenient time for you.

For further information visit <http://www.wuth.nhs.uk/patients-and-visitors>

*Wirral Musculoskeletal Triage Service is provided by Wirral University Teaching Hospital NHS Foundation Trust.*



## 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>



## **Care Navigation**

To begin with an explanation; “Care Navigation” is a deliberate attempt to make sure that patients get to see the correct clinician. Over the years general practice has developed from the building where you saw only your family doctor into a more complex set up that includes, practice nurses (PNs) – some who can now prescribe, health care assistants (HCAs) and, most recently, advanced nurse practitioners (ANPs).

When patients contact us, the challenge has been to direct them to the best individual to deal with their problems. So if a dressing is needed then best to avoid seeing a GP; if a blood pressure needs checking then the HCA is the person; with ANPs able to deal with all the less complex cases that would previously have been seen by the GP.

In addition, over the years, some of our doctors have developed particular skills in such areas as Cardiology, Dermatology and Paediatrics with every GP having at least one clinical area that they head up for the practice. So how to make best use of this array of talents.

We have always asked patients for the clinical details when requests come in for the emergency surgery; and that has always been well received and understood by our patients. The plan with Care Navigation was to extend the principal to all requests for an appointment. The starting point was training up the reception staff to understand the range of abilities within the practice, then learn how best to get the information from the patient and then steer them appropriately. This now includes Healthwatch Wirral, a useful tool on the receptionists’ computers that has dozens of useful contact details for support services outside of the practice, help that is often just a phone-call away.

While the reception staff got their training, we agreed with our Patient Participation Group the best way to implement the scheme. We decided on a long lead in time with plenty of advanced warning and explanation (hence the apparently endless phone message – which we are now agreed has done its job and can be deleted).

We anticipated that some reasons for an appointment would be embarrassing or confidential, so there is always the option to decline. Some patients might prefer their established routine, and be reluctant to see anyone but their usual doctor or nurse. Some might think that they are being faced with a nosey receptionist, not understanding the processes involved. So we approached the launch date with some trepidation.

Actually it has all gone very smoothly and right across the staff the feedback has been positive. The GPs think it is great, as they get to know ahead of time why the next patient is coming in; they would have had time to read any necessary letter or checked the last consultation or the patient summary. The nurse and HCAs appreciate that they are not going to be presented something that is outside of their remit and should really have been seen by a doctor; and the reception staff have a better grasp of their role and its importance in the efficient running of the practice.

The end result has been to free up more doctor’s appointments and brought down some of the waiting.

**Dr. Alan Johnston,**

**Senior Partner, WWGP**

# **Appendix A**

## **HYPERTENSION**

The Warrens Medical Centre has become a Beacon Practice for hypertension - otherwise known as high blood pressure. The GPs at the West Wirral Group Practice are keen that all their patients - even those that have not been diagnosed with high blood pressure - ***"know their numbers"***.

The Warrens is one of four GP practices in Wirral that were appointed, in 2016, by Wirral Public Health working closely with the Wirral Clinical Commissioning Group (CCG), to be a Beacon Practice for hypertension/high blood pressure.

This Beacon Project is designed to improve the management, and detection, of patients with high blood pressure. In addition to those patients already diagnosed with hypertension, it is estimated that there are about 45,000 patients in Wirral with undiagnosed high blood pressure. The project will aim to find ways of picking up these patients and make sure that those with high blood pressure receive the best care and advice to manage their condition.

The Beacon Practices will share progress and improvements they establish with all local GP practices for the benefit of the wider Wirral population.

Warrens Medical Centre will be getting additional blood pressure measuring machines as part of the beacon status, so look out for them along with the new information booklets that will be in the Reception area.

You are encouraged to use the machines to self-monitor your blood pressure and take the results slip to the receptionist who will help you understand what the numbers mean and advise you if any further action is required.

Even if you do not need to see a GP, you will have a better understanding of your blood pressure... and **"know your numbers"**.

Blood pressure results show a reading of two numbers, for example 140/90mm/Hg: The top (highest) number is your **systolic** blood pressure, and is a measure of the pressure when your heart beats and pushes blood around your body. The bottom/lowest number is your **diastolic** blood pressure and indicates the pressure when your heart relaxes between beats.

Blood pressure results are generally classed as 'normal', 'low' or 'high'. Doctors are most concerned about high blood pressure (hypertension) because, **the higher your blood pressure, the higher your risk of health problems.**

**Be wise... know your numbers.**

**Debbie Simnor, PPG Committee Member.**

**Email: [ppg.wwgp@gmail.com](mailto:ppg.wwgp@gmail.com)**

## Appendix B

These touching poems were written by a patient of the West Wirral Group Practice shortly after her mother passed away after suffering from Alzheimers for a number of years and captures the emotional journey that carers go through when looking after their loved ones. They are printed here with the kind permission of the author, Carole Clare and are a fitting sequel to the Dementia Trilogy written by Margaret Sherrif in our Newsletters.

### Our Memory

#### The Journey of Alzheimer's

From the early signs I noticed  
But Mum just dismissed,  
Something inside told me  
It's important you insist.

On the day we were told  
Alzheimer's was there,  
The pain was too much  
I just couldn't bare.

But Mum was so strong  
Calm and dignified,  
Only one day she would mention  
It was that day she cried.

I can only imagine  
How Mum felt inside,  
But the way she handled it  
Still fills me with pride.

Alzheimer's takes you  
A piece at a time,  
As well as the mind  
You'll see the body decline.

At first yours is the face  
She knows for sure,  
Until the time comes  
She knows you no more.

Towards the end  
Mum was in a fog,  
A terrible existence  
Not fit for a dog.

Alzheimer's also robbed her  
Of the ability to talk,  
Then eventually bed ridden  
She was unable to walk.

Seeing her suffer slowly  
Took from me as well,  
The only way to describe it...  
Is a life of living Hell.

By Carole Clare



M  
U  
M

What is our memory?  
How does it define,  
And mould our personalities  
Like yours and like mine.

Tiny pigeon holes created  
For sight, touch and smell,  
Are a very effective system  
That usually works very well.

The memories a powerful tool  
Connecting one to the other,  
Right from birth the very first  
Is the smell that tells us it's Mother.

It recognises faces or objects  
And events over years,  
Recalling the good times with laughter  
The hard times filled with tears.

Memories are reflections  
Cast from our memories eye,  
A snapshot of life captured  
Kept until we die.

We come to rely on our memory  
For so many things each day,  
It's life lottery how long it lasts  
Neither of us could say.

Our memory is our identity  
Without it we struggle with recall  
As one by one the pigeon holes  
Slowly begin to fall.

Memories are our security  
A safe harbour on life's page,  
That anchors us as a being  
Giving comfort in old age.

Now imagine that comfort  
Suddenly being taken away,  
You'd feel lost and confused  
A life thrown into disarray.

I've seen the panic and confusion  
With the fear Alzheimer's brought,  
Through the eyes of my own Mother  
And the battle we all fought.

By Carole Clare

Compiled and presented by Sister Carolyn Girvan .