



Warwickshire East
Primary Care Network

October 2021

Welcome to Warwickshire East PCN News. This is a newsletter for our Warwickshire East PCN patients

Covid Booster Campaign

Booster vaccine doses will be available on the NHS for people most at risk from COVID-19 who have had a 2nd dose of a vaccine at least 6 months ago.

This includes:

People aged 50 and over, people who live and work in care homes, frontline health and social care workers, people aged 16 and over with a health condition that puts them at high risk of getting seriously ill from COVID-19, people aged 16 and over who are a main carer for someone at high risk from COVID-19, people aged 16 and over who live with someone who is more likely to get infections (such as someone who has HIV, has had a transplant or is having certain treatments for cancer, lupus or rheumatoid arthritis)

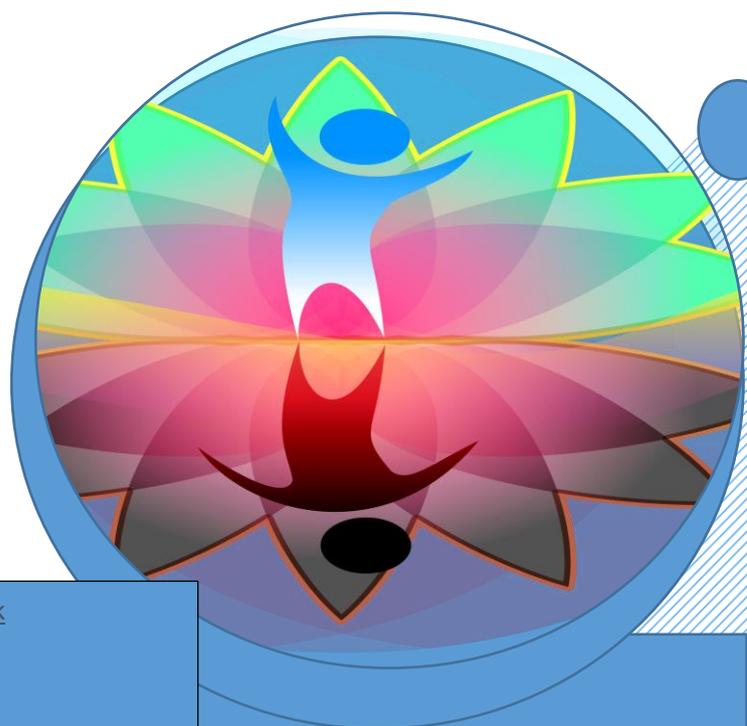
People who are pregnant and in 1 of the eligible groups can also get a booster dose.



Bowel Screening

Bowel cancer is a major public health problem in the UK. The NHS Bowel Screening Programme invites men and women aged between 56 and 74 to take part in screening every two years. Bowel screening aims to find cancer at an early stage when treatment is likely to be more effective. Bowel screening is the only screening programme where the test is completed at home.

Your health is important so please do not ignore the test when it drops through your letter box.



www.kinetonsurgery.warwickshire.nhs.uk
<https://www.stwulfstan.co.uk/>
www.harburysurgery.org.uk
www.thesouthamsurgery.co.uk
[https://www.fennycomptonandsheningtonsurgery.nhs.](https://www.fennycomptonandsheningtonsurgery.nhs)



Clinical Director Update

Dear All,

It has been a busy few months in the world of General Practice. As a Primary Care Network we continue to develop, looking to identify new opportunities to better help our patients across all practices. Of note we are keen to improve services for mental health and have a few projects in the pipeline and we will keep you all updated as and when these plans materialise.

We are really pleased to welcome Amanda Jerman, who joins us as a very skilled and experienced Social Prescribing Link Worker.

We are also really pleased to have held our first 2 PCN Patient Participation Group meetings which have allowed us to listen to our patients so we can better develop services that will benefit us all.

We will keep working to help improve the services we deliver to all patients, and as always, please get in touch with us with any thoughts or feedback.

Best Wishes,

Dr Faris Al-Ramadani



QUIT SMOKING THIS WINTER!

Stop smoking and start doing so much more.

Giving up smoking is one of the best things you'll ever do for your health. There are lots of other benefits too, and they start almost immediately.

It's never too late to quit, so join the thousands of people stopping smoking. Let's do this!

Here are some tips to help you succeed:

- List your reasons to quit.
- Tell people you're quitting.
- If you have tried to quit before, remember what worked.
- Use stop smoking aids.
- Have a plan if you are tempted to smoke.
- List your smoking triggers and how to avoid them.
- Keep cravings at bay by keeping busy.
- Exercise away the urge



Did you know?

Stopping smoking not only improves your physical health but also is proven to boost your mental health and wellbeing. Quitting can improve mood, and help relieve stress, anxiety and depression.

Did you know?

If you can make it to 28 days smoke-free, you're 5 times more likely to quit for good.

Clinical Pharmacist Update



The clinical pharmacist team continues to grow and provide pharmacy support throughout the PCN.

Mina continues to visit the care homes and discusses her cases amongst a multi - disciplinary team which includes Dr Kirti and Frailty Nurse Carole. She has built some great relationships with the care home staff, residents and their family members.

The structured medication reviews have brought some very satisfying results for patient care, especially with de-prescribing. She is also doing STOMP reviews for Harbury Surgery and has morning clinics at Southam and Kineton surgeries. Future projects include working alongside the social prescribers and health and well-being coaches with the more complex cases and conducting structured medication reviews for housebound patients with a focus on those with diabetes.

Hitesh has just started his independent prescribing course and continues focussing on anticoagulation in AF and VTE. The course requires attendance at Coventry University once weekly, therefore he may be a little less visible in the next 6 months.

Once the qualification is complete, however, Hitesh hopes to gain confidence to prescribe and offer this service to all the PCN practices. Dr O'Brien continues to support Hitesh as his clinical supervisor for the length of the course. To compliment his IP course, Hitesh is preparing a survey for primary care staff to identify any common themes for quality improvement in anticoagulation.

You may be aware Rajveer will be going on maternity leave in October. She would like to thank the whole PCN for the support she has received during her pregnancy and will miss working alongside everyone while she is off. She will keep us updated when baby arrives. Raj has been a great team player in the CP team and will be greatly missed. We wish Raj all the best and look forward to welcoming her back, when she will recommence the CPPE clinical pharmacist training pathway.

A large focus in the next few months for the team will be planning on how to achieve the new Impact and Investment domains as presented by NHS England.



**Health and
Wellbeing
Coach**

Pain, tiredness and low mood – scattered symptoms or a logic sequence? Over the next 3 newsletters we will be exploring links to common problems

- How can pain relate to tiredness?
- How can tiredness relate to inflammation?

Are there any links amongst these common symptoms? And if there are, how to impact them with lifestyle?

PART ONE OF THREE: The logic of the body.

People who suffer with chronic pain normally tend to suffer with chronic fatigue as well. In fact, a lot of those go on to develop depressed mood disorders. Could there be a link to tie these symptoms together? The fact is there is always a link that ties everything together in the human body whether we understand it or not. Our bodies are highly dynamic and sophisticated systems that interconnect and self-adjust with a precision we are yet to fully understand. But the trouble is, human physiology is full of 'black boxes' which have not been 'opened' yet and sometimes not even discovered. Science is constantly trying to catch up with nature and it is humbling to observe the innate wisdom that drives human physiology. There is a logic to everything that happens in the body. And so, there is a lot to infer if we take the time and interest to reflect upon the network that interlinks organs, systems, and behaviours. The idea of the mind and body operating separately is finally on its way out; but somehow, the ins and outs of how different parts interconnect with the whole are still elusive.

Warning lights

In any case, if we consider the knowledge we have to date, in light of the more recent advances that have brought about the notion of every part belonging to the whole, we can look at symptoms with different eyes. Symptoms should really be taken as signs rather than nuisance. Warning lights that come up in the control panel of a car or any other vehicle are taken seriously and no one who intends to keep the machinery in good working order would dare consider removing the bulbs behind the red warning lights as a solution to the problem. I think we need to learn to treat our bodies and our 'warning light signals' (i.e. symptoms) with similar curiosity, bringing into consideration the way we run the system on a day-to-day basis.

Putting the puzzle together

So, using the common cluster of symptoms that group together pain, tiredness and low mood, how to look at those when considering the whole picture, or in this case, the whole person? First and foremost, we need to back away from the 'keyhole' or 'zoomed in' approach through which symptoms are considered in isolation. It is important to think in terms of connections and this is what is now known scientifically as 'systems biology'. What goes on with a particular part of the body cannot be the final object of our attention if we take a holistic approach. We need to engage with curiosity and think bigger. So, I invite you to ponder. First, we look at the facts as hard evidence. Starting with pain and its function in the body. Initial pain is a warning to the system about damage that could otherwise go unnoticed. Especially if we think of internal damage such as that which happens in joints from wear and tear, or in the gut from gluten allergy, pain is a strong communication tool that the body uses to catch our attention. Now, from the idea of damage behind pain, we can link up pain with inflammation because whenever there is damage to physical structures in the body, an inflammatory response is triggered. Through inflammation, the body seeks to protect and repair damaged structures. The question that remains is: when does inflammation change from solution to ongoing problem? That's what we will look at in part two.



We are very pleased to welcome Amanda Jerman to our Social Prescribing Team. She is an amazing Social Prescriber with an immense knowledge of local services in the surrounding area. We are very happy to have Amanda join our team 😊

What is Social Prescribing?

GPs have many patients visiting them with non-medical issues, these could be things such as feeling lonely, isolated, or stressed by work, or possibly they have a debt problem all of which can have an affect a person's health and wellbeing.

The idea behind social prescribing is to help patients have more control over their own health and find ways to improve their wellbeing in a way that works for each patient.

How do I get referred to Social Prescribing?

If you would like for one of our Social Prescribers to contact you, you can be referred by your GP, Nurse, surgeries Receptionists or self-referring by emailing we.connect@nhs.net

Who will I be referred to?

There are three Social Prescribers working together across the East Primary Care Network; the Social Prescribers are:

Jo Hamilton, Elicia Sidhu and Amanda Jerman



Our Dementia Friendly Cafes offer tea and coffee, a chat, friendship and support for people living with Dementia, carers, family & friends

Wellesbourne Village Hall School Road CV35 9NH
Every Wednesday 2pm - 4pm

Tysoe Village Hall Main Street CV35 0SE
Every Friday 10am - 12 noon

Compton Verney CV35 9HZ Opening October 2021
1st Tuesday of the month - Pre-Booking required

Our Dementia Friendly Garden offers a place to relax and reflect

Garden open every day from 9am to 5pm - Kineton Road
Wellesbourne Allotments CV35 9NF

Contact Heather & Paul: 01295 688376 / 07964 683146
email: talkdementia@mail.com

All information is also available on our website:
www.talkdementia.uk
Locally based Voluntary Signposting Support
from experienced Dementia Carers

Do you care for someone who has dementia or are you a carer and would like the support?

The Dementia Cafés are back up and running

Connections Café – Harbury

Opening times 2-4pm on the third Wednesday of the month

Jill Baker 01926 612483

Janice Montague 01926 612340

Dementia Friendly Cafes

Tysoe Village Hall Fridays 10-12pm

Compton Verney Monthly

Dementia Friendly Allotment – Kineton Road Wellesbourne.

Please contact Heather and Paul; talkdementia@mail.com or phone 07938 799802 / 07964 683146