

# Barnabas Bulletin

## Stay Well this Winter

Winter conditions make us more likely to be unwell, especially if you are older or have a long-term condition.

Being cold can make high blood pressure, heart attacks and strokes more likely. Cold, damp weather can make existing health problems worse and make you more likely to get colds and coughs. But there are things you can do to stay well.

Top tips from the NHS on staying well this winter:

- Make sure you get your Covid-19 booster and flu vaccination if you are eligible.
- Wrap up to keep warm; wear lots of layers of thin clothes.
- Stay active; move around indoors; don't sit for more than an hour. This helps your mental health too.
- Keep heat in by drawing your curtains at dusk; close doors to block draughts.
- Try to heat the rooms you use most to at least 18°C; keep your windows closed at night.
- Make sure you're getting all the help that you're entitled to. There are grants, benefits and advice available to make your home more energy efficient, improve your heating, or help with bills. Visit <https://cutt.ly/hwPKoREx> for more.
- Use a hot water bottle or an electric blanket (but not both together!) to keep warm in bed.
- Have at least one hot meal a day. Eating regular hot meals, and having hot drinks, can help you keep warm.
- If you are feeling down, talk to someone – a friend, family member, or your GP.
- If you have a mental health crisis, call our local West London NHS Trust on 0800 328 4444 for 24-hour advice and support; or visit [www.nhs.uk/urgentmentalhealth](http://www.nhs.uk/urgentmentalhealth).
- Make sure you have the right medicines at home in case you get poorly. Ask your pharmacist if you are unsure.
- Make sure you get your prescription medicines before your GP and pharmacy close for the holidays.

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*No longer need  
your appointment  
or telephone  
call-back?  
Then please tell us!*

**Barnabas Patient  
Voices**

**Open Meeting**  
Wednesday 17 January  
13:00; on Zoom  
(see page 9)



Barnabas  
Medical Centre



NHS Mental  
Health

- Wash your hands with soap and water:
  - When you get home or into work
  - After using the toilet or changing a nappy
  - After you blow your nose, sneeze or cough
  - Before and after treating a cut or wound
  - Before you eat or prepare food
  - After touching animals – even if they are your pets.

If you do get ill ...

- Stay at home. Do not go to school or work.
- If you are over 65, or in a risk group, it is important to get medical help as soon as you feel unwell.
- The sooner you get advice, the sooner you're likely to get better.
- If you have any form of stomach upset, wait 48 hours after the symptoms have passed before you return to work or school.
- If you get ill, rest and keep warm; drink lots of liquids; have at least one hot meal a day; and take any medicine you've been recommended by a healthcare professional.
- If you think you need medical help right now, call 111 or use NHS 111 online, <https://111.nhs.uk/>.
- In a real, life-threatening emergency, call 999.
- If it's less urgent contact your GP or pharmacist.

Look in on vulnerable neighbours and relatives

Other people, such as older neighbours, friends and family members, may need some extra help over the winter. There's a lot you can do to help.

- Keep in touch and ask if they need any practical help, or if they're feeling unwell.
- Make sure they have enough food for a few days.
- Icy pavements and roads can be very slippery, so if they need to go out encourage them to wear shoes with a good grip; and a scarf around the mouth to protect them from cold air, and reduce their risk of chest infections.
- Make sure they get any prescription medicines before the holiday period starts, or if bad weather is forecast.
- If they need help over the holiday period when the GP surgery or pharmacy is closed, go to [111.nhs.uk](https://111.nhs.uk) or call 111.
- If you're worried about a relative or elderly neighbour, contact the local council or call the Age UK helpline on 0800 678 1602 (08:00-19:00 every day).
- If you're concerned the person may have hypothermia, go to [111.nhs.uk](https://111.nhs.uk) or call 111.

Need more advice?

You can find out more on how to look after yourself this winter on the NHS website at <https://rb.gy/93gnkj>.

## NEWSROUND

### Covid Update

Covid is still around, albeit more in the background than in previous updates.

Hospital admissions and deaths involving Covid have decreased significantly over recent weeks. This suggests that, despite the lack of direct data, infections have fallen sharply from October's small peak.

Working age adults are the most infected, with women 25% more likely to have Covid than men. The newer Omicron variants are still the most dominant.

Over 70% of eligible over-65s have received their autumn Covid booster vaccination.

Nonetheless Covid is still dangerous and the vulnerable would be wise to continue taking precautions, especially over the holiday period.



Guidance for those with Covid Symptoms



Guidance for those at Covid High Risk



NHS 111 Online



NHS Winter Help

WHAT CAN WE  
**IMPROVE**  
ON?



You said ...

*You want the Practice to provide more blood test appointments.*

We did ...

*We looked at this and are pleased that we are now able to offer blood test appointments on three mornings a week.*



## How Many Microbes Make You Sick?

Any microbe (germ) has to overcome a lot to make us ill. It has to get into the body which means avoiding our natural barriers like skin, mucus and stomach acid. And then it has to be able to reproduce, while dodging attacks from our immune system.

So normally there are too few microbes entering our body to get past our defences in large enough numbers. But when enough do gain entry and start reproducing we become ill.

Exactly how many are needed varies from microbe to microbe; this is called the “infectious dose”. Usually the number is quite high, although for some microbes it is a really very low number. For instance, the stomach bug Norovirus, so common in environments like cruise ships, has an infectious dose as low as 18 individual viruses; this makes it very easy to transmit and very hard to stamp out.

Working out the infectious dose is not easy. We can’t deliberately infect people to find out; that’s clearly unethical as it risks serious illness and long-term complications. So researchers have to expose rats, mice, guinea pigs or ferrets (depending on the microbe) to determine an infectious dose. However translating these numbers into a human dose is difficult. We also don’t know why different microbes have different infectious doses; it seems likely to be down to the specific complex chemistry in the way each works.

Studies suggest that one reason Covid is so easily transmitted is because it has a fairly low infectious dose, in the same way as other respiratory viruses like RSV and the coronaviruses which cause the common cold – but a much lower infectious dose than most strains of ‘flu.

How can this help us stay well? Exposure is a function of both microbe concentration and contact time, so anything you can do to reduce either, or both, will help. We’ve seen this in action with the Covid pandemic, where masks, ventilation, and social distancing have all had a positive effect. Vaccines help too by priming the immune system ready for when the microbe gets past our outermost defences.

Receive messages from your surgery in your NHS App, instead of by SMS text or letter

**MORE SECURE AND MORE RELIABLE**

Download the NHS App and turn on notifications



### Going Green

As we are all aware, climate change is affecting us all in some way or another.

According to the World Health Organisation (WHO), climate change is currently the most significant risk to human health worldwide. It is affecting clean air, safe drinking water, sufficient food and secure shelter. It threatens the foundation of good health and widens health inequalities.

What is good for us is good for our planet, too. Small positive behavioural changes will impact our environment and our planet so that we have a healthier, safer and happier place to live. It is a win-win solution.

Below are some evidence-based, simple and practical tips that you can use in your everyday lives.

#### Choose active travel and think green

Active travel is a way of incorporating physical activity into necessary journeys, so you help your own fitness and the planet at the same time. A daily brisk walk gives your body a boost, lifts your mood and makes everyday activities easier. Walking or cycling instead of driving can be an enjoyable experience. It will not only reduce your own exposure to air pollution, but it will also generate less pollution for everyone else, too.

#### Healthy attitude to care and medicine

Self-care is a continuum, starting from decisions on simple, daily, lifestyle choices such as brushing your teeth regularly, eating healthily, choosing to exercise, and getting adequate sleep. It also includes treating minor ailments such as common colds, and nosebleeds.

Not only does this prevent disease and keep you healthy, it also helps to ease the burden on overstretched healthcare systems and reduces the environmental costs (pollution and carbon footprint) of travelling to and from medical appointments.

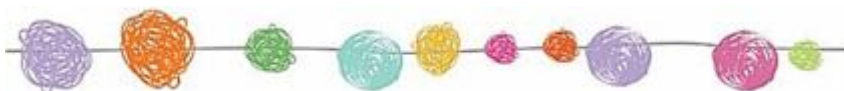
When an appointment is necessary, you might not need to attend in person and could perhaps discuss over the phone or online to reduce the amount of travel to the GP practice. ➡



Patients Association  
Long-Term Conditions



Patients Association  
Helpline Email



### NEWSROUND



### Living with a Long-Term Condition

Rising numbers of working-age people are self-reporting long-term conditions. At the start of 2023, one in three adults of working age reported at least one long-term condition. Long-term sickness is now preventing 2.5 million people from working, an increase of more than 400,000 since the start of the COVID-19 pandemic.

The Patients Association have information on long-term conditions available on their website at <https://t.ly/9dBCQ> including information, tips and pointers on:

- Questions to ask your GP
- Mental wellbeing
- Relationships
- Employment
- Housing
- Education
- Money
- Self-management
- Social prescribing
- Where to look for support.

You can also call the Patients Association free helpline on 0800 345 7115 (weekdays, 09:00-17:00) or email [helpline@patients-association.org.uk](mailto:helpline@patients-association.org.uk).

## NEWSROUND

## Care Quality Commission

The Care Quality Commission's (CQC) role is to make sure health and social care services provide safe, effective, compassionate, and high-quality care. It does this by inspecting and monitoring care service providers: GPs, social care, hospitals, care homes etc.

As well as inspecting services, it's important for CQC to hear from patients about their experience of care.

How CQC use your information depends on how urgent it is and what it's about. If somebody is at immediate risk of harm or abuse, they can tell the police and/or local authority.

There are many actions the CQC can take, including:

- Asking the care provider to respond to the feedback
- Meeting management at the care provider
- Sharing information with other relevant agencies that need to know
- Doing an urgent inspection or bringing forward a planned inspection
- Warning, fining, or placing conditions on how a service operates
- In the most serious cases they can close a provider

Sharing information helps improve the overall quality of care, and help prevent poor care and abuse happening to others in the future.

You can provide feedback to CQC at <https://t.ly/KN4rG>.



Medicine taken incorrectly, or not taken at all, is a potential risk to patients and leads to wastage which places a huge financial and carbon burden on the NHS and can also harm the environment if not disposed of correctly:

- Return unwanted/expired/used medications (eg. hormone patches or empty hormone gel packets) to the pharmacies (or ask medication delivery drivers) for safe disposal. This avoids medicines going to landfill or getting into water courses
- Never put old medication in domestic/recycling waste.
- Do not flush medicines down the toilet.
- Check your prescription is correct before leaving the pharmacy. Medication returned before you leave the pharmacy can be reused. If medicines are taken home and then returned, they have to be destroyed for safety.
- Order medication that you need via the NHS App or online as it is convenient and saves travel to the Practice. Make sure you order your prescriptions in plenty of time but avoid over-ordering.
- Avoid stockpiling medication or it may go out of date.

## Save energy

Improving the energy efficiency in our homes is crucial to cutting the level of harmful emissions we produce from fossil fuels like gas. It also helps to alleviate poverty by making it cheaper for everyone to keep themselves warm, reducing the risk of illnesses like asthma and pneumonia, and saving the NHS – and you – money.

## Suggestions to save energy:

- Switch off lights and electric appliances when you are not using them.
- Change to LED light bulbs
- Boil only the water that you need in a kettle – don't fill it.
- Cover the pot while cooking (saves energy/cooks faster).
- Washing machine/dishwasher – start only when fully loaded.
- Install solar panels.
- Draught-proof your home (saves money and energy).
- Encourage digital communication whenever possible/appropriate. But also consider when an email or text is unnecessary.



CQC Provide  
Feedback





### Make sure your asthma is well controlled

Asthma is a chronic inflammatory disease. Using the 'preventer' (steroid) inhalers regularly avoids the use of the 'rescue' inhalers (eg. blue/Salbutamol inhalers). It is estimated that two-thirds of UK asthma deaths are preventable.

Consider which inhaler you are using and review with your GP. In the UK around 70% of inhalers prescribed are metered dose inhalers (MDIs) compared to Sweden which prescribes 13% as MDIs and has the lowest asthma death rates. MDIs contain propellants which are potent greenhouse gases thousands of times more powerful than carbon dioxide. Dry powder inhalers (DPIs) do not contain propellant gases, and many patients find them much easier to use.

You can prevent waste by returning your used or unwanted inhalers to your local pharmacy for environmentally safe disposal; if they end up in a landfill the propellant gases are released into the atmosphere, contributing to climate change.

### Reduce air pollution inside your house

We spend around 90% of our time indoors, so it is important to consider reducing indoor air pollution:

- Open your windows to allow good airflow throughout the house.
- Avoid cleaning products with lots of chemicals; look for 'allergy-friendly' or eco-friendly products with fewer chemicals.
- Never smoke in the house; try to quit smoking.
- Avoid burning incense as it emits 100 times more fine particles than a candle.
- Carbon monoxide is a dangerous, poisonous gas with no smell or taste; it can be produced by cooking and heating. Get a carbon monoxide alarm to tell you if the level gets too high. Ensure your cooking and heating appliances are regularly serviced.
- Avoid using open fires or wood-burning stoves.

## Hillingdon Hospital

The plan to redevelop Hillingdon Hospital received full planning permission on 13 October. The new hospital will be built on the same site (next to the existing hospital), and services will remain open throughout. Construction is due to complete by 2030 with the new hospital having the same mix of services as now. Find out more at [https://t.ly/Sr\\_Nb](https://t.ly/Sr_Nb).



## NEWSROUND

One in 10 children who get measles will get complications, and sometimes it can be fatal, but it's completely preventable with a vaccine.

Dr Vanessa Saliba  
UKHSA Measles Lead

### What do you want in Barnabas Bulletin?

This newsletter is produced to help you, the patients of Barnabas Medical Centre.

What would you like to see included?

What would most help you?  
What is it about medical care you don't understand?

Let us know and we will try to include something in a future issue.

Please email your ideas to [bb@barnabasvoices.org.uk](mailto:bb@barnabasvoices.org.uk) or leave a note at Reception.



Email [bb@barnabasvoices.org.uk](mailto:bb@barnabasvoices.org.uk)



Hillingdon Hospital  
Redevelopment

## NEWSROUND

### Chickenpox

Chickenpox is a very infectious, but usually mild, disease with characteristic red spots. It mostly affects children, who generally recover within a week or two.

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended all children in the UK should be given a chickenpox vaccine at 12 and 18 months of age and that this is combined with the MMR jab as one shot.

The government now has to decide whether to add this to the routine immunisations children are offered.

Chickenpox cases fell during the Covid pandemic due to restrictions on socialising, so there is currently a larger pool of children than usual who are unprotected.

Chickenpox can be more severe if you catch it for the first time as a teen or an adult rather than as a young child. Although the vaccine doesn't guarantee lifetime immunity, it greatly reduces the risk of developing chickenpox or having a bad case.

The vaccine contains a very small amount of the live virus which has been weakened to teach the body how to fight an infection without causing full-blown disease. For this reason it is not recommended for people who have a weak immune system.



### Medical Terminology: Blood Tests (1)

A blood test is typically composed of three main tests: a complete blood count, a metabolic panel and a lipid panel. In this article we'll take a quick look at some the tests in the complete blood count.

**Complete blood count (CBC).** The complete blood count concentrates on the three types of blood cells: white blood cells (WBC), red blood cells (RBC), and platelets.

**White blood cell count.** Also known as leukocytes, white blood cells are a major component of the body's immune system. A high white blood cell count can indicate the presence of infection, while a low count can point towards various conditions, including HIV, leukaemia and hepatitis.

The test covers the five main components of white blood cells: neutrophils, lymphocytes, monocytes, eosinophiles, and basophils. If these components are out of balance, this could indicate an infection, as well as a variety of medical conditions.

**Red blood cell count.** Red blood cells carry oxygen to tissues throughout the body, making them important to its healthy functioning. The test estimates the volume of red blood cells in the individual – if the results show a count above or below normal levels this can indicate various medical conditions.

**Haematocrit (HCT) test.** This measures the proportion of the blood made up of red blood cells. It is useful in diagnosing anaemia.

**Haemoglobin (Hgb) test.** Haemoglobin is the protein in red blood cells that carries oxygen from the lungs to the body's tissues. This test is also useful in diagnosing anaemia.

**Platelet count.** Platelets are small cells that help the blood to clot. This test measures the amount of platelets present in the blood. A high count can indicate anaemia, cancer or infection, while a low count can prevent wounds from healing and result in severe bleeding.

*We'll return to the metabolic panel and lipid panel of the blood test in future issues.*

UK Health Security Agency

**Norovirus**

**If you catch it, stay home for 48 hours after your symptoms clear.**

**DO**

- Wash clothes and bedding at 60°C
- Wash hands with soap, clean surfaces with bleach-based disinfectants

**DON'T**

- Go to work or school, visit care homes or hospitals
- Prepare food for others

## Pharmacy First

NHS England (NHSE) has announced details of the major expansion of primary care services to be delivered through pharmacies.

From December almost half a million more women will be able to access the contraceptive pill at their local pharmacy without needing to contact their GP first. This includes pharmacies being able to initiate oral contraception supply, as well as repeat supply for those who are already taking the pill. The NHS website will be updated to allow patients to check which pharmacy near to them is offering access to contraception.

NHSE also announced that the new Pharmacy First common ailments service will launch early next year. This will see patients able to get treatment for seven common conditions directly from a pharmacy without the need for a GP appointment or prescription. They include sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections (UTIs) in women.

Additionally there is a commitment to deliver a further 2.5 million pharmacy blood pressure checks for “at-risk patients” by Spring 2025. This expansion of blood pressure checks will also start in December.

## NEWSROUND

### Norovirus is on the rise!

At the time of writing, the number of cases of winter vomiting virus (Norovirus) are rising quickly.

Norovirus is very contagious and can be caught from infected people as well as contaminated surfaces.

Symptoms include: sudden vomiting and diarrhoea, high temperature, and stomach pains. Most people recover in a few days.

Washing your hands thoroughly and often is the best way to stop it spreading. Norovirus is not killed by alcohol hand gels. Bleach in water does work to clean contaminated surfaces.

➡ See the graphic (left above) for further advice.



**Join our patient group**  
**Barnabas Patient Voices**

and help us work together to improve healthcare for all our patients.

Join online at  
<https://shorturl.at/dlqX4>

**Barnabas Patient Voices**  
Improving healthcare  
together

Find us online at: [https://  
barnabasvoices.org.uk/](https://barnabasvoices.org.uk/)

**Barnabas Patient Voices**  
Officers

Chairman  
Keith Marshall  
[chair@barnabasvoices.org.uk](mailto:chair@barnabasvoices.org.uk)  
020 8864 7993

\*\*\*

Vice-Chairman  
Harsha Mortemore

**Barnabas Patient Voices**  
Open Meetings 2024

Provisional dates for our  
2024 Open Meetings

Wednesday 17 January;  
13:00; Zoom

Wednesday 20 March; 13:00

Saturday 18 May; 11:00;  
Medical Centre (AGM)

Wednesday 17 July; 13:00

Saturday 14 September;  
11:00; Medical Centre

Wednesday 20 November;  
13:00

*Venue Note: If we are unable to  
book the Church Hall, the  
January, March, July &  
November meetings will be held  
on Zoom*

*All patients are welcome  
Please email  
[chair@barnabasvoices.org.uk](mailto:chair@barnabasvoices.org.uk) for  
Zoom links/venues*



Email BPV Chair

**Barnabas Patient Voices Corner**

*Updates from our Patient Group*

**2024 Open Meetings**

At our Open Meeting on Saturday 18 November, we discussed the options for our meetings next year. This turned out to be quite a conundrum. First of all we want to hold six Open Meetings, one every other month, starting in January. And of course we all want to be able to meet in person.

The Practice is willing to open specially on a Saturday morning to host two meetings. That's not unreasonable as it means the Practice Manager giving up his Saturday morning. Dates in the warmer weather were suggested, so we fixed on May and September. This is good as the May meeting will be our AGM.

But what to do about January, March, July and November? As I say, we want to meet in person. There isn't space at the Practice during the day, and evening meetings mean extra hours for the staff after their long, and stressful, day. Prior to Covid we used to meet in St Barnabas Church Hall, however several of us have tried, repeatedly, and failed to make contact with anyone at the church – they just seem not to exist!

Where else is there to meet, close to the Medical Centre? The Greenwood Pub has been suggested, but when last asked they wanted an unfeasible amount of money committed to be spent across the bar to secure a booking. We really do not want to go further away from the Practice.

Nonetheless we've fixed provisional dates (see on the left). We'll keep trying the church, and if we succeed then we will meet there; otherwise we'll need to continue meeting over Zoom – at least we have that as an alternative.

Finally I must say "thank you" to everyone at the Practice for excellent care again this year, despite all the pressures and the extra demand. How we'd love to have a magic wand to fix the pressures – and indeed the whole NHS.

It remains only to wish everyone a peaceful, relaxing, and healthy Christmas and New Year, however you celebrate it.

*Keith Marshall, Chairman, [Barnabas Patient Voices](#)*

*Keith can be emailed at [chair@barnabasvoices.org.uk](mailto:chair@barnabasvoices.org.uk) or you may leave a note for him at Reception.*

*See also the BPV website, <https://barnabasvoices.org.uk/>*



Barnabas  
Patient Voices



Join [Barnabas  
Patient Voices](#)

### Sleep Apnoea

What is it? Why is it important? What can be done about it?

By Keith Marshall

*This article is not medical advice; it is based purely on the author's personal experience. It is an edited version of a talk given at the [Barnabas Patient Voices](#) Open Meeting last September.*

Do you snore? Loudly? Has anyone ever said you stop breathing in your sleep? How sleepy are you during the day? You can check this last using the Epworth Sleepiness Scale (see <https://rb.gy/yb5s01>).

If you answered yes to either of the first two questions, or scored 16 or more on the Epworth Sleepiness Scale, you may have sleep apnoea.

So what is sleep apnoea? When we sleep our muscles relax and lose tone (strength), but some tone remains to keep our airways open. When this fails, the airway collapses and breathing is obstructed. This is apnoea – a loss of breath. Oxygen levels in the body fall, CO<sub>2</sub> levels rise, and we start to suffocate. The brain senses the lack of oxygen and rouses us just enough to restore muscle tone so we can breathe again. But you're not fully roused, only just enough, so you're not aware of it happening. This disrupts sleep, so we never get our restful repose; it puts us at high risk of cardiovascular problems, and complications from Covid; and of course it means we're perpetually very sleep short.

Sleep apnoea is much more common than realised. The [Sleep Apnoea Trust](#) estimate up to 1 in 5 adults are affected, including up to a half of type 2 diabetics; with over 4 in 5 of those affected unaware and untreated. This can be serious; daytime sleepiness affects employment; operating machines safely; and driving – at least 1 in 6 HGV drivers are thought to be affected!

Risk factors include: obesity; neck circumference; diabetes; high blood pressure; age; being male; and a family history.

So you think you might have sleep apnoea? Talk to your GP who can refer you to a sleep clinic at the hospital.

At hospital, following the usual consultation, you may have a night in the sleep clinic being monitored. You'll be wired up with electrodes to measure things like heart rhythms, pulse, breathing rate, body temperature, oxygen levels ... and left to sleep all night.

Next day, the data can be analysed. In my case I had 500 episodes in an 8 hour night. That's severe; it's one a minute! At this point I was sent home with a CPAP machine.



### NEWSROUND

#### Measles Risk

UK Health Security Agency (UKHSA) modelling suggests that, unless vaccination rates improve, London could see a measles outbreak with tens of thousands of cases.

Those who have never received a measles vaccine are at risk. MMR is part of the NHS routine childhood immunisation programme. Parents whose infants missed out, or anyone of any age who is unvaccinated, are urged to come forward.

In the first 6 months of this year, there were 128 cases of measles, compared to 54 cases in the whole of 2022; two-thirds of these cases were in London.

With the currently low levels of vaccination, especially in London, a measles outbreak of anything up to 160,000 cases could occur in the capital.

Source: UKHSA Vaccine Update, #134



Epworth  
Sleepiness Scale



Sleep Apnoea  
Trust

## NEWSROUND

## Flu Update

Flu vaccination remains available for anyone eligible who has not yet received it, which includes those:

- aged 65 or over on 31 March 2024
- with certain long-term health conditions
- currently pregnant
- living in a care home
- the main carer for an older or disabled person, or receive a carer's allowance
- living with someone who has a weakened immune system

At the time of writing (early December), so far this winter the rates of flu remain low, as expected, and below the level of Covid, RSV and rhinovirus infections.



Continuous Positive Air Pressure (CPAP) is the most usual treatment; it's a quick and effective fix. CPAP is basically a machine with a pump which pushes air into your airways to keep them open. This means you have to wear a mask – every night, for ever and ever. While this is a nuisance, it's good – non-invasive and effective – although understandably many patients give up on it or don't use it enough. (See the table below.)

My first machine, over 20 years ago, had the pressure set manually by the technicians; but many machines are now AutoPAP, which dynamically adjusts the air pressure as required. Many machines also record data, which can be uploaded (just like your smart meter) for you and the hospital technicians to view. Most machines also have the option of a humidifier to stop your nose and throat getting dry.

All of this can be provided on the NHS. The machines are not cheap, but apart from the initial cost of the machine the only ongoing cost is occasional mask replacement.

There are treatments other than CPAP including mouth guards, surgery, a pacemaker-like implant (this is very new), and lifestyle changes. However these generally seem to be less effective.

And, of course, there are other sleep conditions.

**Moral: It matters.  
If in doubt, get checked out.  
Sleep apnoea is very easy to treat.**

#### *Advantages & Disadvantages of CPAP Treatment*

Advantages	Disadvantages
Simple	Nuisance
Effective	Must be used every night
Non-invasive	Poor compliance
Quick results	Initial cost of machine
Low ongoing costs	Comfort
Cost effective	Dries airways without humidifier
	Possible background noise

## Time Management

One common thing which affects our mental wellbeing is feeling swamped by everything to be done – at work, at home, for family. But properly organising and planning how to divide your time between activities can make a big difference. Here are some techniques which may help.

**Plan ahead.** Get a calendar, planner, or diary and use it. Map out day-by-day what you are going to do, and when: fixed appointments and 1-2 hour time slots for specific jobs. Carry it with you; check it daily; revise it every week.

**Write down everything to be done.** To avoid chaos, keep only one list. Prioritise the tasks on the list and when they must be done. So some things never get crossed off the list? Are they really essential; if so add them to the planner; if not, bin them.

**Allow enough time.** Be sure to allocate enough time for a task. A simple rule of thumb is to estimate how long each task will take and then double it. Your schedule will look busier than it really is, but you'll not over-commit yourself.

**Just do the small stuff.** If a task takes 2 minutes, do it now. If it will take more than 2 minutes, schedule a specific time for it.

**Mornings are good.** Do the most important tasks first thing in the morning when you're freshest. Maybe try getting up early to do that tough piece of work in the quiet before breakfast.

**Get started.** See the *5-Minute Rule* from issue 35.

**Be flexible.** Leave some wriggle room for the unexpected. If it doesn't occur, you have extra time for those small tasks.

**Identify time wasters.** What do you do to avoid things? What (or who) distracts you? Find out, then you can manage them.

**Don't multi-task.** Really concentrate on one thing at a time.

**Self-care.** Use your planner to develop a routine; schedule in breaks, down-time and time off: an hour for lunch; the odd day off; two weeks in the sun.

**Say "No".** Don't over-commit your time. Learn when to say "No" and stick to it. Before taking on anything extra, ask yourself if it will help achieve your goals.

None of this is easy; it's contrary to the way many of us (are allowed to) work. Start with something you can do, and progress from there. Just don't make this another stressor.

There's a lot more on the internet about time management; try starting at <https://t.ly/UgCE-> and <https://t.ly/aFBUA>.

## NEWSROUND

### Covid Service Closures

The NHS Covid Pass service closed on Monday 4 December.

The National Booking System for autumn Covid and flu vaccinations will close on Friday 15 December.

After this date Covid vaccinations can still be obtained from a local vaccination service, eg. a participating pharmacy or walk-in site. And flu vaccination can be obtained through your GP or a participating pharmacy.

### NHS APP Redesign

The NHS App has been redesigned to make it more intuitive and simpler to find and access services. There is an updated home page, simpler structure, and easier-to-understand language.

Over the coming weeks, users will be prompted to update their NHS App.

Although some services have been moved within the NHS App, all the services are still available.



HealthLink Time Management



Amherst College Time Management

## NEWSROUND



## A History of the Practice

## We Want Your Reminiscences

*Barnabas Patient Voices* member Noreen Marshall – who is a retired museum curator – is writing a short history of Barnabas Medical Centre.

We know many patients have memories of the Practice's earliest days – especially the time before the current medical centre was opened. We would very much like to record these memories before they are lost.

We hope this will make a useful piece of local history, and be interesting for both patients and the Practice.

If you have recollections of the Practice, Noreen would love to hear from you: email to [bb@barnabasvoices.org.uk](mailto:bb@barnabasvoices.org.uk) or leave a note for her at reception. All contributions will be used anonymously.

## Clinical Trials

## Part 3: Commonly Asked Questions

*We conclude our series on clinical trials with a few commonly asked questions.*

Why should I participate in a clinical trial? People volunteer for clinical trials and studies for many different reasons. They may want to contribute to discoveries to help others in the future. Taking part can help them play a more active role in their own health care. Or because the treatments for their health problem did not work – or there aren't any.

How do researchers decide which interventions are safe to test in people? Before a clinical trial is designed and launched, scientists perform laboratory tests, and often conduct studies in animals, to test the intervention's likely safety and effectiveness. If these studies show favourable results, they can then apply for the study to be approved.

I'm from a minority group, can I take part in trials? Clinical research needs participants with many different backgrounds. If research includes only people with similar backgrounds, the findings may not apply to, or benefit, a broader population. The results of clinical trials and studies with a variety of participants may apply to more people. So there are benefits from having participants of different ages, sexes, races, and ethnicities.

Will I get paid to participate? You might. Some trials offer payment, which can vary depending on what's involved and expected from you. Other trials do not offer payment but do cover your travel expenses.

What are control groups, randomisation and blinding? If you take part in a trial, you'll usually be randomly assigned to either the treatment group (where you'll be given the treatment being assessed) or the control group (where you'll be given an existing standard treatment, or a placebo). In most trials neither you nor the researchers know which group you're in so everyone gets treated identically. This is blinding.

Can I leave a trial before it ends? There are many reasons you may wish to leave a trial early. One of the conditions for all studies is that participants must be able to leave at any point without giving a reason and without it affecting the care they receive.

How are trials regulated and judged ethical? Before a clinical trial can begin, a government agency, the Medicines and Healthcare Products Regulatory Agency (MHRA), must review and authorise it. The MHRA also inspects sites where



← trials take place to ensure they're conducted in line with good clinical practice. In addition the Health Research Authority (HRA) exists to protect the interests of patients and public in health research. It's responsible for research ethics committees up and down the country. On top of that, all medical research involving people in the UK, whether in the NHS or the private sector, must be approved by an independent research ethics committee which protects the rights and interests of the people who will be in the trial.

I've heard of Phase 4 trials. What are they? A Phase 4 trial takes place after the treatment has been authorised for general use. This ensures the treatment's effectiveness and safety continue to be monitored in large, diverse populations. Very, very occasionally side effects may not become clear until many more people have used the treatment over a longer period of time.

### NHS Federated Data Platform

The NHS has announced a new tool, the Federated Data Platform (FDP), which will join up key information currently held in many separate NHS systems. The aim is to tackle some of the big challenges the health service faces coming out of the pandemic.

The FDP does not collect data; it connects different sets of data to give staff access to them to more effectively plan care. It will bring together real time data, such as the number of beds in a hospital, the size of waiting lists, staff rosters, the availability of medical supplies and social care data. This will allow staff to better plan care, and maximise resources such as operating theatre and outpatient clinic time.

The new platform will be created, and managed, by a group led by Palantir Technologies UK, with support from Accenture, PwC, NECS and Carnall Farrar. The contract will see investment of up to £330m over seven years in the Federated Data Platform and associated services.

All the data in the platform will remain under the control of the NHS and will only be used for direct care planning, but not for research purposes. GP data will not be part of the FDP, but other patient data will be.

Pilot projects using this new data-sharing approach have seen a drop in waiting times for planned care and in discharge delays, and seen faster diagnosis and treatment times. For example, since introducing the system, North Tees and Hartlepool Trust has reduced long term hospital stays (21 days or more) by 36% despite increased demand.

### NEWSROUND



### Prostate Cancer Screening Trial

A new prostate cancer screening trial is starting. It is backed by Prostate Cancer UK and £42 million from the Government. The trial has the potential to see if new screening methods give more accurate results than the current blood tests.

Called TRANSFORM, the trial will use screening methods such as an MRI scan to detect prostate cancer. Hundreds of thousands of men across the country will take part.

Men in the trial will be aged 50 to 75; with black men eligible from the lower age of 45, because of their much higher risk of developing prostate cancer. Men will be recruited through their GP practice and invited for screening.

## NEWSROUND

## RCGP General Election Manifesto

The Royal College of General Practitioners (RCGP) has produced a seven point manifesto for saving general practice and safeguarding the NHS, to which they want all political parties to sign up.

1. Protect patient safety by introducing a national alert system to flag unsafe levels of workload and allow GP practices to access additional support.
2. Ensure patients get the care they need, closer to home, by increasing the share of NHS funding for general practice.
3. Provide more support to patients in deprived communities.
4. Ensure every patient who needs to see a GP can do so quickly and safely by taking action to grow the GP workforce.
5. Give every patient access to a modern, fit for purpose, general practice building, by investing at least £2 billion in infrastructure.
6. Free up GPs to spend more time with patients.
7. Guarantee permanent residence for international medical graduates qualifying as GPs to make sure they can work in the NHS.



## Universal Care Plan

The Universal Care Plan (UCP) is an NHS service that enables every Londoner to have their care and support wishes digitally shared with healthcare professionals across the capital.

A care plan is created following a conversation between a healthcare professional (usually a GP or specialist) and the patient. Throughout the conversation, the healthcare professional will listen, understand and make notes on:

- What is important to the patient in their day-to-day life
- Their preferences or wishes about their care
- What support they need, and who can best provide it.
- Information about other people, such as relatives, who may be involved in the person's care.

The care plan is then created following this conversation.

Once the plan is saved, it is visible to all health and care services who need it. This includes the London Ambulance Service, 111 and Out of Hours GP services who may see the person in an emergency.

Currently only clinicians can create and view the care plans; however there are plans to make them viewable by the patient (after all it is the patient's information!).

From mid-November there is a pilot across 20 GP surgeries to allow patients to view their UCP via the NHS App. All being well this will then be rolled out across all London GP practices in early 2024. This will increase visibility of patients wishes and preferences, and improve transparency between clinicians, patients and carers.

Watch out for more news.





## Where to go for the right medical help



**Dial 999 for life-threatening emergencies**



If you need medical help fast or think you need to go to an Emergency Department (A&E) use NHS 111 first – online or by phone\* – to get clinical advice or direction to the most appropriate services for treatment



For all other health needs, contact your pharmacy or GP practice. You can also access NHS advice and information at [www.nhs.uk](http://www.nhs.uk)

\*If you have difficulties communicating or hearing, you can use the NHS 111 British Sign Language (BSL) interpreter service via [www.nhs.uk/111](http://www.nhs.uk/111) or call 18001 111 on a textphone.

## Help Us to Help You

When you get in touch, we'll ask what you need help with. We will use this information to choose the most suitable doctor, nurse or other health professional to help you. If you need help with your appointment please tell us:

- If there's a specific doctor, nurse or other health professional you would prefer to respond
- If you would prefer to consult with the doctor or nurse by phone, face-to-face, by video call, by text, or by email
- If you need an interpreter
- If you have any other access or communications needs.

We will always do our best to support you.

## Holiday Opening Hours

The Practice will be closed on Christmas Day (Monday 25 December), Boxing Day (Tuesday 26 December) and New Year's Day (Monday 1 January).

The Practice will be open as normal on all other weekdays.

## Barnabas Medical Centre

Girton Road, Northolt  
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020 8864 4437

email: [admin.barnabas@nhs.net](mailto:admin.barnabas@nhs.net)

web: <https://barnabasmedicalcentre.co.uk>

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### Surgery Times

Mon-Fri: 08:00-18:30

Phone lines are open  
Mon-Fri 08:00 to 18:00

### Out of Hours

For urgent healthcare outside surgery times please call 111

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### Doctors

Dr Harpreet Kooner (m)

Dr Harjeet Bhatoa (f)

Dr Elizabeth Fong (f)

Dr Rajee Navaneetharajah (f)

Dr Rebecca Carey (f)

### Practice Nurses

Henny Shanta (f)

Karen Collett (f)

Nikki Onoufriou (f)

### Clinical Pharmacist

Pareesh Virji (m)

### Practice Manager

Matthew Edwards

### Office Manager

Angela Hemingway

\*\*\* \*\*

### Barnabas Patient Voices

Chairman: Keith Marshall

020 8864 7993

[chair@barnabasvoices.org.uk](mailto:chair@barnabasvoices.org.uk)

<https://barnabasvoices.org.uk>

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*This newsletter is a joint production of Barnabas Medical Centre and [Barnabas Patient Voices](#).*

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