



Warwickshire East
Primary Care Network

August 2021

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

End of Lockdown Restrictions

As we know the 19th July 2021 heralded a change to the way we live and that some social distancing rules are no longer enforceable by law.

As we are a provider of health care for our local population all practices in our Primary Care Network still require that staff and patients adhere to the wearing of facemasks and practise social distancing measures whilst in the practice.

As more patients begin to enter GP Practices we feel that protecting patients and staff alike is paramount until such time that the pandemic is under control and more people are vaccinated and less being admitted into hospital.

We ask that all patients work with and support us in this endeavour. Your help will be greatly appreciated by all member practices and I am sure that it will also be appreciated by all patients who enter our premises.

As they say "Wearing is caring"



PCN Projects

The PCN currently provides support to patients in the following areas;

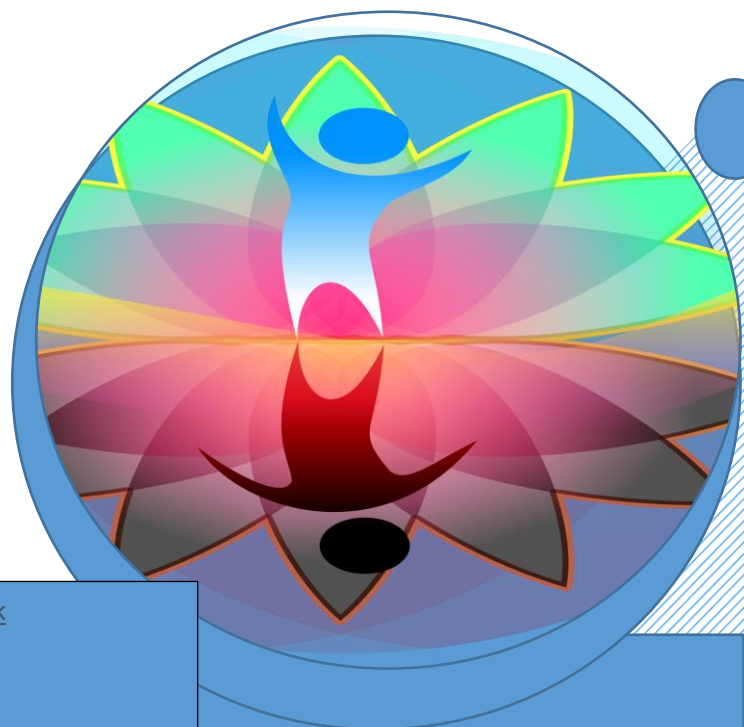
Managing Blood Pressure for Housebound Patients

Exercise at home

Support for parents with young children

Health and Wellbeing support

Please contact we.connect@nhs.net for more information



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)



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Clinical Director Update

Dear All,

The PCN has been going from strength to strength. We have a wonderful team of staff who are all working towards improving patient care. I am pleased to announce that our PCN achieved 100% of the targets set by NHS England as part of the Impact & Investment Fund. We are also looking forward to having a PCN Hub based at Southam Clinic over the coming weeks.

As well as developing new and innovative services to patients, we have also invested resources into improving IT across our practices with the help of Ardens. We are further seeking new recruitment in areas such as Nursing, Mental Health and Social Prescribing, with many exciting new projects in the pipeline! We have also hosted our first PCN Patient Participation Group and look forward to further engagement with our patients.

As always, if you have any thoughts or suggestions then please get in touch.

Best Wishes,
Faris

Health and Wellbeing for our Patients and Staff

Health and Wellbeing Coach

Sleep: so much more than rest. When we sleep, we lose weight. When we sleep, we fight infections. When we sleep, we repair structures. When we sleep, we rejuvenate. When we sleep, we consolidate learning.

Are you getting enough sleep at night to fully function in the daytime? What else could you be missing out on?

How is sleep regulated?

The main hormone associated with sleep is called melatonin. Melatonin production in the brain is stimulated by darkness and suppressed by light. That is the reason behind the advice to avoid light exposure from screens such as phones and computers at night. The threshold to suppress melatonin has been estimated to be as low as 30 lux, which is well below normal fluorescent light of about 300-400 lux. The light picked up by our eyes informs the brain of how much melatonin to produce. Exposure to light at night will therefore suppress our ability to produce melatonin. With suppressed melatonin, we suppress sleep. With suppressed sleep, we may be missing out on a lot more than rest.

What else happens when we sleep?

The sleep hormone melatonin controls a whole load of other functions in the body. As the brain gets off to sleep and skeletal muscles remain still, the body switches to a completely different mode of action that allows for other parts of the system to boost. Some systems increase their activities whilst the brain and the muscles decrease the demand for energy.

The brain is incredibly power hungry, and it consumes a lot of the available energy generated in the daytime to maintain cognitive and social activities. At night, during sleep, there is a shift in activity and even weight loss is promoted throughout the night – that is if you get a good night of sleep and respect your circadian rhythms. As we stop eating whilst we sleep, fat cells should come to the rescue and provide much of the energy necessary for running the system overnight. This is especially so when we stop eating early enough in the evening to allow a few hours before we go to bed. Not everyone manages to rely on their fat reserves to make it through the night though and this is one of the reasons why people might sometimes wake up in the middle of the night struggling to fall back asleep. When our fat cells are not flexible enough and we rely on constant food intake for energy, we train our bodies not to rely on stored fat and the result could be a rush of adrenaline late at night. When blood sugar falls below a certain level, adrenaline is released with an alert to the system of low energy to make it through the night. Adrenaline will trigger the release of emergency reserves of sugar stored in the liver but at the cost of stress to the system and inability to relax back into sleep.

Our natural daily rhythm – why is it important?

An energetic switch from brain to immune system also happens at night. During the day, and in health, the immune system works more in surveying mode which is cheaper and allows for the brain to be prioritised with energy during waking hours. At night, or when we fight infections or disease, the immune system behaves differently taking up more energy to increase its functions. The immune system gets on with a lot of housekeeping in preparation for the next day. It not only protects us from invading viruses, bacteria, and other microbes but also promotes repair and rebuilding of structures that get damaged through wear and tear or injury. The switch from day to night, brain to immune function, food to fat is part of what we call circadian rhythm. Our bodies follow hormonal signals that keep this switch regularly aligned with the changes between light and darkness. A regular sleep pattern means we allow the body to attend to many maintenance functions that require night-time hormones and a resting brain for the work to be carried through.

Sleep and disease – how do they connect?

Sometimes the immune system might take over daytime activities and literally put us in bed. A good example of that is when we fall ill with the flu. Chemical reactions happen faster in higher temperatures, so we develop a fever to accelerate these reactions in the fight against infection. As the brain gives way to the immune system to defend the body, we develop what is known as 'sickness behaviour'. We literally become withdrawn and tend to stay in bed. When the fight is over and the inflammation starts to abate, the energetic drain is alleviated, and we regain the interest in social life and engagement with other complex cognitive activities. It is possible to notice how the need for sleep increases if the body is busy defending or repairing parts of the system.

When we disregard our needs for regular sleep, especially over prolonged periods, the whole system is impacted and desynchronised. It is no coincidence that, when health first starts to decrease, sleep problems tend to show up first. Soon, if unaddressed, these problems can progress towards inflammatory states that can lead to diseases, chronic pain and fatigue further down the line. Inflammatory chemicals increase in response to short or disturbed sleep. Ongoing states of low-grade inflammation are linked with increased risk of cardiovascular, neurodegenerative, auto-immune diseases, diabetes and chronic pain conditions.

So making an effort to keep to a regular sleep routine and respecting the time limit for exposure to light may be a worthy habit to maintain. As always, our bodies are highly dynamic and sophisticated systems that interconnect and self-adjust with a precision we are yet to appreciate. It pays to invest in a healthy lifestyle and to consider how our choices today may impact our lives tomorrow.

Our next newsletter will have some support tips for sleep.

Clinical Pharmacist Update

Clinical Pharmacists

The role of the clinical pharmacist team continues to develop on a daily basis. We have been fortunate enough to be involved in a number of new projects across our PCN. As always, we continue to deliver structured medication reviews alongside chronic disease management such as hypertension, atrial fibrillation and contraceptive reviews to name a few.

It seems like just yesterday when Raj started on the PCN. She has established herself very well and feels part of the furniture in every surgery she works in. She is now over halfway through the CPPE 18-month training pathway for clinical pharmacists and has started working on her clinical assessment skills where she will start practicing physical assessment skills as part of her CEPSAR training.

The newest addition to the clinical pharmacist team is Mina. She has settled in well and has built a great rapport with Dr Viswanathan whilst applying her specialist skills in care home clinical pharmacy. She has started to work with the PCN's frailty nurse Carole, who attend the care homes together and work as an MDT with Dr Viswanathan to provide the best care for our care home patients. Mina's next goal is to look into the diabetes support she can provide on the PCN, for which she is currently working with one of our nurses in St Wulfstan surgery.

Hitesh has recently completed the 18-month PCPEP pathway and is thankful to all departments for assisting him in reaching the end of this training. He has now applied to begin his independent prescribing qualification at Coventry University, commencing in September 2021, in which he will make AF/VTE anticoagulation his focus. To complement this, he is currently looking at bridging the gap between primary and secondary care in anticoagulation services and hopes to start a small project with Warwick Hospital.



**First
Contact
Practitioner**

FCP Update PCN East

I have been in place across the PCN for six months now and the service as a whole has been accepted well and is developing greatly. Patients are now beginning to talk within their service areas about the 'MSK Specialist' and different practices have advertised in their own ways to great effect to guide patients to the service. Feedback has been very good from all users so far and clinical colleagues alike.

The service is supporting the GP's in their management of clinical diaries and MSK related patient problems. The virtual service has been effective, with a recent snap shot audit of all patients across the PCN covering 5 month period from January to start of June showing an average of 80% of all patients being managed with advice and PHC management from FCP. Across this period only 12 patients have been deemed necessary to refer to secondary care for other management following review and pathways explored. Onward referral is largely utilised by referral to MSK Physiotherapy for further support of the latter 20% that are not supported with advice only.

Overall the service is still in its developmental phase but this is gradually becoming a developed stage and structure that will be manageable moving forward into the second half of the year and future of the FCP service.

I would like to thank all the teams at each of the PCN locations that I work at for welcoming me into their 'Practice Family' and making this venture so enjoyable!





Social Link Working Team

What is Social Prescribing?
GPs have many people visiting them with non-medical issues, such as feeling lonely, isolated, or stressed by work, or perhaps they have a debt problem or a welfare issue – all of which can affect a person’s health and wellbeing.



As well as offering practical and emotional support, social prescribers have the time to work with patients to find out what matters to them; this may be to help connect them to a specific service or a community group, where they can make friends, learn new skills and gain support or advice.

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.

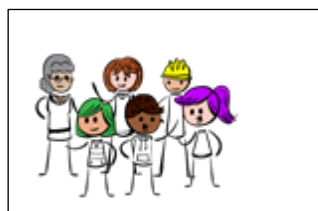
How do I get referred to Social Prescribing?

If you would like for one of our Social Prescribers to contact you, you can be referred by your GP, Nurse or the surgeries Receptionists.

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, Rita Church and Elicia Sidhu

We can help you access services in the community that can help you with:



- Support to make positive changes in your life
- People to talk to about how you are feeling
- Help with housing, benefits and financial problems
- Becoming more involved within the community
- Becoming more physically active

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

Location – Connections café, Tom Hauley Room (behind the church), Church Street, Harbury CV33 9E

Jill Baker 01926 612483

Janice Montague 01926 612340

Dementia Friendly Cafes

Wellesbourne Village Hall Wednesdays 2-4pm

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

