Case Study 1: Meera

Meera is a 15-year-old, newly diagnosed type 1 diabetic. She has only just been released from hospital and into the care of the staff at Parkway Health Centre. However, she is also having regular outpatient appointments at the diabetic clinic with Dr Zhou while her treatment plan is being adjusted.

She lives with her parents on the Greenview estate and is a student at Greenview High School. She was in the middle of studying for her mock exams when her diagnosis occurred. For a number of weeks her parents and teachers were concerned that she had been losing a lot of weight, and it was initially believed she might have anorexia nervosa. It was also observed that she was asking to go to the toilet a lot in lessons and on one occasion a student was sent to find her as she was taking a long time and she was found in the corridor drinking from a two-litre bottle of energy drink. She complained when challenged about this by a teacher that she is always thirsty and is always tired and that she needed the drinks for the energy they give her. This incident has led to bullying by her classmates and this, combined with her being tired all the time and spending a lot of time out of class, has severely impacted her attendance and attainment in school.

It was clear something was wrong but neither her parents nor teachers picked up on the reasons for the symptoms until she collapsed during a PE lesson. The paramedic who attended the scene was quick to spot the characteristic ‘pear drop’ smell on her breath and did a fingerprick blood glucose test, which came up with a reading of 28 mmol/L. She was rushed to hospital and immediately put on an insulin drip to bring her blood glucose down, and fluids (isotonic saline) to rehydrate her. In the meantime, the consultant ordered an HbA1c test and a c-peptide test that confirmed the diagnosis as type 1 diabetes.

She spent several weeks in hospital both recovering from her collapse and being educated in how to manage her diabetes. She has been prescribed an insulin regime and has been working with a dietician to establish how to fit her diet around this treatment. She has already complained extensively about not being allowed sugary drinks and is clearly distressed by the potential changes to her life this diagnosis will bring.

For more information on the different investigative procedures used here, use the following websites:

- C-peptide test: zzed.uk/9415-cpeptide
- HbA1c test: zzed.uk/9415-hba1c
Dr Rachel Morris, GP at Parkway Health Centre
A diabetic patient is likely to need to see several different professionals in the course of their treatment. In our own surgery, they will need to have regular appointments with our diabetes nurse and will have to come to us regularly for prescriptions. These prescriptions will be dispensed by the community pharmacist connected to the surgery. They might also access other services in the community, such as chiropodists and opticians. Every year, the local health trust sends out a reminder to all diabetic patients to have a retinopathy scan to check for the onset of diabetic retinopathy. Most of our patients have this done by the local opticians in Thornton Green high street.

Meera is newly diagnosed and very young so we do not expect her to develop any secondary complications for a long time. However, if she is not careful in her control of blood glucose, she may eventually need to access other services such as a nephrology ward for dialysis, access to mobility aids or support for blindness.

Jacey Long, supporter care advisor (Diabetes UK)
Diabetes UK is a charity which looks out for the needs of diabetics. We provide a number of opportunities for diabetics of all ages to socialise and also provide education on the disorder for those newly diagnosed. We can offer advocacy services and advice on insurance and other financial matters. As a charity, we fund research into diabetes and also lobby government on behalf of our members. One of our greatest successes was lobbying for free prescriptions on the NHS for all diabetics.

Dr Hannah Zhou, consultant diabetologist at Thornton Heath Hospital
My role as consultant is to offer a variety of services to diabetics across the trust area. This includes outpatient clinics at Thornton Green hospital, but we also do some community clinics in the GP surgeries and other primary care centres across the region. The community clinics are there to augment GP-based primary care and to make my services as a consultant more accessible to patients.

I also run specialist clinics such as one for ‘young persons’, an antenatal session for women with diabetes or who have developed gestational diabetes, and an ‘insulin pump’ clinic. In my appointments with Meera, I will discuss the best care and treatment plan for her, making sure that she is empowered to make informed choices about her own care. Her choices will determine which services she will access and whether, for example, she attends my ‘insulin pump’ or ‘young person’ clinic. We will review her progress continually and determine if my services are adding value to her care or whether we need to change to a different service. For example, she may start in one of the hospital-based clinics but then move to a community clinic as her control improves. As she gets older and her lifestyle changes, we may have to discuss modifying her care to suit this change.

All clinics run with a number of different professionals. The community clinics usually only have me, a diabetes nurse and a dietician available, whereas, for the hospital-based clinics I have with me two or three junior doctors, three or four specialist nurses, a dietician and an optician. We also have access to more specialist equipment, such as a camera for taking retinography images of the eye to diagnose diabetic eye disease. We are currently looking at a cost–benefit analysis of having a chiropodist at the clinic, but currently patients need to access that service in the community.
Case Study 2: Rose

Rose is a 60-year old woman who lives alone on Greenview estate in Thornton Green. Her husband dies of a heart attack two years ago and she still lives in the three-bedroom house they shared together for most of their married life. Her daughter, Marjorie, and her daughter’s husband, Malik, live out in a village on the suburbs of Thornton Green, where she works as a primary school teacher and he travels a lot as a financial auditor. Marjorie tries to visit her mum as often as she can but finds it difficult due to her work, childcare and the facts her husband uses the car a lot, so the journey to Greenview is difficult.

Around five years ago, Rose went to the doctor complaining of pain and stiffness in her right hip. The doctor diagnosed osteoarthritis and put her on anti-inflammatory and told her to come back if it got worse. Since then she has been using the pain relief as suggested, has adopted a cane to help her to walk and has been saying she “has no complaints”. She took early retirement from her job as a librarian in Greenview High School when her husband died and started doing charity work in the community. She organised coffee mornings for Help the Age and acts as treasurer for her local church. The arthritis had not significantly affected her ability to do any of these things.

However, recently she presented at the surgery with severe pain in her hip and a pain in her knee. She was also experiencing sore and stiff fingers. The GP suspected the arthritis in her hip had suddenly got worse and referred her to the surgeon for a hip replacement. She also suspected the knee and finger joints were showing signs of rheumatoid arthritis so sent her for blood tests (specifically for c-reactive protein test and a rheumatoid factor test) and scans.
Factsheet: Professionals and Care Settings for Rheumatoid arthritis

Dr Rachel Morris, GP at Parkway Health Centre

Many arthritis patients are managed in the community, through the surgery. They come to is for repeat prescriptions and for checks to review their medication. If anything changes in their arthritis, such as the symptoms progressing, they can book an appointment to discuss this and we can consider how to deal with it.

Tony Fields, helpline advisor for Arthritis Care UK

My role is to act as a first point of contact with the people who call our helpline looking for advice. Sometimes they want something specific such as advice on how to handle their symptoms and sometimes they just want to talk. I do sometimes have to act as a counsellor for some of them. We also offer email and face-to-face support. As an organisation we fundraise to pay for the provision of our helpline service and also provide general information about all forms of arthritis. Our website contains testimonials from a number of arthritis patients who all give a positive spin on their experiences, something that is very important for other patients to read.

Mohammed Aswan, NHS Physiotherapist based at North Manchester General Hospital

Many arthritis patients find regular session with a physio therapist to be useful in managing their condition. I can help them relieve their symptoms by showing them regular exercises they can use to strengthen the muscles around their joints. We use things such as resistance bands to achieve this, and some patients find treatments such as hydrotherapy useful. A GP can do a referral for a short period of treatment with me then the patient can take what they have learnt and carry on the treatment in their own home. If the condition changes, the GP might suggest another referral to update the treatment.

In addition to this, many patients find alternative therapies such as hot stone or aromatherapy massage help to relieve their symptoms. The NHS supports these therapies so long as they are helping, and the patient is not abandoning their conventional medical treatment in favour of them. There are some who swear by acupuncture and similar therapies.

Maria Coleman, Occupational therapist

The symptoms of arthritis can lead to many issues with the patient’s day-to-day life. It is my role as occupational therapist to assess what exactly they are capable of and work out strategies for them. This can be something as simple as a device to help open jars or arranging the patient’s kitchen so the things they need the most are easier to reach. We can supply mobility aids such as walking sticks, Zimmer frames or wheelchairs to those who need them. We usually can’t provide mobility scooters for patients, but we can offer vouchers for discounts to buy one for those patients who we feel would be helped by it.
Case Study 3: Vijay

Vijay is a 47-year-old father of two who lives with his family on the Greenview estate. His wife, Ayesha, works part-time as a cleaner. His two children (Meera, 15 and Arjun, 12) both attend Greenview High School. He used to work on Icarus Park industrial estate for a car manufacturer, but since the company went into receivership a few years ago and the factory closed, he has been unemployed.

He has been a heavy smoker for much of his life, not uncommon on those who work in heavy industry. He has a history of trying to quit without success but seems to have stopped trying since becoming unemployed. He has also given up looking for work, saying there is nothing out there for him, and he never really had a social life outside his work colleagues. He spends a lot of time at home also and his wife is concerned about him becoming depressed. However, despite her best efforts, he has yet to report to his GP or any mental health service with this.

Vijay presented to his GP at Parkview with a series of chest infections and a persistent cough that he just could not seem to get rid of. He was treated with a variety of antibiotic combinations, and while each seemed to relieve the infection temporarily, it would recur a week later. On one of his visits, Vijay reported he had blood in his stools. The doctor saw this as an immediate concern. She suspected bowel cancer and performed a digital rectal examination and took a stool sample and a blood sample for Carcinoembryonic antigen (CEA), a specific antigen for Bowel cancer. Given the history of smoking and industrial work, she was also concerned that his respiratory symptoms were indicative of either lung cancer or asthma.

The GP sent Vijay straight to the asthma practice nurse for a peak flow test. When he completed the test, his lung volume was only 340 L/min so the nurse asked the GP for a prescription for salbutamol to relieve some of his symptoms immediately. The GP also started Vijay on a steroid inhaler daily and referred him to the respiratory specialist at North Manchester General Hospital.

The GP also ordered an immediate referral to Dr Simons, an oncologist at the hospital and gave Vijay leaflets and advice on the local NHS stop smoking services.

Dr Simons did some tests ad discovered that while Vijay did indeed have grade 2 bowel cancer, there was no evidence of lung cancer. This led to a referral to the respiratory specialist at the hospital who confirmed the diagnosis of asthma.
Factsheet: Professionals and Care Settings for Bowel Cancer

Dr Rachel Morris, GP at Parkway Health Centre

As we do for many patients with long-term conditions, we help cancer patients through the repeat prescription service. This allows them to get whatever they need from their local community pharmacy. Many patients are now on our online system, which makes it a lot easier for them, and those who are in care homes or unable to leave the house can use the home delivery service. We are also available to help deal with any of the side effects of the treatments through our normal appointment system.

Bowel cancer patients will need surgery and then either chemotherapy or radiotherapy, depending on the stage of their cancer. They can often suffer from nausea, constipation or other side effects and we can help with medication to ease the symptoms. Some patients lose their hair during chemotherapy and we can refer them for a wig fitting at The Christie Hospital or a private retailer.

Dr Sarah Simons, Consultant Oncologist at North Manchester General Hospital

I have regular consultations with cancer patients in my hospital out-patients clinic during their treatment plan. These appointments are there to allow me to check the treatment is working and adjust or change it as necessary. I also see the for a period after treatment is over for regular reviews to check that remission has occurred and the cancer does not return. My duties also include ward rounds at the oncology ward at North Manchester General Hospital and visiting patients at hospices and care homes who are not able to travel.

Many of the treatments for cancer require regular visits to a specialist clinic for the treatment to be performed. My team organises and runs these clinics and makes sure the equipment and resources needed for cancer patients are available.

Anisa Begum, Macmillan nurse

Macmillan is a charity that supplies funding to pay for nursing support for cancer patients. As Macmillan nurses, we are expected to work within the NHS with patients undergoing palliative care, which is sometimes referred to as end-of-life care. Some of us work in NHS hospitals while others work in the community, in care homes and hospices. Before I became a Macmillan nurse, I worked for a few years as a general nurse and did some training as a mental health nurse before deciding that palliative care was where I felt I could do the most good. I am experienced in managing pain in patients and offering a sympathetic ear or shoulder to cry on as needed.

Adrienne Lachowiecz, Assistant Psychologist for Pennine Care NHS Foundation Trust

Cancer is one of the disorders that can cause a lot of emotional stress for service users. Even though treatments have improved massively in recent years and survival rates are
higher, many still consider it a terminal diagnosis. As well as holding sessions with cancer patients in primary care centres, I do sometimes also visit them in hospices or at home if needed. Emotional support is essential for cancer patients, especially if they do find out the cancer has developed to the point where it is terminal and palliative care is the only option. I use techniques based on mindfulness theories to help patients negotiate these difficult times.
Factsheet: Professionals and Care Settings for Asthma

Dr Rachel Morris, GP at Parkway Health Centre

Vijay’s asthma will be monitored by the surgery as well as the hospital outpatient clinic. As his GP, I am responsible for making sure he is able to access his medication. A common treatment for asthma comes in the form of inhalers – bronchodilators which expand the airways to make breathing easier. Patients will be prescribed either short- or long-acting drugs or this. Other patients may be on beta-2 agonist tablets which relax the muscles in the airways.

However, the most effective way to ease the symptoms of asthma is to stop smoking. The surgery also serves as a venue for the stop smoking service offered by the NHS. They carry out one-to-one and group sessions in consultation and meeting rooms after surgery hours. Stopping smoking will not reverse any permanent damage already done but will prevent more damage from occurring.

Dr Sabrina Fairweather, Consultant in respiratory medicine, North Manchester General Hospital

My team works with Vijay in my outpatient clinic to ensure that his symptoms are under control. It is my role, once diagnosis is confirmed, to establish the most effective treatment for his needs. It may take a number of visits to the clinic before we have a treatment regime that works. Just as the GP surgery will be doing, I tend to work with the patient to help them stop smoking. We can give advice and help with that and explore the different options. I will liaise with his GP and oncologist to make sure that none of the treatments we prescribe interfere with each other. For example, theophylline cannot be used if the patient is still smoking. Bronchodilators also do not work well if the patient is taking certain types of antidepressant. Given that Vijay is already showing symptoms of depression, it is likely that he may at some point end up taking antidepressants, so we need to be aware of this.
Case Study 4: Reginald (Rex)

Reginald, who prefers to be called Rex, is a 62-year-old man who lives with his wife on Shakespeare Road, a row of large houses opposite Greenview High School. He trained as an engineer and started his career as a designer for a car manufacturer based at the Icarus industrial estate. He was very career-focused and moved up the management chain to end up as head of the design department. His wife, who is 58, is the current principal at Greenview High School.

A few years ago, Rex suffered a heart attack and almost died. Therefore, when his employer went into receivership and closed, Rex chose to take early retirement rather than look for another job, though he did take on some freelance design work to keep himself busy. However, he recently started to notice problems with control of the muscles in his hands. One of the fingers on his right hand would tremor sometimes, making it difficult to use his computer mouse. He was also having issues getting out of his chair. Initially he thought nothing of it and shrugged it off as a result of ageing. As the tremor got worse, and because he was also finding it difficult to focus on his work, he stopped taking freelance commissions and started to look for other ways to fill his time post retirement, especially during term time, when his wife is usually very busy.

By the time of his next routine GP appointment, the symptoms had progressed to a full tremor of his hand and the doctor noticed this and asked him some questions. She gave him some simple physical tasks to perform, noted how well he performed them and suggested a referral to a neurologist, Dr Cadigan, to confirm the diagnosis of Parkinson’s disease.

For more information on the different investigative procedures used here, use the following website:

- Parkinson’s diagnosis (video): zzed.uk/9415-parkinsonsvideo
Fact Sheet 4b: Professionals and Care Settings for Parkinson’s Disease

Maria Coleman, occupational health therapist
My role with Parkinson’s patients is to carry out a basic needs assessment in their home and work out what can be done to make their life easier – simple adjustments such as moving furniture to help them move around the house, for example. This can involve suggesting specific equipment or adjustments to the way they do things. Many service users with Parkinson’s find the cutlery with large handles we sometimes give to arthritis patients useful in helping to control their tremor when eating, for example. Some also like to have an alarm system that can summon help if they have a problem.

When considering home care, we do need to consider the availability of carers. For this reason, the basic needs assessment usually includes questions about family members who might be available to carry out some tasks. There are also community-based charity and social care services that do home visits, as well as private care agencies. These can help by doing things around the house; for example, carry out housework tasks or provide cooked meals. As the disorder progresses, some Parkinson’s patients might need to move into sheltered housing where they can get more support, or even a residential home.

Samantha Garnett, care worker at Pinecroft Care Home, Thornton Green
Pinecroft deals with a number of physiological disorders with our residents. Parkinson’s is a disorder that develops with age, so we sometimes see signs of it in our existing residents. However, some of our residents have needed to come to us because their Parkinson’s has become too difficult to manage either at home or in sheltered accommodation or because their primary carer is no longer able to cope. We support them by making sure that all their needs are taken care of. Like many staff in the home, I have been given training on working with service users who have Parkinson’s. This helps me to identify the issues a specific service user might have and be able to help with deciding strategies and suggesting resources to help.

We may see Rex in the home eventually. However, for the time being it is likely he will be managed in his own home with a combination of his wife and visiting carers. This situation will be monitored by his care team, however, and if anything changes his care will be adapted to suit the new circumstances.