A challenging road ahead for NHS
Stop! This hospital is full
The Circle challenge
The man in charge of health
Bankrupt by diabetes
Wellbeing & your business
Dementia or absent-mindedness
Some of the articles and information published in this newsletter are provided from a range of third-party online and offline sources. The editorial team always endeavours to ensure that these articles are factual and based on authoritative and/or well researched opinions within the medical and health community. However, articles published within the onetime newsletter do not necessarily reflect the views and opinions of the onetime editorial team.
Welcome to onetime 3

A number of articles in this edition focus on the current condition of the NHS and the challenges it faces in the future in the light of its reputation as the “No Hope Service”. We also take a close look at Diabetes, its ever-increasing impact on our health service and some simple steps to avoiding the most common Type 2 condition.

In addition we have a range of interesting articles that might help you to consider your own health and lifestyle as we move into 2013.

Deryck South - Newsletter Editor.
deryck.south@onemedifund.com

onemedifund, launched in August 2011, is going from strength to strength with 40% take-up and growing.

Of particular significance is the fact that claims and benefits paid out by the fund are very close to actuarial forecasts, so even though we are now paying out over £250,000 in some months, the overall financial performance of the scheme is running almost exactly to plan.

This is not only a major plus for the ongoing sustainability of the scheme, but a tribute to the professionalism and expertise of our outsourced provider.

What’s in this issue...

A CHALLENGING ROAD AHEAD FOR NHS 02

The next few years could be crucial to how the NHS looks in the 21st century.

STOP! THIS HOSPITAL IS FULL 04

Some NHS hospitals are now so overcrowded they are operating a traffic light system. When it’s red they’re full!

YOUR ONEMEDIFUND EXPERIENCES 06

Read what contributors have to say about their experiences accessing onemedifund.

ONETIME DOES WONDERS FOR WEIGHT LOSS 08

In response to an article in onetime 2, hear from someone with first-hand experience of the effectiveness of regular activity.

CIRCLE SQUARES UP TO CHALLENGE 09

Circle, an Aim-listed healthcare company, took over the running of an NHS hospital at Hinchingbrooke in Cambridgeshire.

THE NEW MAN IN CHARGE OF HEALTH 10

With the NHS in the midst of probably its most difficult period ever, we introduce you to the new Secretary of State for Health.

COULD DIABETES BANKRUPT THE NHS? 12

The cost of treating it will soar from £9.8 to £16.9 billion, as the number of diabetics rises from 3.8 to 6.25 million by 2035.

ABOUT DIABETES 14

Diabetes is a condition where the amount of glucose in your blood is too high because the body cannot use it properly.

WELLBEING & YOUR BUSINESS 16

Many businesses ignore the significance of employee wellness on the profitability of the company.

DEMENTIA OR ABSENT-MINDEDNESS 18

This quick test, devised by doctors, can help tell if you or a family member is at risk of Alzheimer’s disease.

LATEST HEALTH NEWS 19

The latest news and updates from the NHS and UK healthcare in general.

NEWS IN BRIEF 20

Short articles and surprising facts on a range of current medical and health based research.

UPDATE ON HOW TO CLAIM MATERNITY CASH BENEFIT

In order for us to process your Maternity Cash Benefit claim please scan in your new child’s birth certificate and email, along with your name and onemedifund ID number to: claims@onemedifund.com

To find out more visit: www.onemedifund.com/maternity

For detailed guidance on how to make a claim for all treatments covered by the onemedifund scheme download the “How to claim” document at: www.onemedifund.com/subscribers_welcome

YOUR FEEDBACK

Feedback from readers of the onetime newsletter, (like the correspondence published on page 8), is always interesting and very welcome. If you would like to tell us about your experiences please email: admin@onemedifund.com

NOTE: all feedback will be treated in the strictest confidence.
A CHALLENGING ROAD AHEAD FOR NHS

The next few years could be crucial to how the NHS looks in the 21st century, as it faces the most challenging period since it was created in 1948.

Much of the focus has been on the recent government’s NHS reforms in England. However, there are a host of other factors that make the coming years crucial. Demands are rising, as are costs, and this is all happening at a time when money is tighter than ever. How the NHS responds to these will determine what sort of health service the UK has for the next decade and beyond. But what are the obstacles and how is the NHS responding?

TWO THIRDS OF HOSPITAL BEDS ARE NOW ESTIMATED TO BE OCCUPIED BY THE OVER 65s AT ANY ONE TIME.

ONE IN FOUR ADULTS ARE OBESE, A FIGURE PREDICTED TO DOUBLE IN THE NEXT 40 YEARS.

THE HEALTH SERVICE IN ENGLAND HAS BEEN ASKED TO SAVE £20BN BY 2015.
THE AGING POPULATION
One of the great success stories of the past century has been the almost continuous rise in life expectancy. Since the NHS was set up life spans have increased by a dozen years for both men and women - and this trend is predicted to continue.

But the rise in the grey population brings it challenges. The growing number of elderly people means more patients with multiple conditions - some of which, such as dementia, present significant difficulties in providing care and support.

Two thirds of hospital beds are now estimated to be occupied by the over 65s at any one time. One of the solutions being pushed is to move more care out of hospitals, where it tends to be more expensive, into the community where services can be designed around the needs of patients. This involves hospital consultants running clinics outside of hospitals and GPs getting more involved in care traditionally done in hospitals. Examples of the latter include things such as minor surgery and diabetes clinics that are becoming increasingly common in GP surgeries.

Nurses have also taken on more responsibility. But this is having a knock-on effect. Moving patients out of hospital hits the bottom line. In fact, during the summer the government made the unprecedented move of putting one hospital trust - South London Healthcare - into administration after it had run up a £65m deficit. It could lead to the trust being broken up and services closed.

The changing environment is also gradually seeing a move towards the centralisation of specialist care on fewer sites. This often proves controversial, with local people objecting to the closure of services such as A&E and maternity units.

MEDICAL ADVANCEMENTS
Changes in what can and cannot be done have revolutionised health care in the last half century, but these have come at a cost. People are now surviving cancer, strokes and heart attacks in ever growing numbers - although many are left with disabilities that require careful care and support.

Meanwhile, IVF treatment is helping thousands of couples conceive each year. Organ transplants - impossible until the 1960s - are now saving over 3,000 lives a year, while hip and knee replacements are now considered routine treatments for the middle-aged and elderly.

The Blair government responded to the revolution in medicine by setting up an independent body, NICE (National Institute for Health and Clinical Excellence), to ration what could and could not be afforded. It has seen a host of treatments not being approved for NHS - despite protests from patients groups. Nonetheless, paying for progress in medical technology costs the NHS an extra £10bn a year, according to estimates.

LIFESTYLE FACTORS
In short, obesity, drinking and smoking. All three cause disease and death, adding billions of pounds to the NHS bill. One in four adults are obese - a figure predicted to double in the next 40 years - helping drive up rates of heart disease, diabetes and cancer. Obesity is currently estimated to cost the NHS over £4bn a year.

The bill for dealing with drunkenness and alcohol abuse, which causes problems such as liver disease, is nearly £3bn a year, while the toll from smoking is slightly more despite the progress made in driving down the rates of smoking. There has been a sustained push to encourage people to live healthier lives for some years. The government is working with industry on a variety of schemes, which is seeing clearer labelling on food and drinks and reduced levels of salt, sugar and trans-fats.

Meanwhile, from next year councils will take on responsibility for public health programmes in the belief they are better placed to use their influence over schools, planning, green spaces and leisure amenities to get people to become healthier.

MONEY, MONEY, MONEY
When the coalition came to power, they said they would protect the NHS budget. They did, but only just. Funding in England is rising by 0.1% a year during this parliament, and the situation is little better elsewhere in the UK. This is the longest period of flat growth in the history of the NHS, and for a service that is used to average rises of about 4% a year it feels much more like a cut.

To cope with reduced funding levels, the rising costs associated with the ageing population, lifestyle factors and medical advancements - the health service in England has been asked to save £20bn by 2015. This is the equivalent of a 5% increase in productivity for a sector that has been getting less productive during the last decade.

Ministers remain confident this can be done without harming the frontline, but unions and campaigners say the savings push is beginning to bite. Latest workforce figures show nurse numbers are going down, while there are reports of trusts rationing services.

THE REFORMS
The overhaul in the NHS in England has been one of the most controversial reforms this government has pursued. NHS chief executive Sir David Nicholson described them as so big that they could be seen “from space”.

When they were announced two years ago they prompted outrage from campaigners, unions and professional bodies. It led to an unprecedented pause in the parliamentary process so the government could try to get the objectors on side. In the end the bill underpinning the changes was pushed through and they will kick in from next April, although the architect of the reforms, Andrew Lansley, has since lost his job as health secretary (See article on page 10).

Key changes include GP-led clinical commissioning groups (CCGs) taking charge of the NHS budget, with two tiers of management in the health service being scrapped. However, many believe the changes are unnecessary at a time when the health service is facing so many challenges. Others fear it will usher in a greater use of the private sector and, potentially, a break-up of the NHS. Ministers disagree, arguing the changes will actually help the health service meet the challenges it is facing.

ONEMEDIFUND CAN HELP YOU AVOID THE CHALLENGES OF THE NHS

STOP! THIS HOSPITAL IS FULL.

SOME NHS HOSPITALS ARE NOW SO OVERCROWDED THEY ARE OPERATING A TRAFFIC LIGHT SYSTEM. WHEN IT’S RED THEY’RE FULL!
Hospitals are so full that elderly patients are being discharged in the middle of the night and routine blood tests are being conducted at 3am, the Royal College of Physicians (RCP) has warned.

As bed spaces for acute care become increasingly under demand, patients are being turfed from ward to ward, which is leading to a poor continuity of care, the RCP said.

Doctors on wards up and down the country are struggling to care for patients who require urgent or emergency care, according to a damning report, “Hospitals on the Edge - Time for Action”. As queues at the doors of accident and emergency wards increase, patients who are already admitted to the hospital are shipped from one ward to another “like parcels”, to make bed space. This is leading to fractured care and a lack of compassion that may occur as a consequence, RCP officials said.

A dwindling number of specialist medics working out of hours and staff shortages in key emergency care departments are putting a strain on services. One in ten consultant posts in emergency medicine are currently vacant, the RCP said.

While the number of patients has increased, the number of beds in general and acute wards has fallen by a third in the last 25 years. “Hospitals have filled up”, said Dr Andrew Goddard, Medical Director for the RCP workforce unit.

“Many hospitals run a traffic light system for their status. They are green if they are taking in patients, they are amber if they need to be a bit more careful, red for full or black if they are shut. What we’ve seen over the past year or so is that a number of hospitals are on red alert or black alert. A black alert used to be a once-in-a-lifetime thing. Now hospitals are on black alert three or four times a year.”

“This has been coming on for a while. We have managed to cope with it but the system can’t cope much longer, and we need to radically rethink how we provide the care for acute medical patients, particularly the elderly.”

Suzie Hughes, chair of the RCP’s Patient and Carer Network, said: “I myself had an experience of staying in hospital recently. It was a prolonged stay and I had five different ward changes, all of which took place after midnight. All routine blood tests were done at approximately 3am as the junior doctors only had time to do them then. It is clearly unacceptable and we need to change things.”

The RCP said “radical reorganisation” of the health service is needed if it is to attain high standards of care for patients. Senior RCP officials suggest that one option could be to shut hospitals, with a bigger focus on community care, so that people could get hospital services at bigger centres, 24 hours a day seven days a week.

Professor Tim Evans, Lead Fellow for the RCP’s Future Hospital Commission, said: “If we want patients to see compassionate care seven days a week in all specialties, and to have their care coordinated by named doctors, it is likely that we will not have the resources to do that on all hospitals sites to the level that we would wish.”

If action is not taken, there could be a reproduction of the tragic events at Mid Staffordshire NHS Foundation Trust, where as many as 1,200 patients may have died unnecessarily because of poor care. “There will not be some cataclysmic overnight explosion, but there will be a gradual increase in the type of tragedies that we’ve heard about at Mid Staffs”, he said.

“All hospital inpatients deserve to receive safe, high-quality, sustainable care centred around their needs and delivered in an appropriate setting by respectful, compassionate, expert health professionals. Yet it is increasingly clear that our hospitals are struggling to cope with the challenge of an ageing population who increasingly present to our hospitals with multiple, complex diseases. We must act now to make the drastic changes required to provide the care they deserve.”

RCP president Sir Richard Thompson said the research unveils “deep-seeded problems” within acute medical services. “As I go around the trusts across the country I find a common picture of increasing strain on the acute medical services. If we are going to look at changes in services it is very important that these changes are led by clinicians and don’t have political intervention.”

“One doctor told me that his trust does not function well at night or at the weekend and he is relieved that nothing catastrophic has happened when he arrives at work on Monday morning. This is no way to run a health service. Excellent care must be available to patients at all times of the day and night. We call on government, the medical profession and the wider NHS to work together to address these problems.”

Alzheimer’s Society Chief Executive Jeremy Hughes said: “People with dementia occupy a quarter of hospital beds, yet constantly we hear that they face poor quality care from staff not trained in dementia care. Bearing this in mind, these latest findings are alarming but, unfortunately, not surprising. It is painfully evident that the healthcare system stands on the brink of crisis.”

“People with dementia are going into hospital unnecessarily, staying in too long and coming out worse. Supporting people to live well at home and reducing the length of time a person stays in hospital can both improve quality of life and save the NHS hundreds of millions per year.”

Health Minister Dr Dan Poulter added: “We are modernising the NHS so it can continue to do more and improve care - putting doctors and nurses, those who best understand the needs of patients, in charge of improving the NHS... To properly provide dignity in care for older people, we need to see more care delivered at home and in the community. Already we are seeing more patients treated as day cases and more patients receiving improved care outside hospitals... We are also introducing a new friends and family test, where patients answer a simple question - whether they’d want a friend or relative to be treated in a particular hospital in their hour of need. By making those answers public we’re going to give everyone a really clear idea of where to get the best care - and drive other hospitals to raise their game.”
FIRST THE NATIONAL HEALTH SYSTEM...THEN ONEMEDIFUND.

In January this year I had an operation booked under the National Health System. I had been waiting for 6 months for this and prior to that I had had many appointments with various Junior doctors who could never seem to decide the best thing to do.

My admission was to be Friday morning for the op to be done during that day. On Thursday afternoon I had 3 calls from the hospital – the first call was to cancel the op as there was a bug in the hospital and they had had to shut the wards, the second call was to say could I please come in quick and have another blood test as they had lost one of my previous blood test results (I explained that I had just had the op cancelled and the doctor was quite disbelieving), and the third call was to say yes, it was cancelled – as although they had previously told me I wouldn’t need to stay for a night, they now thought I would have to after all, so as the wards were closed the op would not be able to go ahead! All quite confusing!

One of the nurses was quite apologetic and said they would re-schedule the op for some time in the next couple of weeks. Thankfully, I wasn’t in a hurry for the op so I just waited. I received a letter months later re-scheduling the op for June.

Meanwhile, our onemedifund cover started in April. I was still waiting for my new NHS date to come through so I rang onemedifund. The lady on the phone was very helpful indeed and told me exactly what to do. I went to an appointment at a beautiful private hospital on Monday 14th May. I arrived 5 minutes early and was called straight in to see a surgeon (no junior chap!) and within minutes he had decided what needed doing and asked me when I would like the op done! He gave me a couple of dates and told me to go home and choose when I’d like to have it done and ring his secretary when I had decided.

When the day came, it was just like going to a hotel. We were shown our room by a porter and I had a lovely room to myself. Everything was just amazing – the care before the op and the actual op itself and then the aftercare. The meal was perfect (if only I had been hungry!) and you only had to murmur that you’d like a cup of tea and along came a tray with white china teapot, teacup, milk jug and sugar bowl – all within minutes of the request. It was so peaceful and the care was so good I almost wished I could stay the night (you even get a duvet instead of sheets and blankets)! But they decided I was well enough to come home, so I was home by 4pm the same day.

I then had 3 follow-up appointments over the next 6 weeks with the surgeon who was very professional. I am now so much better than I was before, it was well worth it.

There really was no comparison between the National Health System and the private service that I experienced. It was absolutely brilliant, and I feel really sorry for anyone who isn’t yet on the scheme. It saved so much time apart from anything else. I was called in early for every single appointment I went to – I learnt to get there in good time! When it came to the pre-op tests (which the NHS tells you to allow a few hours for), there was no queue at all – they tell you to come any time between 8am and 5pm and I went straight in to have the blood tests – and even they were pretty well pain-free!

YOU ARE CERTAINLY PROVIDING A TOP QUALITY SERVICE!

You are certainly providing a top quality service! I had a bad back which I had been having treatment for, but didn’t really know what had caused it.

With onemedifund’s help I had a MRI scan, steroid back injections and countless sessions of physiotherapy for only £100 – when the bills came through I realised that without onemedifund I would have paid up to £10,000 for the work I had done. Now I have been in a private hospital, seeing private medical staff, I could NEVER go back to the NHS – the support and help is fantastic!

FEWER PATIENTS TO CARE FOR, AND A MORE HOMELY RELAXED ATMOSPHERE.

My wife and I were very pleased with the arrangement and also that it was possible to have an operation by the surgeon that our GP recommended, without a long wait.

The private hospital in Maidstone meant that she had a room of her own, with undisturbed nights and ensuite, washing and toilet facilities. The staff were not under the same pressure as in the normal NHS hospital environment, with fewer patients to care for, and a more homely relaxed atmosphere.

SURROUNDINGS MOREakin to a HOTEland THAN A HOSPITAL.

I was due for a double wisdom tooth extraction under general anaesthetic, which traditionally would have required months of queuing on the NHS waiting list and then being consigned to the mercy of over-worked surgeons, understaffed wards and unsatisfying care.

The experience that onemedifund enabled me to have was, by comparison, a holiday!

I was referred to one of the best dental surgeons in the area. I personally met him (at a date to suit my busy diary) to discuss the detail of the procedure and decide a date for the operation. The operation proceeded as planned, in surroundings more akin to a hotel than a hospital, with a double room and ensuite all to my own! The discomfort of the operation was countered by a comfortable overnight stay, two visits from the surgeon and clearly explained convalescence instructions.

Having recovered quickly, and returning for a post-op follow-up a few weeks later, the only bill received was a few quid for some painkillers dispensed on leaving!!

This is medical treatment come of age! Anyone not signed up is seriously missing out!
EXPERIENCES.

**NOT ONLY A PERK TO THE EMPLOYEE BUT A WORTHWHILE EXPENDITURE FOR THE BUSINESS.**

We decided we should take up the onemedifund scheme for our staff and signed up almost immediately.

One staff member balked at the proposal saying that he would rather have the money in his pay packet, but we told him that this was not an option. Almost immediately after the 6-month introductory period he developed a problem which would have severely incapacitated him without prompt treatment.

Within two weeks he had been seen, diagnosed and had the operation with minimal work interruption. This helped us to see that this is not only a perk to the employee but a worthwhile expenditure for the business.

**CATARACTS THAT NEEDED ATTENTION.**

When we signed up to onemedifund soon after it was introduced, it was in the knowledge that my wife already had cataracts developing which would need attention before long and that the NHS experience might not be as good as one might hope for! So as soon as the moratorium period had passed, we went to her GP who recommended an eye surgeon, and gave her a letter to him. Armed with this, she called onemedifund and was given an appointment for a consultation with a consultant at the BMI Chiltern hospital at Great Missenden (which is where most of the consultations have taken place).

Since this first operation was complete, further consultations followed, a second operation on the left eye and subsequent follow up consultations (we’ve almost lost count!), including further eye photography. All this within seven months of the initial consultation! The service and pleasant attitude of the staff at BMI Chiltern has been excellent, both operations took place during evening appointments, with a light meal provided after but without an overnight stay being needed.

The onemedifund administrators have been very pleasant and helpful throughout this experience, keeping us advised of the bills that have been met everything paid for except the £100 excess and the cost of some eye drops prescribed by the consultant (total under £40)."
ONETIME 2 DOES WONDERS FOR WEIGHT LOSS

I read with approval your articles on pages 10 & 11 of the August edition of onetime: “Inactivity can be a killer” and “The solution? A workout at work”. I wondered if your readers would be interested in hearing from someone with first-hand experience of the effectiveness of regular activity.

The only food items I avoided were white bread and alcohol. And even this was not as bad as it sounds; I had brown bread or Ryvita, and red wine. I also had smaller portions at meal times and found that if I ate slowly and took small mouthfuls I hardly noticed. When I was feeling peckish between meals I would have a large glass of fruit juice – it’s not calorie-free but it’s surprisingly satisfying and much less damaging than coffee and cake.

However, I discovered that “eating less” as described above worked most effectively when coupled with “moving more”. At first this was only 5 minutes (or less!) of exercises – marching on the spot, bending and stretching, sit-ups and walking down to the post box and back. But gradually the exercise sessions got longer and so did the walks. After about 3 weeks I could walk for ½ an hour - albeit rather slowly and stopping after 15mins for a rest - and I could do 15 minutes aerobic exercise to music. Nowadays I still walk for ½ an hour but can go much further in the time and often don’t bother to stop for a break. I can also keep up the aerobics for ½ an hour or more, although I usually have to stop sooner because of lack of time.

During the past 7 months I have been much less careful of what I’ve eaten, mostly because of going away several times and having people to stay on a number of occasions. But I have maintained my new weight and I am convinced this is because I have continued to make time for being active.

Even during my busiest weeks I have taken a walk on 2 or 3 days and done an aerobics session on at least one day. I actually find that I get through my work faster and more efficiently if I keep active – exercising lifts my mood and wakes up my brain!

Many people have asked me how I’ve done it, and I tell them I simply eat less and move more! It works – try it!

I am in my late 40s and 16 months ago I weighed 15 ½ stone, which for my height of 5’3” was obese. Not surprisingly, my knees and ankles were not coping, and I avoided walking even 100 yards down the road to the post box. I could no longer wear shoes with heels because of the pain in my knees, my blood pressure (on the odd occasion when I bothered to take it) was around 145/85, I struggled to keep up with the grandchildren, dreaded doing my weekly cleaning or Asda shop...the list goes on.

9 months later I was 3 stone lighter, and for the past 7 months have maintained my new weight. I now happily walk for ½ an hour any day of the week, enjoy doing 20 minutes aerobics whenever I get time, my blood pressure is around 120/72, I can wear heels again for special occasions, do my house work and shopping without a second thought, keep up with the grandchildren (more or less!)...this list also goes on.

TO READ THE ORIGINAL ARTICLE VISIT: www.onemedifund.com/onetime
CIRCLE SQUARES UP TO THE CHALLENGE OF PUBLIC SERVICE

In 2012 a turning point was reached in the National Health Service. Circle, an Aim-listed healthcare company, took over the running of an NHS hospital in Cambridgeshire, the first time a state-funded hospital has been outsourced to the private sector.

Transforming an underperforming NHS hospital that was failing to attract patients is no easy task, not least when the hospital has become a lightning rod for opposition to rising private sector involvement in the state-owned health service. But patients, staff and management are almost unanimous that, in just five months, substantial changes have taken place.

Circle says the Department of Health’s own performance data show that Hinchingbrooke’s accident and emergency department has gone from being one of the worst in the country to one of the best. Meanwhile, its overall performance is ranked at number 6 out of 46 hospitals in the Midlands and East England, quite an achievement for a hospital previously labelled a “basket case” by Earl Howe, Health Minister.

The Chief Executive of Circle questions whether the improvements could have been possible without the company’s mutual structure, which incentivises staff through a share-owning scheme. “Without this model of ownership we couldn’t do what we are doing,” he says. “We brought in employee engagement and entrepreneurial drive. We empowered people to feel they could conquer the world and run the hospital.”

Direct nursing time with patients has risen from 51% to 62% in 2012, while the hospital met cancer targets 5 months running for the first time in 4 years, he says – all as a result of the company’s strategy of giving clinicians more control. “Companies do need capital, but you also need employee engagement.”

The group already operates a day-surgery treatment centre for the NHS in Nottingham, as well as private hand and eye surgery clinics in Stratford-upon-Avon and Windsor. It also built and opened the privately funded Bath hospital in 2011 and the Reading new-build hospital in July 2012.

The company has other expansion plans, which is one reason for the £47.5m recently raised in a stock market placing. But the bigger question may be whether the company can survive financially. Hinchingbrooke is saddled with £40m of debt, while Circle has racked up operating losses of more than £110m.

Original article - Gill Plimmer, July 2nd 2012, FT.
THE NEW MAN IN CHARGE OF HEALTH

In September 2012, David Cameron announced his latest cabinet reshuffle. Included amongst the various changes was the appointment of Jeremy Hunt as the new Health Secretary. With the NHS in the midst of probably its most turbulent and difficult period ever, we thought we’d introduce you to the new man in charge of health.

Jeremy Hunt was elected as MP for South West Surrey in May 2005. In May 2010 Mr Hunt was appointed Secretary of State for Culture, Olympics, Media and Sport. He was formerly Shadow Culture Secretary (2007–2010) and Shadow Minister for Disabled People (2005–2007).

Before his election as an MP, Mr Hunt ran his own educational publishing business, Hotcourses. He also set up a charity to help AIDS orphans in Africa in which he continues to play an active role. Mr Hunt was educated at Oxford University. He lives in Farnham and London with his wife, son and daughter.

As the new Secretary of State for Health, Jeremy Hunt will oversee a £100 billion budget and the public service that voters regularly name as the most important in the country.

He inherits the office from Andrew Lansley, who is surely paying the price for what remains arguably the Coalition’s biggest political mis-step, the NHS reform that devolves £80 billion of commissioning budgets to GP consortia. In a bid to neutralise the health issue for the Conservatives, David Cameron felt he needed a “safe pair of hands”, and this is where Mr Hunt comes in.

No 10 regard him as being a successful ‘delivery’ minister, citing the London 2012 Olympics as evidence. More importantly, No 10 see the personable, cheery Mr Hunt as a top-notch communicator, someone who will be able to explain the complex work Mr Lansley put in place and then struggled to sell. Mr Hunt is the sort of humane, sympathetic figure who might just be able to heal some of the wounds inflicted on the government over health.

So what next for Jeremy Hunt and the NHS he has inherited? Read his plans in his own words...

Adapted from original article by James Kirkup, Politics, September 4th, 2012
THE FOUR IMPROVEMENTS I WANT TO SEE IN THE NHS BY 2015 - JEREMY HUNT

“I said when I was appointed that it was the biggest privilege of my life. The remarkable people I have met working for the NHS makes me think I was right. I am a strong supporter of Andrew Lansley’s reforms, which will unlock ideas, energy and enthusiasm at the NHS front line. But there are other things that need doing too, and I have identified four key priorities to focus on as Health Secretary. So how do I want the NHS to change for the better between now and the general election?

1. IMPROVE THE STANDARD OF CARE THROUGHOUT THE SYSTEM.

The recent CQC report was sober reading. 10% of health and social care institutions inspected fail to offer basic dignity and care. We need a system where quality of care is considered as important as quality of treatment. Much of the system gets this right and I have seen some brilliant things in my short time in office - but Mid Staffs, Winterbourne View, Morecambe Bay, James Paget, East Surrey...there are too many examples of places where this has not happened. We need more accountability from managers, better training, tougher inspections and more attention paid to what patients say.

2. BRING THE TECHNOLOGY REVOLUTION TO THE NHS.

The way we use technology has profoundly changed society. But the NHS has not kept pace. Patients, especially those with long term conditions like diabetes, want more joined-up care and much of the solution is in better use and sharing of information. We don’t need a top-down, multi-billion pound programme to do this - but Labour’s failure to deliver must not mean the NHS puts its head in the sand with respect to technology.

We do need the kind of common sense that begins to knit local IT systems together, so that when an ambulance is called for a frail older person, the paramedics know in advance if they have dementia. Or so that community health staff get an alert when a diabetes patient hasn’t had a home visit for a long time.

3. RADICALLY IMPROVE TREATMENT AND CARE OF DEMENTIA.

There are 670,000 people with dementia in England today – and that figure is going to double within 30 years. For far too long, people with dementia and their carers have not received the care and support they deserve. With our ageing population that must change. More early diagnosis, better research and better support for carers are essential if the NHS is to offer decent, humane support in line with its founding values.

4. IMPROVE MORTALITY RATES FOR THE BIG KILLER DISEASES TO BE THE BEST IN EUROPE.

One of the most basic elements of a good health system is how well it helps people get better, yet we languish in the lower half of the European league tables for cancer survival rates, respiratory and many other diseases. We should be the best - and if we were 20,000 lives would be saved every year. I want the NHS to make measurable progress towards this goal over the next 3 years.

A lot of this is a big ask when there are so many other pressures on the system. But if we don’t aim to be the best in the world, we never will be and I want nothing less from our NHS.”
Diabetes prescriptions topped 40 million for the first time ever in 2011, official figures show.

Data from the Health and Social Care Information Centre (HSCIC) shows the number of diabetes prescriptions has risen by almost 50% in six years to 40.6 million in 2011/12.

According to the report - Prescribing for Diabetes in England: 2005/6 to 2011/12 - the net cost of diabetes drugs rose by just under 50% during the same period. Furthermore, while the overall cost of all drugs to the NHS fell in 2011 by just 1%, the diabetes drugs bill increased by nearly 5%.

“Our figures show diabetes is having a growing impact on prescribing in a very obvious way – from the amount of prescriptions dispensed to patients in primary care to the annual drugs bill costs to the NHS,” said Tim Straughan, Chief Executive of HSCIC.

“Other reports we produce, such as our National Diabetes Audit and the Quality and Outcomes Framework, also demonstrate the impact of diabetes is widespread in all areas of the health service; from pharmacy to hospital care. When all this information is considered together, it presents a full and somewhat concerning picture of the increasing impact of this condition.”
Diabetes will consume £16.9bn of the NHS’ budget and threaten to “bankrupt” the service within a generation because so many people are being diagnosed with the disease, according to research. The cost of treating it will soar from £9.8bn as the number of diabetics rises from 3.8 million to 6.25 million by 2035, the study estimates.

The research was conducted by five health economists from the York Health Economics Consortium, a research and consultancy firm that is part of York University, and published in the journal Diabetic Medicine. Their findings reveal that the condition is “an unfolding public health disaster” that could overwhelm the health service, said the head of the UK’s biggest diabetes charity.

“This report shows that without urgent action, the already huge sums of money being spent on treating diabetes will rise to unsustainable levels that threaten to bankrupt the NHS,” said Barbara Young, the Chief Executive of Diabetes UK. “The NHS needs to heed expert advice and improve its care of diabetics, especially to reduce the number who develop complications such as kidney failure, strokes and amputations”, she added.

“But the most shocking part of this report is the finding that almost four-fifths of NHS diabetes spending goes on treating complications that in many cases could have been prevented. The failure to do more to prevent these complications is both a tragedy for the people involved and a damning indictment of the failure to implement the clear and recommended solutions. Unless the government and the NHS start to show real leadership on this issue, this unfolding public health disaster will only get worse”, Young said.

The research, funded by the drugs company Sanofi, also examined the costs of diabetes to the UK as a whole. Once loss of working days, early death and informal care costs are factored in, this will rise from £23.7bn to £39.8bn by 2035-36. The co-authors conclusion was reached after studying evidence on trends in diabetes collated by bodies such as the Office of National Statistics and the hospitals and NHS’ public health observatory service. Deaths from diabetes in 2010-11 alone led to the loss of over 325,000 working years, according to the report.

The number of people in the UK over 17 diagnosed with diabetes rose from 2.2 million in 2006 to 2.9 million in 2011. A further 850,000 are thought to have it but have not been diagnosed, and another 30,000 under-17s also have diabetes, mainly Type 1.

About 90% of sufferers have Type 2 diabetes, which is closely associated with the huge rise in obesity. The other 10% have Type 1 diabetes, which is an autoimmune condition.

Of the £9.8bn current direct costs, some £1bn is for Type 1 and the rest for Type 2 diabetes, but £13bn of the £13.9bn indirect costs are related to Type 2. Similarly, some £20.5bn of the projected £22.9bn total costs of diabetes by 2035/36 are expected to be due to treating the much more common form of the disease, the researchers estimate.

“We agree that diabetes is a very serious illness and one that has a big impact on the NHS,” said a Department of Health spokeswoman. “It is trying to tackle the disease by stopping people getting Type 2 diabetes in the first place, helping patients manage their condition better and improving the quality of hospital care”, she added.
**ABOUT DIABETES**

Diabetes is a condition where the amount of glucose in your blood is too high because the body cannot use it properly. This is because your pancreas does not produce any insulin, or not enough, to help glucose enter your body’s cells – or the insulin that is produced does not work properly (known as insulin resistance).

Insulin is the hormone produced by the pancreas that allows glucose to enter the body’s cells, where it is used as fuel for energy so we can work, play and generally live our lives. It is vital for life.

Glucose comes from digesting carbohydrate and is also produced by the liver. Carbohydrate comes from many different kinds of foods and drink, including starchy foods such as bread, potatoes and chapatis, fruit, some dairy products, sugar and other sweet foods. If you have diabetes, your body cannot make proper use of this glucose so it builds up in the blood and isn’t able to be used as fuel.

**TYPE 1 DIABETES**

**CAUSES**

Type 1 diabetes can occur at any age. However, it is most often diagnosed in children, adolescents or young adults.

Insulin is a hormone produced by special cells, called beta cells, in the pancreas. The pancreas is found behind your stomach. Insulin is needed to move blood sugar (glucose) into cells, where it is stored and later used for energy. In type 1 diabetes, beta cells produce little or no insulin. Without enough insulin, glucose builds up in the bloodstream instead of going into the cells. The body is unable to use this glucose for energy. This leads to the symptoms of type 1 diabetes.

The exact cause of type 1 diabetes is unknown. Most likely it is an autoimmune disorder. An infection or some other trigger causes the body to mistakenly attack the cells in the pancreas that make insulin. This kind of disorder can be passed down through families.

**SYMPTOMS**

The following symptoms may be the first signs of type 1 diabetes, or may occur when the blood sugar is high:

- Being very thirsty
- Feeling hungry
- Feeling tired or fatigued
- Having blurry eyesight
- Losing the feeling or feeling tingling in your feet
- Losing weight without trying
- Urinating more often

For other people, the following warning symptoms may be the first signs of type 1 diabetes, or they may happen when the blood sugar is very high:

- Deep, rapid breathing
- Dry skin and mouth
- Flushed face
- Fruity breath odour
- Nausea or vomiting, inability to keep down fluids
- Stomach pain

Low blood sugar (hypoglycemia) can develop quickly in people with diabetes who are taking insulin. Symptoms usually appear when the blood sugar level falls below 70 mg/dL. Watch for:

- Headache
- Hunger
- Nervousness
- Rapid heartbeat (palpitations)
- Shaking
- Sweating
- Weakness

Based on information from: www.diabetes.org.uk and MedlinePlus
TYPE 2 DIABETES

**CAUSES**
Type 2 diabetes is the most common form of diabetes. When you have type 2 diabetes, your fat, liver and muscle cells do not respond correctly to insulin. This is called insulin resistance. As a result, blood sugar does not get into these cells to be stored for energy.

When sugar cannot enter cells, high levels of sugar build up in the blood. This is called hyperglycemia.

Type 2 diabetes usually occurs slowly over time. Most people with the disease are overweight when they are diagnosed. Increased fat makes it harder for your body to use insulin the correct way.

Type 2 diabetes can also develop in people who are thin. This is more common in the elderly.

Family history and genes play a large role in type 2 diabetes. Low activity level, poor diet, and excess body weight around the waist increase your risk (see “Some Simple Steps” for guidance on reducing this risk).

**SYMPTOMS**
Often, people with type 2 diabetes have no symptoms at first. They may not have symptoms for many years.

The early symptoms of diabetes may include:

- Bladder, kidney, skin, or other infections that are more frequent or heal slowly
- Fatigue
- Hunger
- Increased thirst
- Increased urination

The first symptoms may also be:

- Blurred vision
- Pain or numbness in the feet or hands

PREVENTING TYPE 2

**SOME SIMPLE STEPS**
The increase in type 2 diabetes has been directly linked to the modern diet and rising rates of obesity. This is worrying because it is easily preventable, providing people follow these 4 simple steps, courtesy of Diabetes UK.

1. **EAT WELL**
   Around 80% of people with type 2 diabetes are overweight when diagnosed. Eating a healthy diet that is low in salt, sugar and fat, with lots of fruit and veg, is a simple way to prevent diabetes.

   Also, make sure your portions aren’t too big and eat three regular meals to control your appetite. No-one is suggesting you have to abandon cakes and sweets totally - just make sure they’re a treat, rather than a part of your daily diet.

2. **BE PHYSICALLY ACTIVE**
   Apart from making you feel good, getting regular exercise can reduce your risk of developing type 2 diabetes by up to 64%. This doesn’t have to be formal exercise, just take a brisk walk at lunchtime, go swimming or kick the ball around in the park with the kids.

3. **WATCH YOUR WAIST**
   Putting on the pounds round your midriff increases your risk. If you’re a man and your waist is 37 inches or more, or you’re a woman and your waist is over 31.5 inches, then you could be at risk of type 2 diabetes.

4. **GET CHECKED OUT**
   Type 2 diabetes can lay undetected for up to 12 years, which means that 50% of people already have serious complications by the time they’re diagnosed. If you have a large waist, are over 40 and a close member of your family has diabetes, you should ask your GP for a diabetes test.

The key to preventing type 2 diabetes can be boiled down to five words:

**STAY LEAN AND STAY ACTIVE.**

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IF YOU ARE EXPERIENCING ANY OF THE SYMPTOMS OUTLINED ABOVE, OR ARE CONCERNED ABOUT DIABETES AND WOULD LIKE TO BE TESTED PLEASE CONSULT YOUR GP.
Healthy living may seem an obvious benefit to your life but what about on the people who generate the value added each day at work. Many businesses ignore the significance of employee wellness on the profitability of the company.

In the past, wellness was seen as Human Resource activity but the desire for employee wellness programs is now moving down the corridor to finance; with 44% of Finance Directors saying employee health and wellness was a strategic priority compared to 38% of HR Directors.

WHY?
All the research shows that companies and managers who take the health of their employees seriously, deliver:

- 20% more revenue per employee
- 16% higher market value
- 57% higher shareholder value

With statistics like that…the question moves from why should you, to why wouldn’t you look after your employees’ health? A healthy balanced life leads to a healthy balance sheet.

Finance Directors quite rightly demand cost effective use of corporate resources. So when they report a return on investment of up to £5 for every £1 spent, then healthy living looks more like a revenue generator for the business, rather than a cost. Two major causes of bad health and lost productivity are poor diet and physical inactivity. Both of these can be addressed without breaking the corporate budget.

Healthy living is not about doing gymnastics 7 days a week and living on celery and salad for the rest of your life. Healthy living is about understanding what your body requires and replenishing your body so you can remain at your optimum level - removing those snacking urges in the process!

Healthy living is about the simple things in life. Life is complicated enough without adding with more rules to your world. It can be as simple as:

- Taking the stairs not the lift.
- Parking at the far end of the car park not as near the door as possible.
- Eating more real food and less processed.
- Having treats and not banning yourself from the tasty things on the menu.

Successful companies understand that profit growth is linked to a workforce which is healthy, focused and energetic. It is not about working longer, it is about having a focused mind through strong energy levels, maintained through an effective wellness programme.

HOW
LUNCH-N-LEARN
Why not deliver “lunch-n-learn” sessions to help people understand how to manage their diet, maximise their energy levels and reduce stress.

HEALTHY LIVING TARGET
Give managers a one-to-one programme to help them achieve a healthy living target? How better to show that people are the greatest asset than to provide a maintenance programme to reduce stress and increase focus and energy.

WORKSHOPS
Conduct workshops showing how employees and their families can try to live healthier, whilst still balancing the family’s desire for pizza and the inevitable constraints of busy lives.

ENSURE YOUR EMPLOYEES HAVE ACCESS TO THE BEST HEALTHCARE BY INCLUDING THEM ON THE ONEMEDIFUND SCHEME
There is a “significant link” between employees’ engagement with their job and their well-being, according to the Chartered Institute of Personnel and Development’s (CIPD’s) latest Employee Outlook survey.

The recently published report shows that engaged employees score much more highly against the Office for National Statistics’ “happiness index”.

The index asked subjective questions relating to life satisfaction and how worthwhile people feel their lives are. Results found that engaged employees scored more highly on the “happiness index” and reported lower levels of anxiety, compared to employees with neutral engagement or those who are disengaged.

In addition, the report found there was a strong link between the extent to which employees trust the senior management team in their company and their well-being. It said: “There is a particularly strong link between employees who strongly agree they trust their senior managers and lower than average levels of anxiety.”

The extent to which employees agree they are consulted by senior managers on important decisions was also found to have a strong correlation with well-being scores.

IT IS IN EMPLOYERS’ INTERESTS TO BE INTERESTED IN THE WELL-BEING OF THEIR STAFF...

The CIPD said: “It is in employers’ interests to be interested in the well-being of their staff – not just because they have a duty of care towards them – but because of the link between well-being and employee engagement, as well as lower risks of accidents and lower levels of stress and absence.”

58% OF EMPLOYEES FEEL NEUTRAL ABOUT THEIR ENGAGEMENT AT WORK...

The CIPD said another notable finding from the most recent report is the percentage of employees who feel neutral about their engagement at work – this represents 58% of those surveyed and remains consistently high from the previous reports.

The study measures employee engagement through a number of factors relating to the level of engagement individuals feel to their organisation beyond pure job satisfaction.

The CIPD said that while people’s satisfaction with their specific jobs is relatively high, this does not extend to overall engagement with their organisation.

The report said: “There are a number of pointers in the research as to why people might be feeling this way – and these mainly relate to how people are managed.”

“While satisfaction with immediate managers is generally strong, there are continuous issues around a lack of personal development – including coaching on the job, discussing learning and development and giving feedback on performance.”

“Perceptions of leaders also need to improve, with views on leaders’ consultation being particularly poor and trust and confidence in leaders falling further.”
DEMENTIA OR SIMPLE ABSENT-MINDEDNESS?

Take the Alzheimer's test

This quick test, devised by doctors, can help tell if you or a family member is at risk of Alzheimer's disease. The 21-questions distinguish between normal absent-mindedness and the more sinister memory lapses that may signal the early stages of dementia. The questions are designed to be answered by a spouse or close friend. The Alzheimer's questionnaire, which is almost 90 per cent accurate, measures mild cognitive impairment – the slight memory lapses that can be a precursor of the disease.

HOW TO COMPLETE THE TEST

The 21 questions are answered with a simple “yes” or “no”. A “yes” is given a score of one or two and a “no” always scores zero, giving a maximum possible score of 27.

> Someone who scores under 5 is advised that there is no cause for concern.
> A score of 5 to 14 suggests mild cognitive impairment – or memory lapses that could be the early stages of Alzheimer’s.
> Any higher than this and the person may already have it.
> Anyone who scores 5 or above should consider seeking expert help.

COMPLETE THE 21 QUESTIONS BELOW

Q1. Does the person have memory loss?
   YES - 1
   NO - Zero

Q2. If so, is their memory worse than a few years ago?
   YES - 1
   NO - Zero

Q3. Do they repeat questions or statements or stories in the same day?
   YES - 2
   NO - Zero

Q4. Have you had to take over tracking events or appointments, or does the patient forget appointments?
   YES - 1
   NO - Zero

Q5. Do they misplace items more than once a month?
   YES - 1
   NO - Zero

Q6. Do they suspect others of hiding, or stealing items when they cannot find them?
   YES - 1
   NO - Zero

Q7. Does the person frequently have trouble knowing the day, date, month, year and time; or check the date more than once a day?
   YES - 2
   NO - Zero

Q8. Do they become disoriented in unfamiliar places?
   YES - 1
   NO - Zero

Q9. Do they become more confused when not at home or when travelling?
   YES - 1
   NO - Zero

Q10. Excluding physical limitations, do they have trouble handling money, such as offering tips or calculating change?
     YES - 1
     NO - Zero

Q11. Do they have trouble paying bills or doing finance?
     YES - 2
     NO - Zero

Q12. Does the person have trouble remembering to take medicines or keeping track of medications taken?
     YES - 1
     NO - Zero

Q13. Are they having difficulty driving; or are you concerned about the patient’s driving?
     YES - 1
     NO - Zero

Q14. Are they having trouble using appliances such as the stove, phone, remote control, microwave?
     YES - 1
     NO - Zero

Q15. Excluding physical limitations, are they having difficulty in completing home repair or housekeeping tasks?
     YES - 1
     NO - Zero

Q16. Excluding physical limitations, have they given up or cut down on spare time activities such as reading, exercising or crafts?
     YES - 1
     NO - Zero

Q17. Are they getting lost in familiar surroundings such as their own neighbourhood?
     YES - 2
     NO - Zero

Q18. Is their sense of direction failing?
     YES - 1
     NO - Zero

Q19. Do they have trouble finding words or other names?
     YES - 1
     NO - Zero

Q20. Do they confuse names of family members of friends?
     YES - 2
     NO - Zero

Q21. Do they have trouble recognising familiar people?
     YES - 2
     NO - Zero
NICE: GPs SHOULD SCREEN ALL ADULTS FOR EXERCISE HABITS

GPs and practice nurses should screen all adults to determine if they reach recommended levels of physical activity, recommends draft guidance published by NICE (National Institute for Health & Clinical Excellence). The guidance says practices should opportunistically use questionnaires to determine the activity of all their adult patients in consultations and tailor advice to those who are not sufficiently active including identifying motivational issues.

The radical proposal published in November 2012 is designed to make enquiries about physical activity “more routinely” incorporated into daily practice, and supports the “making every contact count” philosophy enshrined in the NHS Mandate published earlier this year.

The guidance updates previous advice from NICE published in 2006 to offer “brief advice” to patients on how to improve their levels of physical activity. By “brief advice”, NICE means verbal advice, discussion, negotiation or encouragement, with or without written or other support or follow-up. It can vary from basic advice to a more extended, individually focused discussion. It also suggested that to facilitate brief advice, GPs could use scheduled health checks, checks of disease registers, long-term disease management plans, “triggers” in computerised patient records and incentive schemes.

Current guidelines from the Chief Medical Officer on physical activity says everyone aged 19 or over should take either 30 minutes of moderate exercise at least once an hour. New technology will allow nurses to update medical records at the bedside instead of spending hours at a desk away from the ward.

The number of nurses has fallen by more than 6,000 since the coalition was formed. In May 2010 there were 310,793 but by August 2012 the number had fallen to 304,566, Mr Hunt told MPs. Tory MP Anne McIntosh said that, irrespective of the numbers, Mr Hunt should give an instruction that we go back to traditional nursing methods, as now that we have an almost all-graduate nursing profession we seem to have lost touch with true, caring nursing.

Speaking in the Commons Mr Hunt said he had some sympathy with Mrs McIntosh’s concerns; “The vast majority of nurses in the NHS do an outstanding job and we are very lucky to have them giving their lives to the NHS”. Mr Hunt added; “Nowhere in the NHS should we allow low staff numbers to lead to poor care”.

PUBLIC HEALTH NEEDS

STRONG LEADERSHIP FROM GPs.

The only way to reconcile the “oil and water” of public health and general practice is by strengthening CCGs (Clinical Commissioning Groups), says Dr Judith Smith

The Nuffield Trust’s new interactive timeline illustrates well the durability of many of the “wicked problems” afflicting the NHS and the range of managerial doctrines deployed against them since the health service was created; hierarchy, consensus management, general management, the internal market - and more recently; collaboration, competition and patient choice.

One of the issues successive governments have returned to over the past seven decades is the question of general practice and its links with the broader system of community-based care.

Whether it is concern about improving the relationship between doctors and health visitors (subject of the 1956 Jameson report) or balancing GPs’ ownership of primary care with the need to boost action on prevention (several White Papers and contracts), most health ministers, to borrow an analogy from noted primary care expert Geoff Meads, have tried at some point to mix the oil and water that is general practice and public health.

This is not surprising. Research into primary healthcare in the international context has revealed a clear link between the strength of a country’s primary healthcare system, the degree of cost-effectiveness of the overall health system, and the level of health outcomes achieved for the population. In other words, ministers cannot ignore the gains to be had from situating a strong primary care sector within a thoughtfully designed system of community services.

The challenge facing CCGs needs to be understood against that backdrop – they will essentially be population-based statutory organisations depending on the enthusiasm and engagement of the general practice mainstream. How far these new organisations will feel owned by GPs will be critical to their success.

Adapted from original article: www.pulsetoday.co.uk, November 2012

Jeremy Hunt Orders A Return to Old-Fashioned Nursing.

NHS staff are to be told to give a greater priority to the quality of care they give patients in a return to old-fashioned nursing. Health Secretary Jeremy Hunt fears nurses spend too little time caring for the sick in hospitals. While the public is confident they will receive high quality care with the National Health Service, they are less certain they will be looked after properly.

A report by the Care Quality Commission, published in November 2012, found 10% of patients are not treated with dignity and respect, 15% are not properly fed and 20% have their care neglected. A Department of Health source said Mr Hunt wants to make sure NHS organisations value care as much as they value the quality of treatment. In particular he wants lessons to be learned from the Mid Staffordshire NHS Trust scandal, where 1,200 people lost their lives needlessly because of appalling care.

Nurses have already been told to check whether patients need help at least once an hour. New technology will allow nurses to update medical records at the bedside instead of spending hours at a desk away from the ward.

Adapted from original article: www.pulsetoday.co.uk, August 2012

LATEST HEALTH NEWS
LOVE IT OR HATE IT, MARMITE COULD STOP SPREAD OF MRSA.

Scientists have found that high doses of niacin, or vitamin B3, massively boost the body’s defences against staphylococcus bacteria. In tests, the immune system’s ability to kill different strains of the bugs, including MRSA, was increased up to 1,000 times. Marmite is especially rich in B vitamins, including niacin. But to provide the benefits seen in the study, much higher B3 concentrations would be needed than can be obtained from the yeast extract spread. The researchers used clinical “megadoses” of niacin far beyond what any normal diet would provide, similar to those previously given to patients undergoing treatment. However the scientists warned people not to start taking high doses of niacin without medical supervision.

COULD THE SMELL OF ROSEMARY ENHANCE YOUR TIME ON A CROSSWORD?

Researchers noted the surprising appearance of a component of rosemary oil in the bloodstream, leading to new ideas about how rosemary aroma can be used therapeutically. The link between rosemary and improved cognitive function has long been established. Main researcher, Dr. Mark Moss said, “Plants are very complex organisms and contain many different active compounds. These vary in concentration from plant to plant and even within the same plant over the course of a day. The accumulation of knowledge regarding possible impacts of plant aromas and extracts could potentially lead to an identification of the best combination to promote specific effects. Its grandest conclusion might be the development of plant-based drugs that could extend mental capacity into old age.”

ARE YOU A CONTRIBUTOR YET?

Whilst the onemedifund private healthcare scheme continues to go from strength-to-strength, we feel that all of us will benefit by becoming contributors.

SO WHAT SHOULD YOU DO NEXT?

If you have yet to register with onemedifund:
Apply online (or download the form) now at www.onemedifund.com
Or complete and return your original application form.

If you’re unsure that the onemedifund scheme is right for you:
View the online webinar and/or download a PDF version of the brochure.
You can also ring the registration helpdesk direct on 0845 383 3830.

If you’re concerned about meeting the cost of the scheme:
Talk to your employer or a family member. They might be able to help you become part of onemedifund.

Registration helpdesk: 0845 383 3830 - info@onemedifund.com
www.onemedifund.com

FASTER ONCE A WEEK COULD HELP YOU LIVE LONGER.

Not eating at all for one or two days a week may protect against Alzheimer’s, Parkinson’s and other degenerative brain conditions, an American research team found. It has long been known that severely restricting calorie intake can increase the lifespan of rats and mice and it has been suggested there could be a similar effect in humans too. But the theory is difficult to test. Prof Mark Mattson, head of the National Institute on Ageing in Baltimore’s Laboratory of Neurosciences, said: “Reducing your calorie intake could help your brain, but doing so by cutting your intake of food is not likely to be the best method of triggering this protection. It is likely to be better to go on intermittent bouts of fasting, in which you eat hardly anything at all, and then have periods when you eat as much as you want.”

BE HAPPY, IT SEEMS TO BE GOOD FOR YOUR HEART!

Scientists have long known that Type A personalities and people who are chronically angry, anxious or depressed have a higher risk of heart attacks. Now a Harvard review of the flip side of that psychology concludes that being upbeat and optimistic just may help protect against heart disease. Lead researcher Julia Boehm, of the Harvard School of Public Health, found that people with a better sense of well-being tend to have healthier blood pressure, cholesterol and weight, and are more likely to exercise, eat healthier, and get enough sleep. But she cautioned that it will take more research to tease apart if a positive outlook makes people feel more like taking heart-healthy steps - or whether living healthier helps you feel more positive.
ACROSS
1. Can result from excessive anxiety (12)
2. Small pitted scar (4)
3. Brazil’s second city (3)
4. The optic (3)
5. For the heart to beat (8)
6. Fortified island in Panama Bay (4)
7. Long bunion (18)
8. Not in great shape if it’s too high (11)
9. Leaf that can help with stings (4)
10. A counterfeit (3)
11. Slang term for a spot (3)
12. Much of this about nothing (3)
13. Not living factors that affect living organisms (7)
14. Its just not right (4)
15. Hearing noise without sound (8)
16. Muscle causing movement of a joint in stem of grass (4)
17. A 7th or 8th cervical vertebra (4)
18. Health, drug or Russian ruler (4)
19. Go to the doctors if you’re this (3)
20. Canadian plough or surgeon (6)
21. Willing (4)
22. Male sheep (3)
23. Not in great shape if it’s too high (11)
24. Sweeter form of wind (7)
25. Policemen write in them (8)
26. Human odograph (9)
27. Lowest ever human blood oxygen levels were recorded up here (7)
28. Written legal documents (8)
29. Pompous speaker (6)
30. American coin (4)
31. Another name for silver salmon (4)
32. Another name for silver salmon (4)
33. Used to drill holes on the head (6)
34. Joint in stem of grass (4)
35. Muscle causing movement of a joint in stem of grass (4)
36. Another name for silver salmon (4)
37. Suffix for mouth (5)
38. Complementary therapy with needles (11)
39. You wouldn’t want your surgeon to do this (5)
40. Atmosphere or anaesthetic (5)
41. Sits right on top of your cervical vertebrae (4)
42. Type of oil that’s good for you (5)
43. Tendency of wisdom teeth (6)
44. Circular movement (6)
45. Assistance (4)
46. Poison from a wound (3)
47. Feeling of nervousness (7)
48. Space in front of human eye (8)
49. Burden (4)
50. It’s funny, in fact it’s a gas (12)
51. Bone in the arm (4)
52. Assist (4)
53. Unhealthy cornish delicacy (5)
54. Relating to the gall or urinary bladder (6)
55. Excessive urine output (8)
56. To provide (5)
57. Mystic exercise (4)
58. Gout can be a side effect from taking this (8)
59. Tear (3)
60. Heavy metal (4)
61. NOT a breath of fresh air (9)
62. It’s funny, in fact it’s a gas (12)
63. First phase of the heart beat (7)
64. Measurement of randomness of energy (7)
65. Feeling of revulsion (6)
66. Significant action required to lose weight (7)
67. Joint that gives us spring (5)
68. Second phase of the heart beat (8)
69. Give it a score (4)
70. Black gold (3)
71. Blood indicator and potent laxative (15)
72. Organ that filters your blood (6)

DOWN
1. Egg (2)
2. Pathogen (6)
3. Antigen (7)
4. Future forum (7)
5. Inner (8)
6. Prefix (7)
7. Syntax (8)
8. Due (7)
9. Nest (7)
10. Triad (5)
11. DNA (3)
12. Pure (5)
13. Future forum (7)
14. Thin (7)
15. Pure (5)
16. Sib (4)
17. Happy (7)
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70. Happy (7)
71. Girls (5)
72. Girls (5)

Solution to Cross No. 2 onetime edition two, August 2012