

PATIENTS GROUP

Queen Edith Medical Practice

Complementing the Work of the Practice

PPG email: ppg@alanwilliams.org.uk

NEWSLETTER NO 28: December 2021

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I have recently taken on from Alan Williams the role of editing this newsletter. Alan remains as Chair of the Queen Ediths Patients Group and has many duties in the role so hopefully I can help by editing this newsletter. The newsletter will continue to provide news on the Queen Ediths Practice, more general healthcare issues and the work of the Patients Participation Group (PPG).

The newsletter relies on contributions from various individuals and have I have added their names to recognise their work. I thank them for their articles.

I hope that you find interesting the following updates which cover a variety of subjects. If you would like coverage of something else, please let me know.

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1. PRACTICE NEWS -- From Claire Surridge – Practice Manager

GP Appointments

Our team is working very hard to provide care for all our patients who need it – demand is exceptionally high. We are also still working to very strict infection control guidelines.

Therefore, all initial GP appointments are currently telephone or video consultations – if the GP feels you then need a face-to-face appointment, they will book this for you.

Please note our receptionists are unable to book face-to-face appointments with a GP.

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Flu Vaccinations

We have now completed most of our flu vaccinations for this season but are running some catch up clinics in December for eligible patients with a clinical need.

Patients aged 50-64 who do not have any underlying health conditions will be invited in January, so please wait to receive an invite directly from the practice before calling.

Covid Booster Vaccinations

Queen Edith's, along with the other 5 practices in our Primary Care Network (PCN) made the difficult decision NOT to take part in the current Covid Booster Vaccination programme. This was due to a combination of reasons, not least being significant increased pressures on our staffing and resources over the past few months. We appreciate this was disappointing for some patients but hope you can understand the need to ensure we protect our resources to enable us to continue to offer all the other services we provide.

We would ask that you do not call the practice with queries regarding the Covid booster vaccine as we are unable to resolve issues. **Please call 119.** If you have a problem with missing or incorrect data then please ask to be put through to their Vaccination Data Resolution Service (VDRS). If they are unable to help with your issue then please contact the CCG Patient Experience Team on 0800 279 2535 or by emailing APCCG.PET@nhs.net

Telephone Issues

We are aware of an intermittent problem with our telephone system that we are working hard with our supplier to resolve.

Should you find yourself held at number 1 in the call queue for more than 15 minutes please hang up and dial again. For some reason a caller occasionally gets 'stuck' at this position but we have as yet been unable to find out why this is happening. We do apologise for any inconvenience this may cause.

We have seen a huge increase in the number of incoming calls to the practice in the past few months so would ask that you bear with us when calling.

Season's Greetings!

Finally, we would like to wish all our patients a very Happy Christmas and hope that we all have a better year in 2022!

2. DR. ANITA KORUTH

Dr. Koruth recently joined the practice as a GP and she presents below a short introduction to her herself and her background. A warm welcome to Dr. Koruth.

"I grew up in Scotland and studied Medicine in Edinburgh. I initially trained in General and Breast Surgery before embarking on a career in General Practice. I have been a GP for over 10 years and have worked in several parts of the country before settling in Cambridge. I enjoy the variety of General Practice and am particularly interested in lifestyle medicine and holistic care. Outside of work I enjoy yoga, nature, the arts and travel.

3. HEALTHCARE SNIPPETS (from Alan Williams)

Covid

The vaccine story continues. As this newsletter is being prepared, news is breaking of a new virulent strain of Covid developing in other countries (*see next item*). In the interim, many of the 12–15 year-old school children in the UK have received first jabs, even with anti-vaxxer displays outside some schools. Boosters (third jabs) are underway and, as with the earlier doses, take-up has been high in the older age groups but not as much with the next eligible age groups. A very large research study in Israel showed that 93% of people who received a booster had a lower risk of hospitalisation (the comparison was done with 728,000 patients aged 12, and over, having a booster, at least five months after their second jab while a matching control group of the same size did not have the booster).

The New Variant

A week ago (when this Newsletter was being planned) we thought we were up to date on Covid. By Thursday, it became apparent that some important news was developing. This relates to the new variant which originated in Southern Africa (the virus is very good at mutating!) and it is called Omicron, continuing the use of the Greek alphabet to designate them. In my simple terms, this seems to be quite a big change and it is not clear whether the existing vaccines can cover it effectively and so some precautions (eg masks in shops and on public transport) are being introduced). The good news is that the scientists and vaccine companies believe that they can create a new version of the vaccine in about 100 days (but that takes us to March). We will update you as more information becomes available.

Other Vaccines

The flu vaccine campaign is underway and QEMP successfully completed its age 65+ group with almost 800 doses given on the two designated days. It has been suggested that flu could be quite bad this year because it didn't come round last year (an effect of the winter Covid lockdowns) and so in-built immunity is thought to have waned. There is continuing worry about measles (and other childhood diseases) in several countries because of low vaccination rates. Today's parents were usually vaccinated and so did not have these diseases themselves; perhaps that makes them think these diseases are not really serious but they are!

Can Medicines Control Covid?

A new drug, molnupiravir is a pill and does not need to be infused into the blood in a hospital like some already approved drugs. Early results in a large-scale trial in 23 countries are promising and it is thought possible that temporary approval may be granted. (Note: molnupiravir is the generic name but not the, so far unannounced, Brand Name under which it will be marketed, if approved.)

Benefits from Vitamin Supplements?

A report in The Times (9th November) looked at large trials of supplements of Vitamin C, Zinc, Fish oil, Vitamin D and Folic acid (Vitamin B9). The general conclusion seems to be that most such supplements do not have much of a positive effect provided that people have a broad and healthy diet. In most cases, food provides what is needed of these materials; two exceptions seem to be Folic acid during pregnancy and it may also reduce the risk of dementia in older people. So, what to do? Perhaps a mono-diet of pizza is problematic but with a broad-based diet you might be able to spend less on supplements.

Gut Problems

Dr Mark Porter, a GP in the West of the country, wrote about this in The Times on 8th November. A recent study of more than 50,000 patients with irritable bowel syndrome (IBS) suggests linkages between the gut and the brain in which anxiety and/or depression may be an issue. If there have been certain symptoms (eg recent changes such as loose bowels or constipation) there may be an issue that needs investigation; this is not just for a day or two but for quite a bit longer. There is quite a lot of information about IBS at nice.org/uk (NICE is the National Institute of Clinical Excellence). But, NOTE that blood in the toilet needs checking quickly.

4. NEWS FROM CUHT (as at November)

***Provided by Howard Sherriff who is a QEMP Patients Group Committee Member,
a Patient Governor at CUHT and our Representative to PRG and CAPG***

Cambridge University Hospitals Trust (CUHT)

This article is mainly about the current problems with Covid in the Cambridge and surrounding areas, as they affect CUHT. "Covid is not over". This is the warning from deputy Chief Medical Officer Professor Van-Tam. Last week Roland Sinker, CEO of CUHT, gave a staff briefing widely reported in the Press, about the increasing winter challenges and numbers of Covid in-patients in Addenbrooke's Hospital. The case load of Covid patients is increasing by 4 per day and has doubled since previous week of 32 to 65. As a result, the Trust has had to go into Enhanced Measures resulting in reduced capacity at the start of the winter surge.

This will delay elective treatment further and continue the long waits outside Emergency Department for the foreseeable future. The current ED patient numbers continue to be well above pre-Covid attendances, and the main reason reported by RCEM (Royal College of Emergency Medicine) is the lack of face-to-face appointments in Primary Care, so patients just attend A&E.

Cambridge and Peterborough have some of the highest case numbers in England, with enhanced measures. If it gets worse localised lockdown may be implemented before Christmas.

An analysis of the problems notes that even with double or triple vaccination individuals can still carry the Covid virus (UCH London) so social distancing, washing hands and wearing masks are essential to avoid spreading the disease to family and friends. Many will have noted in shops and town areas there is a lack of mask wearing and social distancing. The recent surge in cases came from schools in the 11-18 age group. This has caused spread into the community, and now the vulnerable over 65's are getting the disease, hence the increase in hospital admissions.

There is an incorrect assumption that two doses protect people. The initial immunity fades hence the need for booster vaccines. People have delayed getting this so are spreading the virus. Additionally, there has been a national delay in getting supplies to local vaccination centre (booster vaccines are half dose of the original).

One solution is to note it is not "they" must do something, but I (me) must do something and that includes myself and family not attending ED unless life-threatening and also getting booster vaccinations. Pass this on to family and friends.

Recognise Covid is here permanently and will be a problem for the next 10 years, so regular vaccinations will be part of life.

One positive item is that CUHT plans to give every staff member a Covid badge designed by local artist, a small but permanent reminder of their hard work.

5. PPG TALKS PROGRAMME

It is our objective to have another talk soon, over Zoom, but many NHS personnel are under stress and unavailable. We are looking at relevant alternatives and will announce something as soon as possible.

***Note:** while all QEMP registered patients (over 16) are invited to attend our talks, we make a point of also being open to participants who are with other practices because we advertise locally (and many local people are not registered at QEMP). So, feel free to mention our talks to friends, family and neiahbours.*

6. PRESCRIPTION COLLECTION PROJECT

This project was passed to us by the QE Community Forum (QECF) which established it early in the Covid era when it was felt that people might need help. QECF indicated a wish to move on to other things during June and we agreed to adopt the project.

It is available to residents in the Queen Ediths Ward who use one of the two local pharmacies (Kays in Wulfstan Way and Numark in Cherry Hinton Road). It is irrelevant which Practice they are registered with provided that the Practice will send the Prescriptions to either of those two pharmacies (the local Boots has closed).

If you (or anyone you know) need this assistance, please contact David Bridges by e-mail at ppg@queen-ediths.info or telephone 07968 538783 (and, if necessary, leave a message).

7. OUR ANNUAL GENERAL MEETING

There has been a recent mailing to members of the PPG group with the Minutes from last year's AGM, an Agenda for this year's meeting and a Proposed Revised Constitution. The AGM will take place on Zoom at 15.00 on 9th December and the Zoom link has gone out with the paperwork. If you have not received the e-mail with details of the AGM, please contact ppg@alanwilliams.org.uk

8. OUR WEBSITE

We have been trying to develop our own website to keep everyone informed about the activities of the Patients Group, including publishing details of meetings, talks, newsletter archive etc.

This is an on-going process but it has been going slower than we hoped because none of the Committee has the appropriate skills and we have no financial resources to "chuck" at it.

If you, or anyone you know with suitable skills (age 16 and above), would be able to offer some assistance on a voluntary basis we would be delighted. If you can suggest a volunteer, please send an e-mail to ppg@alanwilliams.org.uk

9. THE NHS SYSTEM AND ACRONYMS

The NHS is a large organisation and as with all large organisations, it has a significant bureaucracy and a particular culture. When I started on this newsletter, I came across many acronyms which I had difficulty in making sense of. I have tried below, with help from Alan Williams, to expand on the acronyms relevant to GP practices and what they mean to us as users and patients.

Currently the government department responsible for health matters is the Department of Health and Social Care. Their website states “We support ministers in leading the nation’s health and social care to help people live more independent, healthier lives for longer.” The department bids for funding from the Treasury and then allocates budgets to various bodies to deliver health care, among other things.

CCG - At a more local level, the Cambridgeshire and Peterborough Clinical Commissioning Group or CCG, with an annual budget of £1.6 Billion, is responsible for allocating the budget to hospitals and 90 GP practices in our area. GPs are responsible for delivering the healthcare at their practices.

In the next year, likely to be around May 2022, the CCG is scheduled to be replaced by another body called the Integrated Care Service or ICS. I am sure there will be difficulties in getting the reorganisation to run smoothly but eventually social care will be joined up with health care.

Other groups relevant to local GP delivery are:

CUHT – the Cambridge University Hospital Trust whose responsibilities include Addenbrookes, the Rosie and will include the new Childrens and Cancer hospitals.

PCN – Primary Care Network. Since the NHS was created in 1948, the population has grown and people are living longer. Many people are living with long term conditions such as diabetes and heart disease or suffer with mental health issues and may need to access their local health services more often. To meet these needs, GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as Primary Care Networks (PCNs). PCNs have between 30,000 and 50,000 patients and Queen Ediths is a member of a PCN with the Cornford House, Cherry Hinton, Mill Road, Petersfield and Woodlands Practices.

PRG – Patient Representative Group. The PRG is a formal sub group of the CCG Governing Body. The focus of the PRG is on providing an independent view of the work of the CCG. It helps to ensure that, in all aspects of the CCG’s business, the voice of the local population is heard. It is a route for patients to make representations to the body that funds medical services. Currently Howard Sherriff is a member of the PRG.

CAPG – The CAPG is the Cambridge Area Patients Group. Any Patient Participation Group (PPG) of a Cambridge practice may send a representative to CAPG meetings to exchange information and provide feedback to funding organisations. It also includes a couple of representatives from a large, linked Practice (Granta) in South Cambridgeshire. CAPG meets about six times a year and represents approximately 26 practices with a total of about 250,000/300,000 patients.

The above notes give an introduction to the organisation of medical care at the local level. There are many other groups involved. With the move to an Integrated Care Service next year, let us hope that organisational complexity does not impede the delivery of medical services.

Regards

David Blake