

PATIENTS GROUP

Queen Edith Medical Practice

Complementing the Work of the Practice

NEWSLETTER NO 25: March 2021

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It's hard to believe that the real mayhem arrived with us as recently as February 2020, when the virus hit the news in the UK, and then the first lockdown in late-March. Now, we seem to be nearing the end of the third lockdown! However, that does not signify a "free-for-all" and everything back to normal. Summer holidays outside the country seem less likely than they did – however good our vaccination programme there are issues in countries we might want to visit such as much slower vaccinations and new variants of the virus. Annual vaccinations, as with flu, might become routine but we just don't know yet.

As with any vaccination programme (including MMR among children etc) the key is the proportion of relevant people who have been vaccinated and whether the threshold for herd immunity has been reached so that the virus, even if present, does not sweep through the population.

We are pleased to have been in touch with the new Partner at QEMP and a brief interview with him is included.

Up-to-date news from various fronts is included; there is some interesting news in our Healthcare Snippets section. We also have news from CUHT and PRG/CCG.

Your Committee continues to plan for future activities but many of these will rely on electronic communication for some time – meeting in person is not yet an option. AND, we hope to launch our own website soon!

Let us know your ideas in all areas and we will see what we can do. Comments welcome!

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Covid – Vaccination Progress

The big story now is the vaccinations. They started in December with the oldest people first; many of those who had one in December received the second quite soon into the New Year and then the rest of us started to come into play. The PCN4 (see Newsletter 24) hub at Cornford House went live during January with the slightly less old people coming forward, initially 80+, then 75-80 and then 70-74. Adding in those deemed to be vulnerable, a lot of people had been through by early March and then there was a “gear-change” to tackle over 60s and on to over 50s; these, being somewhat more mobile, were getting through pretty quickly – about 1000 per day.

The hub at CH has been staffed on vaccination days by doctors and nurses inside and volunteers outside (meeting/greeting those coming for their vaccinations and organising the car parking, including taxis delivering and collecting people). On any one session, there are 10-12 volunteers (distinguished by their hi-vis jackets) and a session typically lasts two to three hours – free hot drinks and biscuits are provided!! One thing that is very noticeable is how cheerful everyone is; the vaccinees are happy to be there even if they have to queue a bit and the volunteers are pleased to help although a three-hour stint on the coldest day -- around minus 6 or minus 7 C at 5.30 pm -- was a bit of a trial!

At Cornford House the vaccines used so far have been from Pfizer/BioNTech and AstraZeneca/Oxford. The former is a bit more complex because it is stored and transported at very low temperatures and then it has to be thawed and made ready on site to be used in the next few hours. In contrast, the A/Z one can be stored at normal fridge temperatures. Also, those receiving the Pfizer vaccine are asked to sit quietly at CH and be observed for 15 minutes in the marquee in the car park just in case they feel a bit woozy (it seems that very few actually do – but what’s 15 minutes?). In contrast, those receiving the A/Z are free to go straightaway although it is suggested that drivers sit in their cars for 10 minutes before actually driving.

Vaccine Development and Organisation

The number of new vaccines under development is little short of amazing but a true sign of how nervous Covid made us all – including the scientists and Governments (apart, bizarrely, from the one in Brazil). The next steps will be to test vaccines against the new variants of Covid that are being reported and to modify them as needed (this type of “modification” is standard practice with, for example, flu and usually only takes a short time – flu vaccines in the Northern hemisphere are different in their constituents almost every year based on what seemed important in the Southern Hemisphere earlier in the year.

Four Covid vaccines (from Pfizer, A/Z, Moderna, Johnson & Johnson) have been approved in either USA, UK or Western Europe and a fifth from Novavax is expected to be approved soon. In addition, there is one (Sputnik!) from Russia being offered in some countries (Eastern Europe and parts of Middle East and Africa) and two from China although none of these three are licensed in “Western” countries; similarly, a number of local ones are available in India (which is probably the leading manufacturer of vaccines generally). Many, many more are in earlier stages of Research and Development.

Also beyond precedent is the speed of development, one year or so, versus a typical ten years for vaccines generally. *This has been achieved by much of the work being done “in parallel” rather than*

step-by-step (typically one type of trial is completed and reported before the next type of trial is planned and started and detailed planning of factory scale manufacture does not happen until late in the development path). Then all the data is submitted to the regulators who typically take one to two years to examine it. With Covid vaccines, the data has been submitted and reviewed, on a rolling basis as soon as each result is available. So, data is generated fast, review is very quick and manufacturing plants are running at scale before approval of the product (the companies are taking considerable financial risks that they would never normally contemplate).

Then we come to the approach taken by Governments. Our UK government has been criticised by many of us for mis-steps in the management of Covid – late “lock-downs”, early release from them (for example, think about last Christmas and the massive surge in cases in January) and re-lockdowns. But, without any doubt, our Government scored a massive hit by setting up the Vaccine Task Force to manage the commercial arrangements of ordering and buying sufficient vaccines well in advance of just about every other Government. Apart from Israel, the UK has negotiated adequate supplies far more effectively than any other. Incidentally, the Vaccine Task Force was run, until late 2020, by Kate Bingham, manager of a leading life sciences venture capital company.

The impact of that “commercial” viewpoint is demonstrated by the fact that more than 50% of the UK’s adult population has had at least one jab where France, Germany, Italy and Spain (for example) have struggled towards 10% each. Some European governments also suggested that the A/Z vaccine should NOT be given to any one over 60 or 65 (different countries had different thresholds). The most bizarre situation is that the Novavax vaccine seems likely to be approved in UK some time before approval in EU and the only factory in Europe ready to produce it is in Scotland. The Vaccine Task Force financially supported the development of the manufacturing site and pre-ordered as much as it thought the UK would need. Novavax is a French company and it received no support or any order from the French Government; even when it is approved, there may not be any of this vaccine quickly available for use in France!

We can now foresee a situation in which the UK will have enough vaccines to support the entire population and will be able to donate supplies to poor countries in Africa (where the scale of Covid is huge) while the French and German governments, for example, are still trying to get properly started.

I voted to Remain in the EU but the vaccine situation may well turn out to be a successful result of Brexit – and earn the UK considerable international kudos.

Practice News

The previous section demonstrates the scale of the operation now underway. You can imagine that the admin staff in Wulfstan Way are rather busy planning the logistics of the injections and communicating appointment information to patients --- all on top of coping with the day-to-day running of appointments/repeat prescriptions etc and dealing with urgent phone calls, in and out. Several have been compelled to isolate if a near relative has shown symptoms.

As a result, we present the apologies of the Practice Manager, Claire, who has been unable to forward her usual report.

Introducing Dr Sivatharan Vedavanam

Dr Vedavanam became a Partner at QEMP early this month although he has had a relationship with the Practice for some time and will be familiar to quite a few patients. His friends know him as Tharan (with the h being silent, Taran is how it sounds).

He describes himself as a Geordie, having grown up in Durham and attending school in Newcastle. He went on to University College London, Medical School where he qualified as a Doctor. General Practice attracted him, partly because of the variety of patients and conditions rather than a single specialism like cardiology, neurology and so many others; he mentioned the variety, the flexibility needed and continuity of care as among benefits for him from being a GP.

After his initial qualification, he spent a further five years training to be a GP through the Deanery of the East of England (which happens to be based in Fulbourn). This period of his life was characterised by multiple stints in hospitals and general practice throughout East Anglia culminating in the award of the MRCGP qualification.

His more recent experience was at the General Practice in Pottton where he was a Partner for 8 years. He decided to move closer to home (Cambridge) and spent about a year as a locum (a term for a doctor taking a temporary appointment, usually as a replacement for a GP who is away for a period). Appointments at several practices included a stint at Queen Edith's in 2020 (and into the start of this year) where some patients will have met him, this led on to an offer to join the Partnership with Doctors Clapham and Abbas.

Now nicely settled in, Tharan is aiming to help the Practice by overseeing the training, via placement at QEMP, of experienced doctors in their final year or two of full qualification as a GP (at the end of which they obtain the MRCGP qualification); this is a particular interest of his. From a clinical standpoint, dermatology is something he particularly enjoys.

He is married with two young children and has lived locally for almost 10 years. Leisure interests include cycling, football and he uses a fountain pen – almost a lost art!

Please join me in welcoming him properly to the Practice. We thank Tharan for spending time to learn a little about the Patient Group while telling us about himself and his interests. As a Group, we look forward to getting to know him better and are delighted that he will be taking part in those periodic meetings when representatives of the Committee have a review with the Partners and Practice Manager to discuss things of mutual interest. He will of course be invited to join us for one of our member meetings and take some questions from members (we aim to have about five meetings each year with up to two involving a Partner).

Healthcare Snippets

A Radical New Development

According to a brief article in the Times (on 6th March) it may be possible for the technology behind the Oxford/AstraZeneca Covid vaccine to be used to revolutionise the treatment of cancer. A clinical trial is planned this summer to assess its potential versus non-small cell cancer and work at an earlier stage has started against prostate cancer. The concept of “therapeutic vaccines” has been discussed in some circles recently; the projects mentioned here are being developed via a company called Vaccitech in Oxford (which, on 17th March, raised \$168 million of new capital to fund its efforts).

Troublesome hands It’s nearly a year since we were advised to wash hands frequently AND thoroughly with 20 seconds of soap and warm water and making sure to cover all available surfaces with thorough rubbing. Sanitiser gels and sprays became regular supplements (but they had to contain at least 70% alcohol to be effective). Cue for skin issues on hands! The problem is that regular soap or regular gels/sprays (to say nothing of anti-bacterial wipes) seriously strip skin of essential oils. In colder weather, these effects are compounded and many people have experienced very dry skin which can crack/split and in at least some people this exacerbates eczema. When I was a child I regularly had cracked and broken skin (called eczema then) especially on my fingertips -- and it hurt! My mother tried all sorts of nostrums (including cleaning my hands with olive oil) but nothing really made any difference until steroid creams were introduced - I think in the late 1950s. Eventually, as I grew up, the problem receded UNTIL December 2020 when I started to get cracked skin on my fingers. I found that using gels (Doublebase, for example) helped a bit and the ointment betamethasone (for which a prescription is required) also helped. I coped with these, several plasters and wearing gloves. As the weather became warmer in late February, things improved. If you experience the same problem, ask about Doublebase at a pharmacy and consider asking one of the Doctors for a betamethasone prescription.

Dentistry. When we go to see a dentist, we are usually concerned about our teeth and sometimes the gums that they are set in. Bleeding gums is a well-known sign of dental problems. In addition, some people see dentists for cosmetic reasons (wanting a good pearly white smile or replacement of a tooth which is unfit, unattractive or missing). Few people are aware of the extent to which dentists contribute to general health through their observations of developing issues. Of these, they can spot earlier stage cancerous growths in the mouth and even nearby tissues in the head and neck area. It has been reported that around 8,300 people in England are diagnosed each year with cancers in the mouth. Painful mouth ulcers or sores that do not heal, unexplained lumps in the mouth or neck, loose teeth, changes in speech and bad breath are all reported to be warning signs, according to the Oral Health Foundation.

How Gut Microbes Could Drive Brain Disorders. A substantial paper in Nature on 3rd February 2021 discusses research into linkages between microbes in the digestive tract and our brains can influence brain diseases. If the thesis is correct and the mechanisms can be decoded, the way may be open to some novel therapies in a part of the body that it is very difficult to influence by other means (brain surgery etc is not for the faint-hearted!).

News from Cambridge University Hospitals Trust, CCG/PRG and CAPG

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

a) Cambridge University Hospitals Trust (CUHT)

The encouraging news is that the daily admissions for Covid have fallen more rapidly than expected after the January peak. As of 19th March, there were 4 cases of Covid in the hospital, three being in intensive care.

As a result, red areas are being converted back to green and redeployed staff are returning to their home teams. The Trust recognises the fatigue, mental and emotional processing over the last few weeks is significant in their daily lives, and staff are being advised to look after each other. Before rushing back to full working there is a need for staff to recover so leave and rest are being emphasised, although travel and vacations in UK and abroad are not yet possible. Rebuilding of the services is going ahead in a planned way, so that the backlog of patients in Addenbrooke's and the Rosie can be treated.

To continue to manage the emergency and elective demand extra capacity is planned. At the end of May twenty surge beds will open for patients ready to leave hospital. Another forty beds will open at the end of May on land opposite the Rosie. A further sixty beds will be opened by the end of the calendar year for acute medical beds. Because of the strict timelines some slight delays could occur.

Patients waiting for treatment are being risk assessed by hundreds of clinical staff to deal with the delicate balance of prioritising patients. The new systems for dealing with patient flow have started with two weeks of good flow, and the overall result is a calm and controlled environment that is benefiting all. Some staff, if not all, have emptied their reserves of resilience and support is available and offered in all areas.

The new hospitals planned for the future on the Addenbrooke's site over the next 15 to 20 years are in the initial planning stages. More details will be available in a future newsletter or talks.

On 23rd March, it was exactly a year since the start of the first lockdown. On that day the hospital planned a 'coming together' to review the trauma, bereavement, loss and fear, but also friendship, support, pride and monumental professionalism. The Addenbrooke's chimney was lit up to mark the day.

b) Patient Representative Groups (PRG) to CCG and Cambridge Area Patient Group (CAPG)

At meetings in March of both groups a review of the vaccination progress in the Cambridge and Peterborough area was given. This has been very successful overall. Much work has been done by PCNs. The PCN in which Queen Edith Practice sits has been very successful with a lot of excellent work by volunteers from our Practice.

As of last weekend there were no new cases of Covid in Central Cambridge or Queen Edith wards. The hotspots in the County were in areas of central Peterborough due to a nursing home outbreak and in the prison. At one stage they had the third highest numbers per 100,000 in England. Surprisingly, Huntingdon and St Ives have hot spots.

On the horizon is legislation going through Parliament, with discussions about changes in Health Care. It is planned that there will be more integrated health and social care. This will involve the introduction of Integrated Care Schemes (ICS), including local authorities, which will absorb the CCG

and will be directly controlled by NHS England. More responsibility will be given to PCNs including budgets. Again, this is an area to be watched and an item to look at in the future when more detail becomes available.

Our Talks Programme (with the help of Zoom)

In mid-December, our Secretary, Michele Conway (who has First Aid teaching and practising qualifications for a major charity in the subject field) spoke entertainingly and informatively about First Aid issues that can arise during the Christmas season. A combination of lots of excited people, new toys, rich food and plenty of tipples can give rise to several types of “accidents” which are less common (together) than on most other days in the year.

Then in late-January, under the title “Guarding Health”, I addressed how Drugs and Vaccines are developed and their similarities/differences. Typically, ten or more years are required from idea to product and, especially with drugs, there are many failures. On average about 25 efforts are narrowed down to one product and, allowing for all the costs of the actual drug and those which dropped by the wayside, by the time a new drug has arrived the expenditure associated with it is upwards of \$2 billion on average (some are less, some are more) – *If anyone asks me for more detail on these statements, I will send it to them.* There is also a huge difference between the commercial value of drugs and vaccines. Although Covid vaccines may change the detailed numbers a bit, the world market for drugs in 2019 was nearly 30 times that for vaccines. As a result, historically, few companies developed vaccines, many more developed drugs.

We are planning further talks during 2021 – we will announce them as they approach. Come and join us!

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 and neighbours.*

Our Website

We have decided to develop and launch our very own website to keep everyone informed about the activities of the Patients Group, including publishing details of meetings, talks etc. This is an on-going process and we will announce the launch as soon as it is ready – keep your eyes open.