PATIENTS GROUP

Queen Edith Medical Practice

Complementing the Work of the Practice

NEWSLETTER NO 24: December 2020

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Looking back, it is difficult to realise that it is only ten months (late February) that we began to hear much about Covid; in fact, it did not even have that name then and was referred to as a new coronavirus (Chinese and bats were sometimes added to the title). By the end of March (less than nine months ago), it was apparent that a serious problem was developing, and, with a fair amount of good grace, we entered the first lockdown.

All of us know that things improved a bit and some freedom returned in the summer but now …….. This is not the place to rehash the whole story because so much has happened and there is a vaccine (and there will be others soon). Some people have already been vaccinated and a few of our readers are probably included – most of the rest will be quite soon.

Covid has dominated our thoughts so much that it has tended to push out much else. But, only brief consideration will show how much things have changed – in some spheres we will have moved on ten years in less than one. Foreign travel (for business or pleasure) is unlikely to resume as before and working patterns will change, possibly forever. Zoom is no longer a word just for children playing with toy cars; it keeps families and friends together just as much as work colleagues. AND, an unprecedented effort around the world has created vaccines far faster than could ever have been envisaged before.

So, let's look at other things. We have Primary Care Networks developing and a feature looks at what this is about. Wandering up to A&E with a sore toe or a headache at 11.00 pm on a Friday evening will not have the same effect (in fact, you probably will not be allowed in at all); of course, people scraped off the road after a car crash will be treated as before. To put it bluntly, hospitals are learning new approaches, and much will change.

As a side-effect, your Patients Group is changing – we have not been able to meet as before and our talks are becoming more frequent, as discussed later, but shorter and remote (Zoom again). In due course, we will have to confront the question of the best way forward, but we need to consider the safety of all our members.

Finally, the PG committee wishes you Seasonal Greetings and we wish that 2021 will treat you better than 2020 has.

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Covid – Just a Few Notes

We have all been living with the threat of Covid for what seems a very long time, but it is only for nine months that it has been really in our minds. It has led to profound changes in the ways we do things and has fundamentally changed many things like where we work, holidays, retail outlets (and even closed a considerable number of pubs and restaurants). Some of us will not have had the chance to see grown-up children or hug our grand-children for several months, especially if they live in a different tier.

After an unprecedented effort around the world several vaccines have been developed and the first one has been approved in UK just a week or so ago (and it is being introduced in USA just today); other vaccines will follow. Can we hope that in a few months, things will come back towards "normal"? In some ways yes. We can expect to be able to socialise more and not have to keep giving others a very wide berth because they are not wearing a mask. But, in other ways, who knows? I am pleased that my pension fund is not invested in lots of city centre Office Blocks. And maybe the type of incessant business travel that I did for 40+ years will be (much) rarer in future; videoconferences, however imperfect, have made a difference and they will not just disappear.

Vaccination Plans in England

The first Covid vaccine was administered in UK just last week and its distribution to many other people is now being implemented; there may be others soon. But the scale of the task is greater than any other rapid implementation that the NHS has ever contemplated before. The newspapers and TV have been full of case numbers, the rate per 100,000 etc and perhaps some of us are aware of the misinformation (much of it downright malicious) in social media. Nevertheless, I wager that most people over 70 will go for the vaccine.

The priority order, In England, has been set as (see The Times of 3rd December):

- Care home residents (over 80) and their carers 1.1 million
- All others 80 and over 3.4 million
- Frontline health and social care workers 2.5 million
- All those aged 75 up to 80 2.4 million
- All those aged 70 up to 75 and clinically vulnerable people 5.3 million

That is almost 30 million jabs (you will have two of them about three weeks apart) with the Pfizer/BioNTech vaccine which requires storage at a temperature way below all domestic and most commercial systems (it is warmed up before injection!!).

In the next set all those over 50 and less than 70 (divided up into five groups) will be offered a vaccine amounting to a total of just over 20 million people in England. So, the first two sets amount is 35 million people in total which is rather more than half the total population of the country (that's about 60 million). So far, I have seen no comment on what happens beyond that.

As far as QEMP is concerned the system is going into action. If you wish to know what is going on, please do not phone the Practice. Information is available on the QEMP website and you will be contacted as soon as possible of where/when you will need to present yourself for your vaccination. The web address is https://www.queenedithmedicalpractice.co.uk/ (but when I tested the site at about 1.00 pm today it was not possible to connect – I assume that is a temporary situation possibly caused by a high level of traffic to it).

Incidentally, I have seen nothing about what happens if one member of a married couple is just over 80 and the other is not quite 80 (even if their birthdays are two days apart) – do they stay out of phase, possibly by some weeks? Has anyone heard?

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.

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

Primary Care Networks (PCN)

What is a PCN and why do we need to know about it? Well, we are already in one – it has the uninspiring title of Cambridge PCN4; QEMP is one of six practices (with a total of nine surgeries) in it. NHS England introduced the concept in mid-2019 as a way of adding a large-scale capability, in the PCN, to the small-scale character of a local Practice and so to improve the overall service.

There are around 90 Practices in the County but only 21 PCNs. Typically, a PCN covers about 40,000-50,000 patients. Each has a Clinical Director (usually a Partner in one of the Practices); our CD is Dr Cathy Bennett of Cornford House. Also, the PCN may employ certain other staff directly although they may be based in certain Practices which have sufficient space.

I recently had an opportunity to talk to one of our (QEMP) Partners about PCN4 and how it is developing. Mark Abbas generously spent nearly an hour talking to me about it, how it is managed and what new services are in process as a result. The PCN is the subject of regular discussions in a group comprising a Doctor and the Practice Manager from each of the six practices. In our case, the representatives are usually Mark and Claire although holidays etc might mean that Dr Jenny Clapham steps in occasionally.

Mark told me that PCN4 is evolving. So far, the one service members are most likely to have encountered is Late Evening (aka Extended Hours) Clinics where appointments are available in one Practice well beyond normal hours on two evenings a week (currently at Cornford House between

6.00 pm and 10.00 pm on Mondays and Fridays only). This is perhaps most useful for patients who are heavily committed during the working day and less able to attend a surgery in those hours. BUT, please note that ***QE patients need to book these appointments through QEMP's admin staff***. Cornford House will not accept direct booking except, of course, for their own registered patients; presumably because they need QEMP to confirm that the attending patients actually are registered at a member Practice.

The PCN is developing new roles and then filling them with qualified staff. A pharmacist has been appointed, a key role for her is to review prescribing habits and to focus on what seem to be "most effective therapies" in all the surgeries. The pharmacist does not supply medicines (that is the role of pharmacies); Mark indicated that this had already produced some worthwhile results. Now, a pharmacy technician is being sought to help with prescription renewals. Another forthcoming appointment is in physiotherapy to share the workload relating to musculoskeletal presentations to the surgeries and also to share their expert knowledge and skills in situations where combinations of surgery, drug and manipulation may apply. It is noteworthy that these specialist staff assist doctors in the Network rather than doing treatments (a patient needing physio will receive treatment from the usual sources). The PCN is discussing other joint initiatives -- to be announced in due course.

I was interested to note the good news from Mark that there were positive feelings in the PCN, that gains to the work of doctors were generally acknowledged and that everyone in the management team is positive and seeing advantages. They have learnt how to work together, despite needing to address different patient distributions in the separate practices (not all Practices have similar patient cohorts in terms of age etc etc).

To put all of this in context, the six Practices in PCN4 are: Cherry Hinton (including Brookfields), Cornford House (inc Fulbourn), Mill Road (inc its Cherry Hinton branch), Petersfield, Queen Edith and Woodlands. With a total of about 56,000 patients, PCN4 is the biggest in Cambridge (the other three are between 46,000 and 51,000) and is the third biggest in the County (after two in Peterborough).

Members can address questions to me about the PCN and I will try and get answers from Mark or Claire. Otherwise, please review the address below and similar:

https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=18374&type=0&servicetype=1

Healthcare Snippets

Vitamin D A recent newspaper article (the Times, 20th November) reported some research results of studies in USA and Japan about the benefits of Vitamin D. The USA study at a major hospital (Brigham and Women's) in Boston, Mass monitored 25,000 patients over a five-year period starting in 2013. It showed that regular Vitamin D was associated with a 17% reduction in the occurrence of advanced cancer. The study also showed that those people with a BMI less than 25 were less likely to develop advanced cancer. Overall, the study showed that people with Vitamin D and a conservative BMI were nearly 40% less likely to develop cancer (see Journal of American Medical Association). The Japanese study, at Shiga University, with slightly different numbers seemed to confirm the Vitamin D result (note: a higher proportion of Japanese have "normal" BMI than is the case with US citizens). BUT Vitamin D does not seem to "resolve" advanced cancer – only to limit its occurrence.

Statin Side-effects Some people who are prescribed statins (around eight million in the UK) to reduce blood cholesterol levels report that they experience side-effects. A study at Imperial College London, which was reported in the highly respected New England Journal of Medicine (NEJM), found that 90% of the people who reported side-effects continued to do so when they were actually taking a placebo in the trial; in other words, most of the reported side-effects from the therapy are mainly "in the mind".

Sitting too long can give you blood clots Dr Mark Porter (whom we have reported before) is a practising GP. He recently commented (The Times of 1st December) on the risks of sitting too long and the potential consequence of blood clots (DVT). This used to be thought of as something that happened on long haul air travel, but it seems to have become more common during "lockdowns" with more people working from home. His advice is to get up and walk around at least once an hour and cross your legs less. The symptoms include painful swollen legs, especially in the calf; he added that he is considering buying a "standing" desk.

Antibiotic resistance We live with a lot of bacteria, rather a lot on our skins and a very large number in our intestines (generally these help to digest our food but occasionally the wrong ones creep in and cause "tummy upsets"). Our gut "microbiome" is influenced by our diets; one person addicted to burgers and cream cakes will have a different microbiome structure to somebody who is a committed vegan - perhaps a happy medium leads to the "best of all worlds". The problem we face is that bad bacteria (especially in the wrong places like wounds) are increasingly hard to control. It is hard for most of us to remember that it was only during the Second World War that these valuable medicines began to be available and that, as children in the forties/fifties, our parents still used copious amounts of Dettol, and the like, to guard us against infection. Antibiotic drugs are valuable, but perhaps not treasured, and bacteria evolve resistance. *"The Biography of Resistance: the Epic Battle between People and Pathogens"* a new book by Professor Muhammad Zaman, published by Harper Wave at £25, discusses this and sounds some warning bells.

News From CUHT, CAPG and PRG to CCG

A. Cambridge University Hospital Trust

At a recent Governor's meeting (3rd December) the figures for new Covid-19 cases in Cambridge were starting to go down and were 67 per 100K compared to 112 per 100k the previous week. Queen Edith ward has 6 cases.

There were 40 patients in hospital with eight of them in the critical care area. Elective work is ring-fenced and back to 100% of work before Covid restrictions. The priorities for treatment are the recommendations from the Royal Colleges. A consequence of this, and the Winter admissions, is increased delays in A&E patients getting into a hospital bed. There were 159 with over 12 hours wait in A&E in the previous week.

To ease this bottleneck each ward is being instructed to prepare one patient per ward per day ready for discharge by 12 noon. This does mean that an extra night in hospital allowing some family respite will not be possible. If all 40 wards can do this the waits will dramatically reduce. Extra capacity is being planned for the Emergency Department in next few months.

NHS England has given the go ahead for a Children's Hospital and a Cancer Hospital on the Campus with work planned to start in 2021. The other new hospital on site (currently known as Addenbrookes3) is a longer-term project. Because of the spending on the Covid emergency, this project may be pushed back for a few years.

B. CAPG and PRG to CCG

The Patient Representative Group (PRG) last met in October. The Cambridge Area Patient Group (CAPG) met online last week. A detailed presentation about the new 111 system was given. This is in operation in Cambridge, Huntingdon and Peterborough. Patients will no longer be allowed to turn up at A&E with the expectation that they will be seen.

Patients are expected to contact 111 from home. The problem will be assessed by health professionals and, if necessary, additional information from clinical staff. The treatments offered are self-help advice including attending a pharmacy, referral back to GP and each practice has to have available appointments for 111 referrals.

If A&E is needed an appointment time will be given, taking into consideration the travel time to get to hospital. The patient is expected to remain at home or in a car park until their appointment is due. In an emergency an ambulance will be called by 111. A new service is that an A&E Consultant will contact the patient directly and carry out a phone or video link assessment. The Cambridge consultants are extending this service to Peterborough.

In all cases the records taken by 111 staff will be available to GP, hospital staff and A&E so that duplication is avoided. The initial trial over the past six weeks appears to be working well. Patients with specific problems should be asked at first contact so that specific advice is available at the next stage.

Our Talks Programme

We developed a programme of talks some years ago and we always aimed to devote them to a specialist discussing a particular health element (such as dementia and cardiology) outlining key points about her/his field and taking questions. We normally met at St James Church and had "crowds" of up to about 70.

Unfortunately, we could not continue in that way this year (and probably most of next year as well). It was impossible to meet in public places from March onwards and the people we might have invited to speak were not available (hospitals were trying to cope with a crisis). It took us some time to get round all of this and find a way of carrying on. As you will know, the concept of video conferencing became practical and has replaced (fairly well) a lot of restrictions. We experimented a bit and tested Zoom as a way forward; we started, very bravely, with a Committee Meeting and then we had a "dry run" with a few members who volunteered to join in.

Clearly, this was a way forward but where were the speakers to come from? Tentatively, we invited Andrew Doherty: Community Champion for Cambridgeshire Fire & Rescue Service (CFRS) to talk to us about Home Fire Safety. This was well attended (in July), and several people kindly expressed their enthusiasm afterwards. Then we paused for a short time for the summer period (when some people were able to travel) and then realised that there is a lot of expertise actually in the Membership and decided to "plug into" that.

The first such effort was a talk by Howard Sherriff in November about the development of A&E in Cambridge including the history leading to CUHT's current position as a Major Trauma Centre for a large area. Howard was well qualified for that talk as he was the first Consultant Director of A&E at Addenbrooke's back in 1982.

We have already announced our next talk (on December 16th) by Michele Conway on the subject of "Coping with Christmas First Aid". Michele has First Aid teaching and practising qualifications for a major charity in the subject field**.**

On a date in January (to be announced soon), I will be speaking (quite briefly) on the subject "How is a New Drug (or Vaccine) developed" with typical time and cost indications. I have been running whole day courses on this subject in biotechnology companies and medical charities for almost 20 years and have lectured on the subject in five Business Schools (all in addition to being a business consultant in the industry for upwards of 30 years).

Then we expect to invite several highly qualified members of the Group to talk about their subject areas.

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.*