

# PATIENTS GROUP

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## Queen Edith Medical Practice

Complementing the Work of the Practice

### NEWSLETTER NO 22: June 2020

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#### Getting Adjusted to Covid-19

It is inevitable that our thoughts this month, like last month (and probably next month), turn to the subject of the coronavirus (SARS-CoV-2) and the disease (Covid-19) that it causes. This is a new and strange situation in most of our lifetimes because it seems so different from our experience. Flu takes a considerable toll of the elderly in most years, but we have become used to it despite the much more serious outbreaks in 1918/19, 1957, and 1968 being considered particularly nasty at the time. Only older people will remember 1957 and perhaps 1968 (though I had forgotten that one); younger people probably think that flu is just an occasional nuisance.

Perhaps, the novel characteristic of Covid-19 is that it is not fatal to most people (unlike plague, for example) but that it CAN strike fatally in a rather random and capricious way. Also, people with most infectious conditions are fairly easily identifiable whereas Covid-19 seems to be able to “hide” (without causing symptoms) for several days while the infected person can infect others without realising that they can (that’s much sneakier than flu).

Advice and regulations seem to change frequently – it’s hard work keeping up to date with it all. Importantly, there is much more emphasis being placed on wearing a mask to reduce the risk of transmission. This now applies to transport, hospitals and surgeries (and at least some shops).

Apart from these general comments, there is little that we can add to the picture re Covid-19 but there are several thoughts we might have and this theme is picked up in the first article on the next page.

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## Covid – Some Further Thoughts

- It has changed our relationships with other people; you haven't been able to go to the pub to chat with them, enjoy a restaurant meal or entertain at home; perhaps next month or the one after?
- It has had a major impact on so many social aspects (schools/education, shopping, travel and vacations, work patterns and so on) and we do not know how "normality" (whatever that is) will look in September or next year
- Going for a medical appointment is different and perhaps difficult. I was the only person in the waiting room at QECP at 10.15 on 9<sup>th</sup> June – I was waiting for a blood test re diabetes (I am an "insulin-dependent" diabetic; that's Type 1 and I am tested twice a year). Many appointments with a doctor might be on a telephone call or even a video link
- We may not "get it out of the way" until there is an effective vaccine – but, if there is one soon, we might all think that we can relax (at least until whatever else might come along!).

There is no doubt that Covid-19 has posed new challenges for the scientific/medical world but I am fairly confident that there will be an answer before long – today's research world knows so much more now than it did even five years ago and big money is lining up to deal with this – such as through the creation of a vaccine in double-fast time. New vaccines typically take ten years but all the indications are that one-two years could be enough this time (but don't rely on that, just in case) because of the effort and the money. Seven candidates are already in clinical trials.

But, I would like to lighten the mood a bit. If you can come up with an anagram of the word *coronavirus*, send me an e-mail. But, also, with the massive help of an un-named Crossword Editor (who else?):

*"stay alert, control the virus, save lives" can be rearranged as "easily survives travel north to castle"*

So, be careful, watch out for the good news and be prepared to adjust to new ways of doing various things. I rather doubt that, in the future, so many people will commute for two or more hours a day and five days every week to sit in a high-rise office in a fairly nondescript building. Business travel (of which I had far too much experience) is very unlikely to come back to the same level. The lock-down, and the use of video conference technology, has shown that one does not need to be on a train or plane every day.

### ***Covid has caused Changes Locally***

Around Queen Edith's have you noticed any of the following?

- There is less traffic (but a bit more this month) and fewer people are about (although parks are quite busy on sunny days)
- People seem friendlier, strangers out walking greet each other rather than simply passing by. Also, they are politer and leave space for you to pass in a "socially distanced" way (who would ever have predicted how common that phrase would become?)
- Many people, led by Sam Davies and her colleagues at QECP, have volunteered to help in all sorts of ways. The latest manifestation is the Food Hub on Saturday mornings at St James Church (QECP is working with Rev Steve Rothwell on this); donations in support are welcomed by QECP
- A significant proportion of people seem to be much more active than before and have found local curiosities like:
  - Hobson's Conduit: have you tried to follow it from end-to-end? It isn't possible all the way but you can be beside it for about 70% of its route
  - What do you think of the bird reserve on the other side of the railway line behind the hospital and the tree planting out there which, over the years, will soften the landscape?

- What do you think about the chalk-pit off Lime Kiln Road? Have you seen (respectfully) the peregrine falcons nesting there?
- Where is the second World War bomb explosion crater south of the city?
- How many new foot paths have you discovered? Has your walking mileage doubled or trebled? Do you feel fitter as a result?
- One, not-so-young, lady we have encountered is running around five miles every morning (she used to do it twice a week before and it is much easier now - she even says it is like getting a “high” as a result the exercise and she really wants to do it every day)
- How much less “pollution” there seems to be – the air seems cleaner. But, you have to be out there to see this. Will this change back?

If you have had some similar discoveries let us know so that we can share them with others, anonymously if you wish.

### **Sources of trustworthy information**

Appropriate sources of sound advice include:

For UK: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

For UK <https://111.nhs.uk/covid-19>

Worldwide: <https://www.who.int/>

### **Beware of mis-leading information**

The Internet is rife with misleading and potentially harmful advice. Don’t trust something originating from an unverifiable source, or from some celebrity, even if it is passed to you by a close friend or family member and especially if it came to them via social media.

### **Healthcare Snippets** *(just two this time)*

**Antibiotic resistance:** We have referred to this subject in the past and Dr Jenny Clapham wrote a piece for us four years ago (*Newsletter 5 in March 2016*). Regrettably, the situation has not improved and there are fewer and fewer options available. While there has been much misunderstanding about these “wonder drugs” (eg they control infection – yes, if it is caused by bacteria but not if it is a virus that is involved) and carelessness (“Patient” feels better, does not complete the course and throws the spare pills down the toilet). The situation is worse in many other countries; outside Western Europe, North America, Japan and Australasia they are usually sold very cheaply in shops like aspirin is here (without a prescription). On the whole drug companies do not make money from these antibiotics and therefore devote little effort to developing new ones (the average cost of bringing a new drug to market is considered to exceed \$2 billion dollars). If you want to know more about antibiotic resistance, there is a recently published book “*Biography of Resistance: The Epic Battle between People and Pathogens*” by Professor Muhammad Zaman (a Professor at Boston University in Massachusetts). It was published just a month or two ago.

**Vaccines?** Many infections are controlled (actually avoided) by means of vaccinations (*see our article in Newsletter 18, June 2019*). This is expected to be the method of getting on top of SARS-CoV-2. Childhood vaccinations are not being taken up at the rate necessary to prevent serious outbreaks on many diseases. Most of today’s parents were vaccinated and they had less experience of measles, mumps and chicken pox than the generation before (many vaccines had not been developed in time for those who are now over 65). False statements about vaccines on social media have discouraged parents from taking their children for vaccination. Some may regret this (measles can be deadly!). For adults, particularly the over 60s, flu vaccination is strongly advised. Current indications are that the coming flu season might be severe; don’t miss the vaccine when it becomes available.

## Our Patients Group Activities

We have been experimenting with Zoom videoconferencing as a way of keeping in touch (and seeing each other). We tried a Committee Meeting (just five of us) on 31<sup>st</sup> March and learned some useful things. Our next experiment was a meeting with another seven invited members as well; that took place on 15<sup>th</sup> April and seemed to be a great success. We learned more and “boldly” decided to go ahead with another gathering before too long. Fortunately, I happened to have a chat with Dr Mark Abbas, as he was arriving at the surgery one morning, and he expressed interest in taking part. We were able to get that videoconference together on 28<sup>th</sup> May and around 23 members took part, with some others sending apologies. Basically, we set this up for Dr Abbas to take questions from several members and a few also offered additional discussion points.

We are now planning a “talk” by video link on 8<sup>th</sup> July. Many of us are spending more time at home than ever (some in real isolation). So, safety in the home becomes even more important. The title of the talk will be “Home Fire Safety” and our guest speaker, Andrew Doherty, is a Community Champion for Cambridgeshire Fire & Rescue Service (CFRS). More details will be sent to all members soon and some posters will be displayed, in the neighbourhood. We anticipate that most attendees will be members, but we will, as usual, make it known to others, both patients at QEMP and other local people, who are welcome to join us as guests.

Two of our committee members, David Bridges and Harry Ngatchu, with the help of some general members, are reviewing how we can offer specific help to Carers (people looking after family members who are incapacitated in some way rather than those providing a commercial/professional service). We know that there are probably 200 or more such people associated with QEMP. Their responsibilities contribute to their own loneliness. Our biggest difficulty is identifying these people (the Practice which knows of some 120/130 is unable to advise us who they are without breaching patient confidentiality) and so we have to find them ourselves. If any of you are aware of someone in this position, please ask them to contact us (I will forward messages to David and Harry).

### **Practice News** *(provided by Claire Surridge, Practice Manager)*

#### **Staffing Update**

We have had two retirements within our nursing team over the past few weeks. Helene Evans, our Senior Practice Nurse retired at the end of May after 20 years at the Practice, and Apple Jackson, our Healthcare Assistant retired on 23<sup>rd</sup> June after 17 years with us. I am sure they are both familiar faces to all and they will be sorely missed by all the staff. I am sure you will join us in thanking them for their loyalty and commitment to the practice over the years and wishing them all the best in their well-deserved retirement! Our current nursing team comprises of two Practice Nurses – Hilary Sexton a very experienced Practice Nurse who joined the team in February and Megan Crabtree, a newly qualified nurse who joined us in March (Megan spent 12 weeks placement with us last year when completing her course so may already be a familiar face to some of you). Mel Walsh, who currently works a combined role of Receptionist and Healthcare Assistant will be spending more of her time on the Healthcare Assistant side of things and we are currently advertising for another Healthcare Assistant.

In the last newsletter I reported that we were in the process of recruiting additional members of the reception/admin team. This did indeed take place and we found suitable candidates. Two new members of the team have started with us – Rebecca who is working as a patient referral Administrator and George who is working in the general reception/admin team. But, unfortunately, because of the Covid pandemic, three others were unable to start due to having to shield or for childcare reasons. This along with 2 of our current staff having to shield for the past 12 weeks and at various points several members having to isolate

because of symptoms has meant we have been quite stretched in the admin team at times. We have been able to manage, but appreciate this sometimes means a longer wait on the telephone – thank you for bearing with us.

There have also been some changes on the GP side of things. Dr Nidhi Sehgal who joined us in October as a new partner GP left the practice in mid-May. We are currently in the process of recruiting a replacement for her, but in the meantime her sessions are being covered by two short-term salaried GPs – Dr Elisabeth Cole and Dr Sivatharan Vedavanam. We were happy to welcome back Dr Cole who some of you will remember worked with us for several years previously before leaving in 2018 – she will be working on Mondays and Tuesdays and Dr Vedavanam is an experienced GP who will be working on Thursday mornings and Fridays. Dr Webster has sadly been off sick for the past few months, we are hoping that she will be well enough to return at the beginning of August – her sessions have been covered by locums, mostly by Dr Shweta Gupta who some of you will have already met.

### ***The effects of Covid-19 on the Practice***

As you can understand, the events of the last few months have had a significant effect on the practice, the way we work and the services we are able to provide. We thank you all for your patience, understanding and help during this difficult time of adjustment. We appreciate your frustrations that we have been unable to provide many of the routine services that we did previously. As lockdown measures are starting to ease, we are slowly beginning to re-introduce some of these services (such as routine cervical smears, routine blood tests etc) but we have to do this in a measured and controlled way, strictly abiding by all guidelines on social distancing etc to ensure that both patients and staff alike are kept safe from this virus that unfortunately looks set to be with us for some time. Some of the measures that have been implemented, such as the majority of GP appointments taking place by telephone, are likely to stay in place for the foreseeable future, but of course we will be continually reviewing the situation.

### **News from CUHT** *(provided by Howard Sherriff, a Governor)*

For the last five months work has been around the Covid virus pandemic. In the initial stages from February CUH had 8 to 12 weeks to prepare. 450 beds of 1200 were reserved for expected Covid patients, but the space for some of those had to be used for PPE robing/disrobing, and at any one time there have been no more than 150 Covid patients in Addenbrooke's and the Rosie. In Cambridgeshire, 1400 people have been diagnosed with the disease, and CUH has dealt with 270 admissions treated and discharged home.

The next 18 months is expected to be very challenging getting back to normal. In effect Addenbrooke's will be two hospitals running side by side, divided into red and green areas. An amber area will also be for patients being tested before admission. The bed capacity will be 200 less than in January/February because of the space needed for putting on and removing PPE.

A major concern is the fluctuating demand in Autumn as winter pressures start. This could include a significant surge of influenza, and flu vaccination will be important as and when the vaccine is available. These vaccines will not stop the Covid virus.

The Emergency Department was at 40% of normal numbers but is now creeping up again. Elective and urgent work has restarted. From March to June there have been 5000 telephone out-patient consultations and 550 video consultations.

It is probable that the Strategy for the next three years will need to be re-written for Addenbrooke's 3. New ways of working have come out of the present changes in working, and much more IT is being utilised.

***IMPORTANT: As from 22<sup>nd</sup> June all staff and patients will need to wear face masks when on site.***

**News from Papworth Hospital Trust** *(provided by Philippa Wiffen, one of our members, who is Internal Communications Manager at the Trust)*

Royal Papworth Hospital NHS Foundation Trust is based on the Cambridge Biomedical Campus. A world leader in heart and lung medicine, Royal Papworth has been supporting the East of England and parts of north London during the coronavirus (COVID-19) pandemic by taking the most seriously ill patients from hospitals across the region. This is because Royal Papworth is one of five ECMO centres in the UK, commissioned by NHS England. ECMO stands for extra corporeal membrane oxygenation and is essentially the process of oxygenating a patient's blood outside of their body (extra corporeal). This technique is used for patients who are in severe respiratory failure and allows the lungs time to recover. ECMO is used for COVID-19 patients for whom a ventilator is no longer effective; it is their last chance at survival.

Since the middle of March, there have been about 120 COVID-19 patients treated at Royal Papworth Hospital; 85 of these have been discharged. At the peak, there were 65 patients in critical care from a starting point of 29 before the pandemic. This number, at the time of writing, has reduced to 13, but some of these have been in hospital for up to three months and remain in critical care. Therefore, while the peak of hospital admissions and transmission may have passed, there are still many people fighting for their lives.

For example, Royal Papworth normally has three ECMO patients at any one time. At the peak this went up to 21, numbers never seen at the hospital in its eight years of providing ECMO for respiratory failure. The numbers remain at what is called a 'surge' level, that is way above the average, with 9 ECMO patients; triple the usual.

During March, April and May, Royal Papworth (like all NHS hospitals across the country) had to significantly scale back the services it provided. Emergency treatment for heart attacks and lung cancer remained open and thoracic surgery continued, but non-urgent heart operations and the majority of outpatient clinics and day cases were stopped or moved to a telephone or online consultation. This was needed to free up hundreds of clinical staff who were then redeployed to either help in critical care or in new and different ways, either at the hospital or at home, with COVID-19 patients requiring intense, 24/7 monitoring, care and support.

One new service that was set up was a family liaison team which made daily phone calls to patients' next-of-kin to keep them fully informed of their loved ones condition, giving them a chance to ask any questions they had. Some of those staff have now returned to their normal roles as the hospital slowly and safely brings back non COVID-19 services, but it will be a while yet before Royal Papworth Hospital – or any NHS centre – can be considered coronavirus free.

## **Finally**

***Please feel free to pass this Newsletter on to friends and neighbours, especially if you found it useful, and even if they attend a different practice.***

Anyone who is registered as a patient at QEMP may become a member of the Patients Group and a (very short) note giving name, e-mail, phone number and signature is all we ask for. They can send an e-mail to me (see above) with these details (please note that the only reason we request a phone number is that a hand-written name or e-mail address might not be sufficiently clear and we would use the phone number just to check these points).

***Please send any feedback to the address shown on the front page.***