

PATIENTS GROUP

Queen Edith Medical Practice

Complementing the Work of the Practice

NEWSLETTER NO 21: March 2020

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(PLEASE NOTE NEW ADDRESS)

Introduction

I started planning this Newsletter in mid-January and had in mind several subjects to be explored plus, of course, our regular features about Meetings, Talks, Practice News and Updates re CUHT (includes Addenbrookes and the Rosie but not Royal Papworth, although that is on the same campus). A month later, it seemed essential to make the new virus an additional element but not as a news item (there's plenty of that elsewhere) but something rather more reflective.

Now, the scene has changed again. I planned to go to London last week to see my older brother who is not at all well (I have been going by train about every four to six weeks and taking him for a short walk to the local Côte Brasserie). Clearly, it seemed like a good idea not to use train and tube but to drive, park nearby and possibly skip the restaurant with a sandwich instead. Of course, it became apparent that this would be risky and, hey presto, both he and I have been self-isolated, initially voluntarily and now compulsorily. And, of course, many popular places like Snowdonia have been overcrowded to an extent where self-isolation is not possible; consequently, many have been closed. And the "new" rules were promulgated just on Monday.

Every one of you will be affected in similar ways to me with some cancelled holidays, working from home, not seeing the younger generation, waiting for a home delivery and so on. We are venturing into unknown territory and what this will mean in practice is very unclear.

So, this is a very different newsletter from what I expected.

Our Logo

You will have noticed at the top of the page, and just in the footer on other pages, that we now have our own logo. The Committee examined and "voted" for one of five alternatives proposed by a friendly graphical designer (actually, my son-in-law). The one chosen was the overwhelming favourite of the Committee.

Content

1. The new coronavirus – what is it, what do we know and where can we find out more if we want to (**HINT:** Not on Social Media)
2. Malnutrition – especially among the elderly.
3. Exercise – and a few suggestions
4. Healthcare Snippets
5. Practice News
6. News from CUHT
7. News from CAPG/PRG
8. Our Patients Group's Activities

The New Coronavirus

Various names have been used for the condition and its cause. All appear in the media, sometimes without explanation or qualification. It might be useful to clarify what each signifies.

Coronavirus

There are several coronaviruses (just as there are several influenza viruses and many large families of bacteria). On the whole, coronaviruses have been confined to other species (eg bats) and were not known to insert themselves into human cells. In 2003, one did, that has been well described but did not spread very easily and was largely contained. The new one seems to have a greater ability to spread. So, self-isolation is a strategy to interrupt it.

Covid-19

This is the name that has been given to the disease caused by the new virus. It is derived from **Co**rona**Vi**rus **D**isease first known about as a recognisable condition in **2019**

SARS-CoV-2

SARS stands for Severe Acute Respiratory Syndrome. That expression was first used in the 2003 outbreak but there have been no new cases of that particular virus (which is now known as SARS-CoV) since 2004. The new virus has been classified as SARS-CoV-2.

Researchers in many countries are studying the virus, the condition and devising strategies to address it. A small number of vaccines and drugs are being investigated and more are likely to be. This work is progressing at great speed, but safety and efficacy testing will still take considerable time. There seems to be a general view that the rest of 2020 at least will be needed – compared to normal pharmaceutical situations that would be unprecedentedly quick.

Queen Edith Medical Practice

We have passed on to all our members the current “rules” concerning how to access health services through our surgery (the relevant current document is added to the e-mail containing this Newsletter). These rules are designed to protect staff and other patients.

The front page of the Practice website (<https://www.queenedithmedicalpractice.co.uk/>) also carries the latest guidance. We will draw the attention of members to changes as soon as possible.

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/>

Local: Queen Edith's Community Forum has set up a superb local information and support site. You can find this at <https://queen-ediths.info/covid19>

For members/patients in the Trumpington Ward, there is a similar site at:

<http://trumpington.info/2020/03/trumpington-covid-19/>

NOTE: The Practice has advised that it has not peer-reviewed this locally derived information and therefore has not endorsed it.

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. As I have advised by e-mail, one malicious e-mail came to us and we binned it.

Malnutrition

This article was planned some time ago, but it appears even more important in the current environment when some types of food may be in more limited supply (or less accessible) than usual.

Concern has been expressed that Malnutrition among the elderly in England is a significant problem. For example, it seems that nearly half of people over the age of 65 exhibit signs of malnutrition when they are admitted to hospital. The Malnutrition Task Force (sponsored by Age UK among others) has published a number of useful documents including a Fact Sheet, which can be found at <https://www.malnutritiontaskforce.org.uk/resources>.

Another is a longer document called *Eating Well In Later Life* which contains practical hints for older people and for those caring for them; it can be found at:

<https://www.malnutritiontaskforce.org.uk/sites/default/files/2019-10/LR%208202%20Age%20UK%20Malnutrition%20TF%20-%20Eating%20well%20in%20later%20life%20booklet%20A5.pdf>

We have some copies of this document and intended to distribute them at our next meeting and place some further copies at the surgery for doctors and nurses to hand out to patients who might benefit from them. Neither of those ideas is practical at present. If you would like a copy send an e-mail to me giving me your address and I will deliver by car or bicycle within a few days.

Finally, we should not forget that malnutrition is a major problem (and an important cause of death) among small children in the poorer parts of the world. This reminds us that Malnutrition really means both bad nutrition and inadequate food. So, it can be an issue in all age ranges and countries but manifests itself in many ways. In richer countries, like ours, obesity and Type 2 diabetes which can lead to circulatory disease, blindness and lower limb amputation (see Newsletter No 17 – March 2019) are indicative of malnutrition (in this case, too much food and/or the wrong kind).

Exercise

This article was also planned a couple of months ago and it was intended to build on the “Snippets” in December’s Newsletter 20.

Although gatherings in the outdoors are now restricted, this subject remains important. Self-isolation, working from home and fewer leisure activities mean that you can’t even walk to the pub or the church (although you could walk there and back without going in!), it seems even more apposite.

How much exercise did you get today? There is ample evidence that regular physical activity is beneficial for health, especially if it is not rewarded by an extra piece of cake! This is true of almost every person and all age ranges (there are very few exceptions -- though someone just diagnosed with a heart condition should not immediately start a marathon race). How much exercise is beneficial and of what type? We don’t have enough space to cover all the sources you could consult but the document <https://www.nhs.uk/live-well/exercise/exercise-health-benefits/> gives guidance and suggestions. These are “graded” by age.

As noted briefly in our last Newsletter, to be useful, exercise needs to be somewhat harder than you are used to but not so hard that it just hurts. Perhaps the trick is to think about how many times a day you have a brisk walk (to fetch the paper, for example) and how long that is. Suppose it’s one mile overall – would it be too difficult to make that one-and-a-half most days, perhaps just by changing your route? A week or so later, what about two miles? Could you walk to the shop rather than drive?

Some people find it useful or even motivating to wear a FitBit (or similar). There is no magic in the suggestion that 10,000 steps a day is a target (that’s a bit over four miles but 10,000 is just an arbitrary round number). Except, it is magic if you only do 2,000 steps now and get up to a normal 10,000 a few weeks or three months later. The highest number I have heard of (so far) was 44,000 which is equivalent to about 20 miles (it was not done by me!!).

We will cheerfully publish any little stories about how much extra you are doing, how much lower your resting pulse rate is as a result, you have lost two or three pounds or your belt is getting looser. Mail the editor.

Healthcare Snippets

Here are a few recent news items that I noticed.

1. On a normal day in England, 20,000 people do not turn up for GP appointments that they have requested: that’s half a million a month. Similar numbers apply to nurse and ancillary appointments. The cost to the NHS has been estimated at £200 million per year. If people book appointments at dentists, physiotherapists and opticians, the professional has a right to charge for a missed appointment. Do you think that General Practices should be able to do the same? Would it make a difference? **Question:** *The evidence we have is that the majority of patients are satisfied with the service they receive at QEMP. Could it be even better if people did not miss appointments or waste public money by going to A&E except in a true emergency?*
2. Dr Ronx Ikharia, who is apparently the presenter on a forthcoming TV programme, is also an A&E doctor in East London. She suggests that younger people are used to receiving their pizza within half an hour or a new clothing item the next day. If they can’t get a GP appointment the next day what do they do? The answer, according to Dr Ikharia, is that they go to A&E

which is always open. The fact that an A&E visit costs £150 (compare a GP appointment at about £40) does not seem to be important to the user.

3. Teenagers are urged to have the jab as mumps cases in young adults reached 5,000 in 2019 compared with 1,000 in 2018. This is believed to be the result of missed MMR vaccinations when today's students were younger -- remember our article on childhood vaccination in Newsletter 18 (June 2019).
4. Substituting a small serving of red meat with nuts, beans or whole grains each day is stated to lower the risk of heart disease and cancer (according to a research project studying 37,000 Americans with an average age of 50 who were assessed through an eight year study).

Practice News

Like all General Practices, QEMP is under considerable pressure at the present time. There are many directives, guidance notes etc being issued to surgeries almost daily. Some of these might require some staff training to be able to deliver them, possibly some re-allocation of responsibilities and, in any case, some staff may be away because a fellow resident has had a temperature (or a cough) and the whole household has had to isolate for the prescribed period.

In the circumstances, we did not think it would be appropriate for us to ask the Practice Manager to "down tools" to prepare her usual report for us. We'll come back to that feature when things have calmed down enough. But that could be some time, judging by recent events and the experience of other countries/cities – think of Italy, New York and now Madrid.

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

All elective work is cancelled, and theatres and recovery areas allocated to admission for patients with the virus. A lot of the published concern relates to sufficient PPE (protective equipment) for staff and a risk of running out. This has not yet happened locally and the Army is distributing supplies from warehouses as they are needed.

News from CAPG/PRG *(provided by Howard Sherriff, our representative)*

But first a note from the Editor

CAPG is the Cambridge Area Patient Group; each Practice's Patient Group (not all practices have one) in Cambridge is entitled to send one representative to CAPG meetings. Three of those people are delegated by CAPG to attend the Patient Representation Group (PRG) for the whole of Cambridgeshire and Peterborough. This meets, at intervals, with senior managers from the County-wide CCG (Clinical Commissioning Group) which represents NHS England in the County and is the budget-holder. Howard, our delegate to CAPG, also represents it as one of the three attending the PRG.

Now, from Howard

Given the current situation and the focus on it, there have been no recent meetings of either CAPG or the PRG. Meetings due in the past month have been cancelled as CCG staff have been allocated to areas involved in Coronavirus planning.

On 23rd March, the Cambridge and Peterborough CCG issued guidelines about early hospital discharges. Once the treating team decide the patient is fit to leave hospital, they will be offered a discharge place. With the crisis that may not be near their home. If this is not accepted the patient will be discharged to their own home.

Our Patients Group's Activities

We had planned a full Group Meeting for 15th April and a Talk about Pharmacy and Pharmacists for 29th April. Not surprisingly, a couple of weeks ago, we opted to cancel these two events. At this point, we have absolutely no ability to plan future events of either type (we have no idea when that might be practical).

However, that does not mean we have to be inactive. Your committee is meeting (on 31st March) through a videoconference and one-to-one interaction takes place regularly by telephone.

- A very important part of next week's committee meeting is to progress plans for continuing our existing activities to deliver them in the normal way in due course.
- Also, we are going to be discussing methods of involving some, many or all members in a variety of ways; more details as soon as possible
- We will continue developing and planning new initiatives to support QE patients. It is not yet clear how these will be delivered and much depends on the obvious factors.

Finally

Please feel free to pass this Newsletter on to friends and neighbours, especially if you found it useful, 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).

And, please note that we are aware that some people using older computers/software may find it difficult to open some attachments. Usually, we attach the Newsletter as a .pdf file, which preserves the format (margins, page breaks etc). It is written in Word to set the desired format and then re-saved as .pdf

The .pdf generally works well but we have found that some people receive that as a file entitled winmail.dat which cannot be opened. If that happens, please send me an e-mail and I will try a couple of other tricks to see if that helps – and sometimes it does.

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