

PATIENTS GROUP

Queen Edith Medical Practice

Patient Participation Group (PPG)

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Editor – Alan Williams

Welcome to this latest Newsletter and apologies for it being a week or so late. The Practice, like others, has been very busy all through and has also been engaged in the latest round of flu and Covid vaccines aimed at older patients (essentially 65 years and above) and patients aged under 65 years with a medical condition which puts them clinically at risk. Invitations are being sent to all eligible patients and clinic days are taking place until the end of October with some catch-up clinics to follow in November.

But, to clarify further, this autumn's Covid and flu vaccinations will not be offered free through the NHS to "healthy" people aged under 65 years, only those in a clinical at-risk group. In many countries the older people are deemed to be more vulnerable than younger ones. Both Covid and flu vaccines are understood to be available from a range of other places (including some pharmacies although there will be a charge by the pharmacy).

Please note the exact details in the Practice Manager's contribution in Section 1 (on the next page).

Stay well and be ready also for our next newsletter, a week or so before Christmas. And in early December we will hold our next Annual General Meeting including elections to the Committee.

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1. PRACTICE NEWS

From The Practice Manager – Claire Surridge

a) *Flu Vaccinations and the Covid Autumn Booster Programme.*

As most of you are probably aware, the Flu and Covid Booster programme is now well under way at the practice and some of you may have already received your vaccinations.

All practices were asked to bring their programmes forward by NHS England in response to rising numbers of people testing positive with the new covid variant. The ask is to have as many eligible patients vaccinated by the end of October and we are well on target to reach this (we will be vaccinating around 1600 patients!).

Notes

All patients aged over 65 are eligible for both vaccines.

Patients aged between 18-64 years with a medical condition which puts them clinically at risk are generally also eligible for both vaccines, though in some instances they may only be eligible for one or the other as there are slight variations in eligibility criteria between the vaccines.

We are also offering the flu vaccine to children aged 2-3 years - to be eligible the child must be aged 2 or 3 years on 31 August 2023 (born between 1 September 2019 and 31 August 2021). All other child age groups will receive their flu vaccine at school.

The majority of invitations have been sent out to the above eligible patients, but if you think you, or someone you care for, falls into any of the above categories and have not yet received an invitation or booked your appointment then please call the practice. All vaccinations are taking place in set flu/covid clinics at the practice.

Please note: this year, 'Healthy' patients in the 50–64-year-old age group have **not** been included in the campaign by NHS England. So, if you fall into this category, you will not be receiving an invitation from the practice even though you may have done so previously.

b) *Shingles Vaccine*

Once we have completed the Flu & Covid campaign, we will move to inviting eligible patients in for their Shingles vaccine. It's recommended for people at higher risk from shingles, including all adults turning 65, those aged 70 to 79 and those aged 50 and over with a severely weakened immune system. Further information on the shingles programme can be found here:

<https://www.nhs.uk/conditions/vaccinations/shingles-vaccination/>

c) *Staffing Shortages*

The practice has recently experienced significant shortages in our admin team due to sickness, annual leave and the training of new staff. This may mean you have had a longer wait for your call to be

answered or for your enquiry to be dealt with. We apologise for any inconvenience this may have caused.

Please do remember to be kind to our hard-working and dedicated staff.

2. DEVELOPMENTS IN THE NHS

This article refers to the situation in England only. Other parts of the UK have somewhat different approaches/systems.

In July last year a new structure appeared in the regional organisation of the NHS in England. The concept of Integrated Care Boards (ICBs) was introduced throughout England replacing the previous structure (which was focused on health only and administered by County-wide Clinical Commissioning Groups).

Conceptually, the new approach is aimed at having greater co-ordination between Health and Social Services. Our ICB covers the region of South Cambridgeshire, Cambridge City and South-East Cambridgeshire (three separate but in some senses overlapping places and with common elements; it is known as ICB-S and covers around 470,000 people).

The rest of Cambridgeshire (including Peterborough) is in a separate organisation known (surprise) as ICB-N. It has a somewhat larger population (about 560,000 people) and very different industrial and commercial structures from the South.

A big change from the past is that a variety of other organisations (Councils, Police and various other elements of the public sector) all relate to the ICBs. Inevitably, there is some degree of integration between all of them and it is developing over time. Michele and I have been invited to the two meetings that have taken place already which cover the area of South Cambridge (essentially the area of our Primary Care Network of six practices). Another meeting is due in mid-November.

3. PATIENTS GROUP ACTIVITIES NOW AND INTO 2024

Your Patients Group has changed significantly in the last (nearly) three years under the impact of Covid which led to “lockdowns” and other inconveniences. As you will be aware many things are different now – including the type of work plans (office or from home etc) affecting many people. It seems that most have adapted to new lifestyles – it is a moot point whether that is for the better or the worse. There seems to be more space on the trains (except on the first reduced price periods after 09.00 in the morning), though perhaps they are no more “on-time” than they used to be.

Given all that happened in 2021, large gatherings seem to have started again and the most obvious ones were the first rounds of vaccinations in late 2021/early 2022. But pubs and some restaurants have struggled to get back to normality and some have disappeared.

We had to change as well. Our regular evening meetings of the Group and the Talks that we organised, stopped suddenly and clearly people are much more reticent in attending such events than they used to be. We made some attempts at meetings and talks “on-line” but they were not terribly well attended. The Committee would like to get back to “real” meetings but we are planning to do things rather differently. If we organise talks and meetings in the future, they are likely, as far as possible, to be earlier in the evening (say 6.00 pm to 7.00 pm) and concentrated on lighter evenings – perhaps in May, June, part of July and some in the first half of September. We may use Zoom more in the wintry times.

One thing we have been able to continue all through has of course been this Newsletter. Hopefully, it has helped to keep you engaged.

The Committee would like to know what you think – my e-mail address is on Page 1. Let us know what would attract you to come to at least some of our future offerings. We will be planning a number of things for the lighter evenings next year and your input would be appreciated.

However, there is something important coming round in late November/early December and it is our Annual General Meeting (AGM). I do believe that we should try very hard to do that in person. This is your chance to meet the Committee and to elect new members to it. Some present members will be completing their current two-year terms and either retiring or standing for re-election. In addition, we have some new Committee Members brought on to the Committee but needing to be formally elected for two-year terms at the next AGM.

4. NEWS FROM THE CAMBRIDGE UNIVERSITY HOSPITALS TRUST

Courtesy of Howard Sherriff, a former member of the group and a Patient Governor of Cambridge University Hospitals Trust (CUHT).

Things have been quiet because of the summer break, but meetings are now happening. As I write the three-day strike by both Consultants and Junior Doctors has started. This will result in “Christmas Day cover” with only emergency cover provided. The last overlapping strike two weeks ago caused significant disruption, and all elective work will, in effect, be cancelled. The problem is that those still waiting for appointments and treatments will be put back further, as the cancelled appointments need to be rebooked.

However about 30% of doctors are not BMA members so possibly there will be some elective work done. This dispute does not look as if it will settle quickly. Many feel the BMA demand for a 35% increase for juniors is unrealistic in the current financial climate and high inflation.

The planned surgical hub of 60 beds for this part of the Region is due to open this month. It will be used for orthopaedic and eye surgery and relieve pressure on other parts of the hospital. Hopefully it will allow more beds for the emergency admissions, as the Winter pressures start.

The Cancer Hospital is going ahead, and the next stage is appointing constructors. The plans for the Children’s Hospital continue but a big stumbling block may be the problems at the Best Buy Hospitals in this region with collapsing ceilings due to use of aerated concrete in their construction. They include Hinchingsbrooke, West Suffolk, Kings Lynn and James Paget. They all need urgent and costly repairs.

The Addenbrooke’s 3 Committee on which I sit as an observer has been renamed “Addenbrooke’s Future” as it is now looking at how the campus develops up to and beyond 2050.

5. HEALTHCARE SNIPPETS

a) Help and information about useful services.

You may recall that a number of our members used to collaborate to produce a “Directory of Local Health and Social Services for Older Adults”. Marion, Maria, Jane and Tina did this once a year from 2018-2021 and it was a very demanding task which took them several weeks of research and organisation each time (especially in the first year). But they did it four years running and we should

all be very grateful to them.

The advent of the Primary Care Network Structure, and other initiatives related to the creation of the ICS, meant that there was no sense for this dedicated group of our members continuing in 2022. Social Prescribers, several of whom are employed in the PCN, operate in this field and have access to relevant information. In addition, there is a document entitled The Cambridgeshire Guide to Independent Living 2023 is available on-line and it covers similar ground (as it did in print form in 2022).

b) *Some Problems for Us All*

I am acutely aware of issues arising from the strikes by Doctors and its impact on lots of people some of whom have had to wait several months for surgery that was planned but has been delayed.

In that context, a recent NHS announcement stated that waiting lists are at a record high in England said that two of every five people (40%) have been waiting for more than 18 weeks just to be seen.

I wonder how many of our members have been affected as much as that. If you would like to share your story, let me know and possibly I will mention this (as brief notes and excluding names) in the pre-Christmas Newsletter.

c) *RSV*

You may not have heard of RSV (Respiratory Syncytial Virus). It has been around for many years and occurs in many countries. The number of patients (in countries like the UK) is relatively small though it can be severe in a small proportion of them. But it is very definitely not on the scale or impact of Covid. Two new vaccines have been developed for RSV (there never was a vaccine available anywhere in the world until 2023) and have been approved and introduced in some countries earlier this year. One, approved in the UK at the beginning of September, is manufactured by a British company (GSK).

Supplies are very limited so far. So, in the NHS, the immediate focus seems to be on vaccinating very young children. In some countries, Covid, flu and RSV vaccines have been given at the same time; but (joke) I don't have three arms! Maybe, more people will be able to get this next year (probably unlikely until at least the autumn but there have not yet been any announcements about that).

d) *Shingles*

I recently saw a newspaper article about the vaccine for this. It is typically offered to people over 70 but under 79 but people turning 65 on or after 1st September 2023 are also eligible. Immunocompromised people over 50 may also be able to get it. Shingles can be pretty unpleasant (note, this vaccine does not stop you getting the condition but significantly reduces its impact if you do). Local arrangements have been set out by the Practice Manager on Page 2 of this Newsletter.

e) *New Research on Obesity*

A research group in Cambridge has discovered that a high-fat diet seems to be associated with people being overweight or even obese (and two-thirds of UK adults are in one of those categories).

Note: There is no doubt that average weights are increasing. When the baby boomers were growing up in the late 1940s and the early 1950, food was still rationed for many of those years (following on from the systems in place during the Second World War). Overweight

people were rare and obesity was scarcely possible.

Recent research suggests that high levels of fat in the blood impact a small portion of the brain, known as the *hypothalamus*, and that it “encourages” people to consume more fat. This research is at a relatively early stage but perhaps “hints” at the idea that eating less fat will help in weight control. Of course, that is not a complete surprise but how it happens seems to be getting clearer. The research (reported in the Cambridge Independent on 9th August) is being conducted in the Department of Psychiatry.

IN CONCLUSION

I hope that you have enjoyed this edition of the Newsletter and even found it useful. Let me know, please. Also, if you want to raise any points, give me a “heads-up” and we will see what we can do.

Finally, apologies for the delay due to several causes (one after another).

Many thanks

Please note:

This newsletter is produced by the Patient Participation Group (PPG) of the Practice, not the Practice itself and therefore any opinions expressed are those of the group and not the practice (with the exception of 'Practice News').

Howard Sherriff is a guest contributor.

All other articles were prepared by PPG members and, as such, may not necessarily reflect the views of the Practice.