

PATIENTS GROUP

Queen Edith Medical Practice

Patients Participation Group (PPG)

Complementing the Work of the Practice

NEWSLETTER NO 33: MARCH 2023

I hope you find this newsletter interesting and a special welcome to anyone receiving the newsletter for the first time.

The newsletter has been put together using submissions from Claire Surrige QE Practice Manager, Howard Sherriff who is a Patient Governor at Cambridge University Hospital Trust, Addenbrookes and Alan Williams who is the Chair and lead member of the PPG. Many thanks to those who make this newsletter possible.

If you have any requests for items to be included in the next newsletter, please email the PPG using ppg@alanwilliams.org.uk In the future there will be a website and new email address.

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1. INTRODUCTION by David Blake, PPG, newsletter editor.

The Patients Participation Group (PPG) aims to support the work of the QE practice by offering suggestions and opinions in a constructive manner and put forward ideas on behalf of other patients. Any patient of the QE practice can join the PPG. Further details about the group are at <https://www.queenedithmedicalpractice.co.uk/patient-participation-group>

The PPG produces this newsletter four times per year and endeavours to organise talks on medical issues that may be of interest to patients.

We do want to stress that the PPG is independent of the practice and that the articles in this newsletter as written by PPG members, may not necessarily reflect the views of the practice, unless otherwise stated.

2. PRACTICE NEWS by Claire Surridge, QE Practice Manager.

WHY DO THE RECEPTIONISTS ASK WHAT THE PROBLEM IS?

We often get asked why our receptionists ask what the problem is or what your symptoms are when you call to make an appointment with a GP. Some patients get quite upset by this and don't feel the receptionist should be asking them why they need an appointment.

It is however, very important that you **do** answer this question and subsequent ones such as how long you have had the symptoms, if you have tried over the counter medications or spoken to a pharmacist etc. This is to help us manage the high demand for appointments and assess the urgency of need. Our team are trained to ensure you are signposted to the most appropriate form of care and in the relevant timescale which may not always be an appointment with a GP. For example, you may be asked to speak to your local pharmacist first and discuss over the counter medications, or you may be booked for an appointment with our physiotherapist or referred to one of our Personalised Care Team members (made up of Social Prescribers, Care Coordinators and Health & Wellbeing Coaches).

If an urgent on-the-day appointment with a GP is needed, by putting the problem or symptoms in the appointment screen, the GP is then able to scan through these to see which problems are clinically most urgent and call those patients first.

If an appointment with a GP is needed, but is not clinically urgent, you will be offered a routine appointment which will usually be around 3 weeks in advance (although may be slightly longer if a specific GP is requested). It is still important that a reason for the appointment is put in the appointment screen so the GP is aware of the reason for the appointment.

So please do help us to help you!

FACE-TO-FACE APPOINTMENTS

Just a reminder that **all routine, pre-bookable afternoon appointments with a GP are now available as face-to-face (F2F) appointments.**

However, we know that some of our patients have found telephone (or video) appointments more convenient so this option is still available – **it is your choice!** Please just let the receptionist know your preference for F2F or telephone so that they can note this on the screen.

Urgent on the day appointments will be a telephone call in the first instance, with the GP offering you a F2F appointment if clinically appropriate. This is to help manage demand and assess clinical urgency.

STAFF CHANGES

Our Lead Practice Nurse, Laura McClure will sadly be leaving us at the end of March as she is relocating to Bristol with her family. We are very sad to see her go but wish her well in this exciting new chapter of her life.

Our other Practice Nurse, Megan Crabtree will be taking over the Lead role (so congratulations to her!) and we are currently in the process of recruiting a replacement for Laura.

3. NEWS FROM THE CAMBRIDGE UNIVERSITY HOSPITAL TRUST by Howard Sherriff, Patient Governor Cambridge University Hospital Trust.

Over the last few weeks normal working has been disrupted by strike days involving nurses, ambulance staff, and others. This has been widely reported in the news and to date no official report is available of any outcome. However it is believed that different negotiations are hopeful so these groups have suspended further action during the discussions.

This week junior doctors were on a three day strike, and are asking for a 35% pay increase. The NHS has said that this is unaffordable, so there are likely to be repeated walk-outs over the next few months.

Junior doctors provide 40% of the workforce. Their experience ranges from pre-registration house officers during their first year of working after qualifying, through senior house officer and specialist registrar posts. Most hospital specialities need six years of training and GP training in hospital is five years.

To cover the absence over three days consultants have had to cancel their normal work including surgery to cover emergency admissions and the wards. Inevitably this will affect the waiting lists in all specialities.

More positive news is that the Cancer Research Hospital business case has moved forwards and it is planned that building will start next year. The Children's Research Hospital is planning similar progress for 2025. One feature I found of great interest was that children have been involved with the designers and architects in planning the hospital and bringing ideas that had not been considered previously.

Art in all forms is being integrated into both the new hospitals, as well as the out-patient clinics, especially music or sounds for those visually impaired. The work of the Art Department is something that QEMP members may find of interest for a talk.

Applications for Governors are now open with elections in May for those interested.

4. HEALTHCARE SNIPPETS by Alan Williams PPG Chair and lead member.

Around Christmas time, it was clear that this winter's flu was relatively nasty (compared to other recent years) and for a short period of two to three months, it was more of a problem than Covid. Unfortunately, some benign flu seasons over the last three to five years have led to many people not bothering with a flu vaccination and some paid the price, either at home or even in hospital. Perhaps, next winter there will be more interest in the flu jab being offered then. Please note that every year the vaccine is tuned to reflect the experience of countries where flu passes through earlier in the calendar year. Our vaccine, to be available in the autumn of 2023, will be adjusted to the Australian experience which will be starting quite soon. Of course, in recent weeks flu has just dropped away in England and Covid has been reasserting itself. I know of a friend (quite seriously ill) and waiting to have some hospital treatment but her husband has just tested positive for Covid. A friend is poised to take the lady into hospital in early March (provided the patient does not test positive in the morning of that day).

Inevitably, given the average age of our membership, evening face-to-face events are not a good idea in the winter time and we are trying to focus our activities (talks, meetings etc.) into the summer period, which we are defining as when British Summer Time is in operation. Warmer days (yes please) and longer daylight hours (ditto) may tempt more of us to meet in reasonably ventilated

areas. In 2023, BST will run from 26th March to 29th October. Any public events that the Group organises will be in that period but are very unlikely to be on a public holiday (eg the Coronation) or slap in the middle of the “flight to the sun” period. Still, that gives us perhaps twenty weeks where we can consider possible events. Beyond BST, we will use Zoom where necessary, such as for the AGM in November.

Sometimes, we come across comments about difficulties in obtaining appointments. But it is not always like that. One patient contacted me recently with the following story. *“Last week, I was persuaded by my good wife that I should see a doctor about a respiratory problem. I phoned the surgery at 08.15 and after a wait in the queue, spoke to a very helpful receptionist who said that a doctor would contact me by phone. Within half an hour, Dr Clapham phoned and after discussing my problem, she invited me to come at once to the surgery. She saw me without delay and sent me off with re-assurance and a prescription that I took to the chemist in Wulfstan Way. Duly armed with my medication, I returned home and was back in the house by 10.00am. With all the bad news about delays and difficulty in getting appointments, I was most impressed with the service I received that day. Everything done and dusted within two hours. Well done QEMP.* My (Patients Group) interpretation is that a good receptionist realised that this (not young) patient was probably at some risk and rapidly passed the details to Dr Clapham. I gave a copy of this story to the Practice Manager who was delighted. If you can match a story like that, we would be pleased to pass it on and/or note it in a later Newsletter.

Long waiting times have an impact on us all – personally, I am just entering the experience in relation to one inconvenient (but not dangerous) situation. When that is resolved, I may tell the story, if it seems to be of potential interest.

During this summer, we hope to have greater clarity about the working of the new PCN4 (of which QEMP is a member) and what that will mean for us in the future. Fundamentally, QEMP will remain the same (doctors, patient list etc) but a number of additional health and social aspects will be addressed by specialists in the PCN, which includes five more practices in the Southeast of the City.

Patient Participation Group.

Queen Edith’s Medical Practice.