

# PATIENTS GROUP

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## Queen Edith Medical Practice

Patients Participation Group (PPG)

Complementing the Work of the Practice

**NEWSLETTER NO 32: December 2022**

**Editor – David Blake**

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 SurrIDGE QE Practice Manager, Howard Sherriff who is a Patient Governor at Addenbrookes and Alan Williams who is the 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](mailto: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.**

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.**

**ALL ROUTINE GP APPOINTMENTS NOW AVAILABLE FACE-TO-FACE!**

In July we made several changes to our appointment system and these have been going well and we thank you for bearing with us during the transition period.

We are pleased to announce that further to this, **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 still available – **it is your choice!** Therefore, when booking a routine appointment, **please let the receptionist know whether you will be attending F2F, or if you would prefer a telephone/video call** so that they can note this in the appointment for the GP.

**PLEASE NOTE – due to the need to manage a continually growing demand, if you are needing an on the day appointment for a clinically urgent/acute problem with a GP, this will still be a telephone call in the first instance, with the GP offering you a F2F appointment if clinically appropriate.**

**AUTUMN FLU & COVID BOOSTER VACCINATION PROGRAMME**

We are currently coming to the end of the autumn flu and covid vaccination programme. By the end of November we had given around 1500 flu vaccinations and 1000 covid boosters at the practice! We are still running our last few flu catch-up clinics throughout December for those eligible patients who have not yet had their jab. Please call the practice to make an appointment if you are eligible.

**As of 1st December we are no longer administering covid boosters at the practice.** If you are eligible for an autumn booster but have not yet had one, then you will need to make an appointment at one of the mass vaccination sites which are running until 31st December.

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/>

**MERRY CHRISTMAS FROM THE QEMP TEAM!**

We would like to wish all our patients a Merry Christmas! Thank you to those of you who have very kindly brought in gifts for the team – we are as ever very grateful and overwhelmed with your kindness. **Let's hope that 2023 is a good year for all!**

### **3. NEWS FROM THE CAMBRIDGE UNIVERSITY HOSPITAL TRUST by Howard Sherriff, Patient Governor Addenbrookes.**

The Winter pressures have already started and are increasing delays in admissions from ambulances to the Emergency Department. Many of the admissions relate to complications from flu and chest infections. Flu vaccinations are important for both staff and the community. Staff illness is causing shortages and holding back any increase in capacity. Covid is still with us so beds remain reserved for new cases. The last figures available confirmed 25 cases in Addenbrooke's.

The lack of community care is restricting discharges from the hospital, and adding to the delays in admissions. Local authorities state they have not had any funding increases since 2010 so cannot provide additional support. Although more money for local councils is anticipated recruiting staff at low wages will prevent expansion of care facilities for some time to come.

As a Governor I take part in different activities. The main ones are the Council of Governors (COG), with pre-meetings to discuss questions or concerns, a regular Governor's forum, and Board meetings. A core function of Governors is carrying out annual appraisals of the Chairman of the Board, and non-executive directors. Recently we have started face to face meetings again. Additionally governors are observers on various sub-committees, and I sit on the Addenbrooke's 3 committee, the Clinical Effectiveness Group, and Clinical Ethics committee.

From time to time we are invited to join PLACE sessions. They involve a team of two, one staff and one a volunteer or Governor. On the day I attended there were 16 teams. Each team fills in a proforma. Our team visited a ward involved with Critical Care. The visit was unannounced. The role is to assess hotel services and not clinical care. We spent a morning checking cleanliness, decor and facilities for staff, patients and relatives. Other points included clocks and date information on display for patients because the area could be disorientating for patients recently off a ventilator.

The area was spotless with a cleaner working on interior window ledges and desk surrounds. The décor was good and contrasting in pastel colours which are helpful for patients with mental health problems. The visitor's room was very well equipped with good chairs, TVs, and catering facilities, as well as separate rooms for staff to speak to visitors. One thing we raised was the amount of complex equipment needed in that ward and limited storage available.

The kitchen area had a unique I-Microwave for freeze-chilled food and a choice of about 26 different meals. Many of their patients did not want food at meal times but could ask for something from the menu at any time. The barcode is scanned and the microwave heats the food for the correct time. This was reported to be popular with patients and staff. I was impressed by the ward and their staff all of whom were happy to chat and answer questions in spite of being busy with numerous sick patients,

After the visit we returned to be debriefed by senior members of the hotel services. Lunch was served as a buffet with exactly the same food choices as patients. It was mainly sandwiches and wraps of excellent quality and good choices with a variety of vegan and gluten free food. A sweet course was various biscuits and cakes as well as jellies.

The company that supplied the food had a representative present to discuss and answer questions. Catering staff were happy with the standard from the company and said they had never been let down even during the most intense restrictions during the pandemic. The representative said his company saw the needs of patients and the NHS was their high priority. Overall a fascinating morning.

#### **4. POLARIS PHARMACY**

As mentioned in the last newsletter, if you receive a prescription from the Queen Ediths Medical Center and use the QE pharmacy, you will see that the name of the pharmacy has changed from Kays to the Polaris Pharmacy. Husband and wife Pharmacists Loh and Gina Liu have become the owners of the Polaris Pharmacy since the beginning of September.

If you have still not had your flu shot/vaccination, then the Polaris Pharmacy have vaccines available and can help with a NHS vaccination.

#### **5. HEALTHCARE SNIPPETS by Alan Williams PPG.**

##### **Are we short of medical staff in the UK?**

A recent analysis showed that the NHS has around 132,000 job vacancies and even more in social care. The latter can mean that patients cannot be discharged from hospital and this compounds the problem of blocked beds in the hospitals. General Practices are not immune to similar problems. So, if you find it difficult to get an appointment at QEMP, there may be a good reason. Short of an outright emergency, you may not get an appointment as quickly as you would like. Please make allowances. I am confident that our practice is doing the best it can in this context and better than some Practices in many other parts of the country.

##### **Need a prescription? Try the pharmacy**

Not everyone knows that a number of widely used drugs can be offered by pharmacies (but certainly not all). If it is difficult to get a GP appointment, the need is fairly urgent and the pharmacy can help it does free up an appointment at the GP surgery.

##### **Your Blood Pressure**

High blood pressure can have a devastating effect on your long-term health. It pays to get it down and there is lots of advice on ways to do this (and top of the list might be lose weight). But there is a measurement problem and it is known as “white coat syndrome”. I am lucky to have low pressure and a slow pulse but I can take a reading at home, go the surgery and the nurse or doctor does it and it is all much higher. You might consider buying a monitor and testing yourself at home, perhaps several times over a few days, record all the readings (date, time, pressures, pulse) and take your record sheet with you to your appointment.

##### **Type 2 Diabetes opens door to deadly diseases**

Just 10% of diabetes patients are Type 1 and it is caused by the body making no insulin; the patient has to inject insulin at least twice a day (I am Type 1 and do that). On the other hand, Type 2 diabetes, which accounts for 90% or more of all diabetes cases, is often brought on by obesity. Significant reduction in weight is the optimal treatment for Type 2. Earlier this year experts at Cambridge University found that Type 2 created a higher risk (sometimes much higher) of 57 out of the 116 diseases most commonly seen in middle age; the study analysed the health records of three million Britons with an average age of 50. The answer (overweight people should lose weight) is clear but it needs determination from the patient!

##### **Prostate treatment**

Many men over 50 have an enlarged prostate which causes practical problems. Rezum is a new procedure that shrinks the gland (taking pressure off other organs). It was pioneered at Addenbrooke's and started being used in a number of hospitals early in 2022. Rezum and six other relatively simple treatments for other conditions are being “rolled out” around the NHS.

### **Some good news**

The husband-and-wife team that developed the Pfizer Covid vaccine are working on a new approach for cancer – an injection is being developed to attack cancer cells. They have suggested that this could be in use by 2030.

### **6. THE PATIENT PARTICIPATION GROUP (PPG)**

On 7 December, the PPG held its 2022 Annual General Meeting over Zoom. Minutes for the meeting will be published in due course. Alan Williams was re-elected as Chair of the group and Karen Lain was elected as a committee member and will focus on sourcing speakers to provide talks for the PPG group. Further details of the outcome of the AGM will become available in the minutes.

As mentioned at the start of this newsletter, the PPG will be introducing a new website in the future and a new email address for contact purposes. Details of the website and email address will be published in the future.

Best wishes for Christmas and the New Year.

David