PATIENTS GROUP

Queen Edith Medical Practice

Patient Participation Group (PPG)

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NEWSLETTER NO 36: October 2023

Editor – Alan Williams

This Newsletter is produced by the Patients Group for the information of patients at the Practice. The Group is independent of the Practice but works beside it.

Several things loom before us. Our AGM takes place next Wednesday 13th December at 18.00-19.00. A particularly important part of that is to elect a new Committee – each member serves for a two-year period. Some people have served one year and continue for one further year while others need to be re-elected or elected for the first time. Then, in early January, the new Committee will meet to discuss and agree the approach we aim to adopt in 2024, allocate responsibilities and outline a programme for the year.

This Newsletter, like the previous three editions, also reports on our activities in 2023, which were influenced by Covid and the effect that it had on our ability to hold meetings in-person and the willingness of members to attend in that mode – Zoom is not the same. We are considering having Zoom meetings (apart from the AGM) in the cold and dark parts of the year but also, we hope to encourage you to attend meetings and events in-person in the "summer" months.

We have, as usual, reports from the Practice Manager and from our kind former member (Howard) who remains a Governor of Cambridge University Hospitals.

At the AGM, I propose to provide a brief overview of progress in Cambridge, the County and in England of the situation of Patient Participation over a wider area. I cannot comment on the subject in other parts of the UK which operate somewhat differently.

CONTENTS

1. PATIENTS GROUP ACTIVITIES NOW AND INTO 2024

The immediate task for your Committee is to prepare for and hold the Annual General Meeting (AGM) which will be at St James Church in Wulfstan Way on 13th December. Doors open at 17.45 and the meeting will start at 18.00. We plan to close the meeting at 19.00. All members are welcome to attend and vote on various matters.

Early in January, the new Committee will meet to plan our activities during the year ahead. We will discuss, among other things, the holding of meetings through the year (perhaps about six and an appropriate mix of Zoom and in-person). We intend that talks will feature and perhaps we can have, as we used to, occasional visits from the Practice itself. If you have opinions on this, please let the Committee know at the AGM.

2. PRACTICE NEWS From: The Practice Manager – Claire Surridge

a) Flu Vaccinations & Covid Autumn Booster Programme

The practice has now completed the autumn flu and covid booster campaign. All of our eligible patients were invited over the past couple of months and our nurses have vaccinated **over 1500 patients against the flu virus** and **1000 patients against covid!** We will not be running any further catch-up clinics as we now need to concentrate resources elsewhere.

If you fall into one of the eligible categories and did not take up your offer of vaccination at the practice, then some pharmacies may still be offering the flu vaccine. For the covid vaccine you will need to call 119 to find where these are available.

b) Calling The Practice

When calling the practice please be aware that at certain times during the day we experience very high call volumes.

Therefore, if your call is about a non-urgent problem, please avoid calling during the following times: 8.15am - 11.00am & 2.00pm - 4.00pm

We are also aware of an intermittent problem with our phone lines which is being investigated by our telephone providers. **Should you find that you are stuck at the same number in the queue for a long time, or your call is not answered after 15 minutes, then please hang up and dial again.**

c) On-The Day Appointments

We would like to remind all our patients that our on-the-day appointments are for **clinically urgent medical problems only**.

Our reception/admin team are fully trained and advised by our GPs to ask specific questions to help assess whether your problem is clinically urgent. **It is therefore important that you answer the questions asked fully and honestly.** If your problem is not clinically urgent, then you will be offered our next available routine appointment or may be signposted to a more suitable service such as the pharmacy or our physiotherapist.

If the member of the team you speak to is unable to ascertain the urgency, they will liaise with the on-call GP or ask you to complete an AccuRX Patient Triage form. The latter is usually sent to your mobile phone via a text message link or it can be emailed to you. You will be asked to complete this as soon as received and submit back to us. For those patients that do not have a smart phone or access to email, the member of staff will complete the form for you.

A clinician will review the triage form once you have submitted it and, again, if clinically urgent you will be offered an appointment on the day. If not clinically urgent you will be offered our next available routine appointment or may be signposted to a more suitable service.

d) <u>Staffing Shortages</u>

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.**

WE WOULD LIKE TO WISH ALL OUR PATIENTS A HAPPY CHRISTMAS AND A HEALTHY 2024!

3. NEWS FROM CAMBRIDGE UNIVERSITY HOSPITALS

From: Howard Sherriff – A Patient Governor at Cambridge University Hospitals

After a long spell of relatively warm weather, albeit wet recently, the cold wintery weather is expected in December. Already the Emergency Department has seen an increased number of serious road traffic incidents in November. In addition, with icy paths falls are expected to increase with wrist and lower leg injuries. Please look at weather forecasts and wear appropriate foot wear and use a walking stick if elderly or unsteady on feet.

With the winter pressures coming on the Emergency Department (ED) is getting busier, resulting in longer waits. Ambulance turnround times are not increasing because of improved handovers. However recent studies have found that many patients in the ED have been advised to attend by specialists for existing problems. Patients also report that lack of access to a GP means that some patients attend ED for their problems; this is a national issue. But it is known that GP practices in Cambridge and around are able to offer same day appointments for emergencies.

Medical staff continue to be in dispute with the NHS. However, there is hope that senior medical staff may be close to a pay settlement. The BMA continues to demand a 35% increase for junior doctors so no progress on this demand.

One effect of the consultants getting a pay rise is the nursing RCN is ”outraged” and unhappy about their pay rise and lump sum payment earlier this year. This is a national problem but has extra cost implications to Addenbrooke’s for cover during industrial action.

Some good news is the proposed cancer hospital is getting approval from the NHS. The Children’s Hospital is moving forwards in its bid but not secure in approval yet.

The PPG thanks Howard for offering his quarterly report. Just to remind you, Howard is a former member of our group but is now with a different Practice. He and I meet periodically at an “umbrella group” called the Cambridge Primary Care Patients Group (CPCPG) which has, as members, representatives of many of the General Practices operating in the South of Cambridgeshire – around 45 of them with a total of nearly half a million patients. CPCPG has links to the NHS Board responsible for that area.

4. HEALTHCARE SNIPPETS

a) Life expectancy at birth

I was interested to see this chart. If you look at the date of birth along the bottom you will see that at birth, the parents could assume that, on average, a baby born before 1850 ought to live for 30-40 years. Some, of course, would not get that far and some might die well before that. Others might last until 60 or more – the chart only shows an average.

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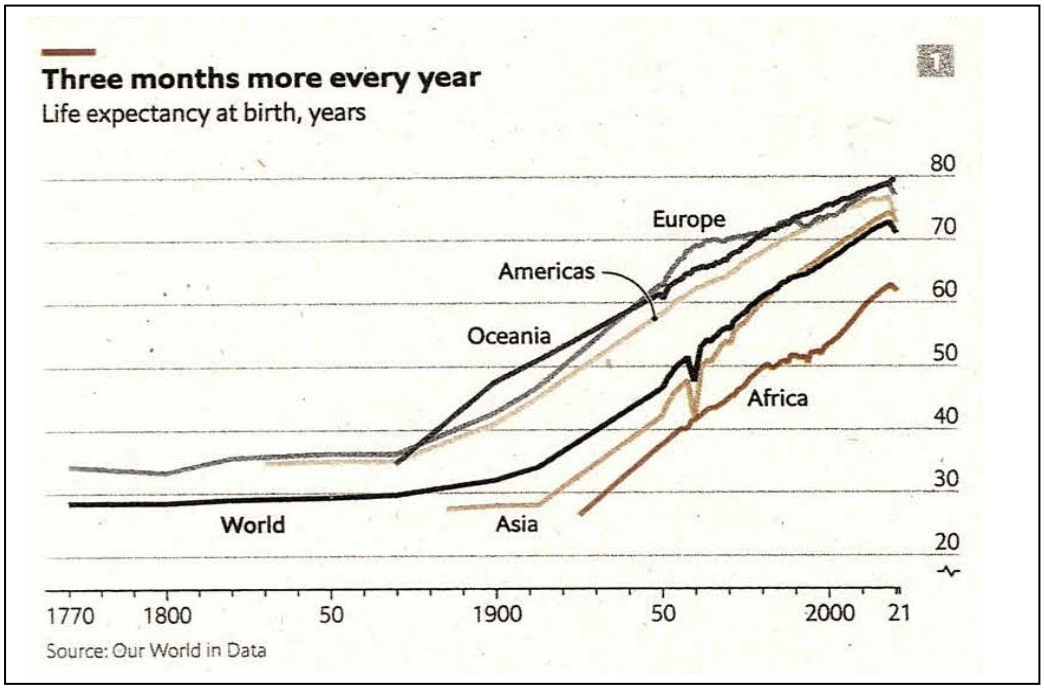

What happened? The simple answer is that the richer countries had more food and some medical technology, although it was fairly low-tech before 1900-1920. However, more

recently, there have been significant advances in basic care (disinfectants, anaesthetics, vaccines etc) let alone sophisticated stuff requiring expensive kit. These were adopted sooner in America, Europe, Japan etc; they started to appear later in much of Asia and last of all in Africa. The chart started upwards at the times shown, as a result.

b) Do you find the following note shocking?

When I grew up, obesity was a very rare problem. Many of our members will recall that there was still rationing after the war and the last things to be released for "normal" sale were sweets. In the 1970s, pre-prepared packaged foods were rare. Only in the last 25-30 years have they become commonplace. Now we often see children that are rather overweight; many apparently only eat such food.

An article in the Sunday Times of 26th November reported on childhood obesity and selected an extreme place (Knowsley – part of Liverpool) to illustrate the problem. 47% of children there who completed primary school in July were judged to be overweight and 31% were obese. Apparently, there are 98 takeaway outlets in the borough but only 2 greengrocers.

At Alder Hey hospital in Liverpool, doctors report that they routinely have to operate on children to remove their gall bladders. Type 2 diabetes, a disease that usually occurs in 50 (or more) year olds, is now common in children in place like Knowsley. Many also have knee problems such as ligament damage. Do you think that these issues will become more widespread? What should be done about it? Let me know.

c) Spotlight on sepsis; your stories, your rights

Sepsis is a life-threatening reaction to an infection. It can affect anyone of any age. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs. It is sometimes called septicaemia or blood poisoning.

A report published by the Parliamentary and Health Ombudsman, under the headline above, examines the subject. It points out that sepsis can be fatal and states that 48,000 people die of sepsis every year, out of 245,000 people showing symptoms.

If you have had an operation or a wound and are concerned that it is not healing you should quickly talk to the Practice. Sepsis does not wait before getting worse!

d) Hope for cross-species organs as pig kidneys work in humans?

There have been recent stories in the press about the first attempts to transplant organs from pigs into humans at death's door to replace their failed kidneys (or whatever). Some work started in this direction as long ago as 1976 and some of that work was done here in Cambridge. At that time, I was working in a Venture Capital company which was approached by two scientists – one was a transplant surgeon (still around and well known) and one was an immunologist.

We agreed to invest in a research company to be managed by those two people to progress the technology. We knew that to be successful, it had to alter the genome of the pig so that its organs did not make it clear that "I am an alien" when they encountered human cells, including blood. The project

started well and in due course, our VC company agreed to sell the new company to a large pharmaceutical company for further development. What happened? In detail I do not know; I had left the company by then and little further information arrived while the large company made some progress.

Yet, it is clear that the concept has moved on enough (nearly 50 years later!!), to have reached the stage of actually trying the concept in human patients -- so far, limited to people who agree to take part because their condition is so advanced that their life expectancy is no more than a few weeks anyway.

As the say "Watch out for more information". If it really works, the benefits will be great. But there is much more work to be done, and probably many more years to go.

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.

We will update you briefly on the new Committee etc after the Annual General Meeting which takes place on 13th December. But come along to the Meeting and vote there for the candidates who will be present.

We wish you a Merry Christmas and a Happy New Year

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' provided by the Practice Manager).

Howard Sherriff is a valued guest contributor.

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