

PATIENTS GROUP
Queen Edith Medical Practice
The Patients Participation Group (PPG)

Newsletter 37 April 2024

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Introduction from Alan Williams

In the last Newsletter (No: 36 in December) I advised that the New Committee would be meeting in January to decide what roles the members would hold. It is now time to report where we are.

Firstly, we have discussed at length how we can try to return to the full range of activities that we used to fulfil. We want to achieve more interaction with our members than Covid allowed. You will notice that this Newsletter shows that Karen Lain has offered to take part in editing this edition and will take increasing responsibility in the next three months. If all goes well, you may find that we have a new Editor in June or September.

Secondly, we want to produce a range of talks, as we used to, and Pat Harrington has offered to take control of this role, but we cannot ignore some things we learned in "Covid time". Many of our members who used to attend talks are less willing to venture out on dark and cold evenings; therefore, we are planning to focus our efforts with talks into the warmer, lighter months which are just beginning and continue in that vein as long as possible hopefully until September 2024. Pat works part-time on the Addenbrookes Hospital campus and she has a very useful set of contacts, some of whom may be willing to meet us in person in St James Church and present talks to us.

We would be happy to hear from members of the PPG regarding the topics for talks that you would find useful. We cannot promise we will be able to fulfil all requests, but we will do our utmost to ensure the talks we arrange are topical. You can forward suggestions to the PPG email: ppg@alanwilliams.org.uk.

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Hello From Karen Lain

As outlined above I have offered, as a PPG Committee Member, to become the Editor of the Quarterly Newsletter. I cannot in all honesty state that I am an expert in this field, but I will give it my “best shot”. I have been retired now for two years and volunteered to become a Committee Member of the PPG around 12 months ago. My background as an HR Manager of a Cambridge College has meant that I am eager to succeed and help if possible and so I thought volunteering for this Committee would fulfil these desires.

If you would like to contribute to the contents of this newsletter in future editions, please send any information for consideration to Alan Williams at ppg@alanwilliams.org.uk

Practice News April 24

(Supplied by Claire Surridge, Practice Manager)

Dr Ashish Dave

We are delighted to say that in January 2024 Dr Dave became one of our GP Partners. Dr Dave originally started with us in July 2023 as a salaried GP so will be familiar to many of you.

The practice now has five GP Partners:

Dr Jenny Clapham (Senior Partner)

Dr Mark Abbas

Dr Sivatharan Vedavanam

Dr Anita Koruth

Dr Ashish Dave

We also have two long-term salaried GPs:

Dr Juliet-Usher-Smith and Dr Shweta Gupta

Dr Dave is already getting stuck into the additional roles and responsibilities that come with partnership and we are very pleased to have him on board.

Spring Covid Booster Programme

The practice will be taking part in the Spring Covid Booster Campaign. This involves a smaller cohort of patients than the autumn campaign so not all patients who were eligible in the autumn will be eligible this time. Eligible cohorts in spring 2024 are:

- adults aged 75 years and over,
- individuals aged 6 months and over who are immunosuppressed (as defined in the Green Book, chapter 14a; tables 3 and 4)

We have started to send out invitations to eligible patients to book appointments in our two planned clinics on Tuesday 23rd April & Thursday 2nd May, so if you are eligible, you will receive a text and/or a letter in the next week or so.

We may run some smaller catch-up clinics later, but this will depend on demand. If you cannot make the dates above, then you can attend a mass vaccination centre instead. Booking will be open for these from Mon 22nd April by calling 119 or visiting www.nhs.uk

Same Day Appointments

A reminder to all our patients that our same day appointments are for clinically urgent problems only. You may be asked to complete a triage form to help a clinician assess the urgency of your issue. If the problem is not assessed as urgent then you will be offered our next available routine appointment which may be a few weeks ahead. Alternatively, for some problems, you may be signposted to another more suitable service such as our physiotherapist or your local pharmacy.

PLEASE REMEMBER TO BE KIND TO ALL OUR STAFF

The Cambridge Cluster

(Information supplied by Alan Williams)

Did you know that relative to the number of people here, Cambridge has been listed (for two years now) as the most innovative global cluster for Science/Technology in the world? The city's research focus on Biotechnology and Information Technology is the reason. It is ahead of major and famous centres such as San Francisco including Silicon Valley (second) and the third is Oxford. Eindhoven and Munich also reached the top ten worldwide. This was reported in the Global Innovation Index (published in October 2023).

Before I "retired" (just before Covid turned up) I was regularly running training courses (here, elsewhere in UK and sometimes in other countries) about biotechnology and drug development. I used to point to the top ten world centres for biotechnology as Boston in USA (especially its own Cambridge area!), San Francisco, our Cambridge, San Diego and Oxford as the world top five with the rest of the top ten all in the USA. As you can see our Cambridge "punches well above its weight".

There are at least nine high technology parks in our Cambridge (and close to it) all hosting eminent research complexes and biotechnology companies (for example the Sanger Centre, The Biomedical Campus and Babraham). In addition, there has been a recent announcement of yet another Technology Park in Hauxton. This is something to make us proud, but it does mean crowded streets and shops and a demand for new housing and other facilities.

A Report from Howard Sherriff

(A Patient Governor at Cambridge University Hospitals)

The last quarter has been relatively quiet from the point of view of meetings. The Winter pressures have eased a little. Nationally there is a major concern about the waiting times and higher than expected death rates in Emergency Departments, which were flagged up by the Royal College of Emergency Medicine and the General Nursing Council. NHS England has confirmed the figures and major work is being done to reduce waits in A&E and on ambulances. Of interest Adrain Boyle, one of the Addenbrooke's Emergency Department Consultants, is President of the Royal College of Emergency Medicine.

The main problem is the backlog because of lack of available hospital beds. The recently formed ICB (Intermediate Care Board), which replaced the CCG (Clinical Commissioning Group), is now responsible for social care to allow hospital discharges, but a plan for dealing with hospital discharges is, in my opinion, too slow in being implemented.

Locally patients report that Addenbrooke's ED waits can be short and from start to finish patients can be in and out within 2-3 hours, but at peak times can be 12 hours or more. Good reports are available about the effectiveness of the Urgent Care Centre from patients and hospital statics.

The new surgical hub is now running and regarded as well-equipped and working well dealing with the regional workload for orthopaedic elective patients.

Elections for new Governors from Patient, Public and Staff groups are underway. The closing date for applicants was at the end of March, with voting in May. There are many applicants across the board so many good candidates are available.

Personally, I will be in my final year from July. I am eligible to stand for a third term next year but in view of my age do not plan to stand again so if anyone is interested, I am happy to advise them how to stand and what is involved.

Howard Sherriff, Patient Governor, April 2024

Talks

(Introducing Pat Harrington)

We are planning to put on some talks in the "Summer" period so that people can walk to and from St James Church in daylight. This will create the opportunity to meet some other members of the group, non-members who are registered at QEMP and also people who are registered at other Practices. The "visitors" will be there in response to the leaflets we will put up in shops and other places announcing the talks. We happily accept non-members joining us for them. Information about talks is also included in our Newsletter which is sent (by the Practice) to non-members of the Group but who have registered at QEMP in the last two/three years (Note: The Patients Group does not have direct access to this list). Please

note that the “restriction” to new recent registrants arose from a change in the registration procedure. Most of us “signed up” up at QEMP before the Patients Group was created.

So, our plan is to have three talks (in person) in the months of May to September but avoiding the principal summer holiday period of mid-July to early September. In practice, that means there are only about 12 weeks in which it is practical for us to do “public talks” at St James Church.

If there are other subjects we wish to bring forward in the darker months of the year, we expect to offer them in an on-line format (similar to that used in Covid times). We hope that this “hybrid” arrangement will suit most of our members. But we may find that in-person attendance is attractive enough to try to wider the period (perhaps from mid-April to mid-October) in future years; your feedback will help us to decide what works best for you.

Pat Harrington has taken on responsibility for making the arrangements for talks and is actively talking to people working on the Biomedical Campus where she has a part-time position herself. She will introduce herself fully in the June edition (due to be published in the first week of July).

Healthcare Snippets

(Information supplied by Alan Williams)

Vaccinations

Measles is one of the childhood diseases which my generation suffered from – and extremely unpleasant some of them could be -- there were no vaccines for measles then. Others included German measles (rubella), mumps, chicken pox, whooping cough and TB (tuberculosis); but nowadays there are appropriate vaccinations for these conditions to be given to children when they are very young (though the chickenpox vaccine is not routine as yet although there is a movement to make it so). But, in some cases, and measles is one, at least 95% of eligible children must be vaccinated, otherwise the disease spreads. The problem is that too many parents do not ensure that their children are protected. In several countries, and for a number of years, measles was controlled until recently but in many countries the target 95% level is no longer being achieved with the result that disease outbreaks (and small children do not enjoy having measles!). Just in early March this year, it was also reported that whooping cough was spreading.

It is up to parents to control these diseases before they spread very quickly by observing the recommendations and taking their children to be protected.

At the same time, many adults are increasingly careless about Covid, despite the long-term risk of that – it is important to recognise that the virus adapts and develops new variants; scientists track the changes and create new versions of the vaccine. The safest answer is to get every relevant vaccine as quickly as possible.

Diabetes

There are two forms of this condition: Type 1 and Type 2. Type 1 is an autoimmune condition that usually appears in childhood, the peak age is 12 years. However, it is possible to contract it at almost any age (and I managed to do so at the age of 57!). In Type 1, the body makes no insulin at all, and it has to be given by injection. Type 2 is quite different and is caused by poor dietary choices and is often associated with obesity. What might seem to be a “cure” can be generated by weight loss and general dietary adjustments; the word “cure” is perhaps not the correct word to use – proper management of diet is beneficial but has to continue for ever (and not just a week or a month).

Physician Associates

You may have spotted this term in the press recently. Our Practice has advised the Patients Group that it has no plans to employ people in this category. Some other Practices may choose to do so.

Pharmacies

There have been recent announcements in the news recently referring to “NHS Pharmacy First”. You will know that Pharmacists are highly trained specialists in what drugs can do to help certain conditions. Historically, they have been able to sell some “over the counter” drugs regarded as safe after many years of use – aspirin is an example. Then you buy the drug from the pharmacy. Also, as you will know, they have been able to “dispense” (hand to you) a medicine which needs a full prescription from a doctor.

Now, they are entitled to interview you and make available, on the NHS, some drugs that need a prescription and you do not need to pay for these. This applies to a small range of conditions (listed as “7 Clinical Pathways”). If your GP believes that your needs fall into these seven areas, you will not see a doctor but be sent to visit a pharmacist who will interview you and decide if you can be treated by him/her on the NHS. You will not be charged for the drug though there may be a small fee for the consultation/prescription. Children, elders, and some other people may be exempt from that fee (as they have been already).

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.