

# PATIENTS GROUP

## Queen Edith Medical Practice

Complementing the Work of the Practice

### NEWSLETTER NO 23: September 2020

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#### Where Are We This Month?

Inevitably, we need to be thinking about Covid-19. It's in the news, politicians and health professionals are talking about it and scientists are working hard; more about that below. It is very unlikely that there will be a vaccine this year. On the other hand, the flu season is approaching and there is a vaccine for that. So, the relationship between the two is critical.

The other hugely important aspect of Covid is its impact on the delivery of all the health services we are used to being able to access when needed. Creating systems to keep people who have not been exposed to Covid away from those who have had a significant effect on many aspects of healthcare. We comment and report on this aspect in this Newsletter.

A further worrying factor is that childhood vaccines (MMR etc) are not being sought by all parents; the anti-vax people have been active with potentially dangerous consequences.

Organisationally, many things have changed enormously this year and we are going to experience other changes in the coming months. As a Patients Group, one of our tasks is to communicate (both ways) with our members and our Practice (but also to reach out to patients who are not yet members). We are exploring new methods of collaborating, including video conferences.

In this Newsletter, we will touch on a wide range of subjects including passing on contributions from the Practice and also from our nearby hospitals and the NHS generally.

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## **Covid – Where Are We This Week?**

Nobody saw this one coming. And the virus SARS-Cov2 does seem to have a number of aspects which make it a huge challenge to manage. Unlike many viruses it seems to be able to hide and then jump out at us unexpectedly; it seems to sneak around without doing obvious harm to most “children” and is usually less severe in the twenties to forties (though we know that there are a small number of younger people who have been very ill, sometimes on an extended basis; this is being called “long Covid”). But this means that quite a lot of younger people could be infected and, unknowingly, be able to infect older people who are at much greater risk of serious harm. Related coronaviruses (like the 2003 SARS) seem to be much more generally virulent and they seem to kill before there is much transmission; so, they are a serious problem for small numbers, possibly in isolated places, and then transmission stops. This new one is different!

### ***Vaccines and treatments***

In early September there were 720 possibly useful “compounds” being evaluated for Covid-19. They included 185 potential vaccines, 194 anti-viral medicines and 341 possible treatments (and the numbers seem to go up every week). This is amazing; never before have I heard of such activity versus one problem.

A lot of attention is being paid to vaccines and several of those most advanced have been mentioned in the press. The involvement of huge companies like AstraZeneca, GSK, Sanofi, Merck and Pfizer is often mentioned. Best estimates suggest that an effective vaccine (or even several) might be approved in the early part of next year and then there will be a race to get supplies delivered. A Covid vaccination programme MIGHT be underway six months from now. Considering that the average development programme for a new vaccine or medicine, typically takes ten or more years, mid-next year would be a gigantic achievement by the companies, the doctors working on the trials and the regulators (who will give approvals when efficacy and safety have been demonstrated).

It is interesting that both Russia and China have started vaccinations on the basis of early results and have not by any means assembled a data package that would satisfy regulatory agencies in the “Western World” – ie USA, Canada, Europe, UK, Japan or Australasia. Indeed, nine leading pharmaceutical companies involved in Covid vaccine programmes have signed a mutual agreement to do the job properly to full standards (which would upset a certain person in the White House prone to making predictions of what he hopes rather than what is actually possible; that’s the person who declared in March that Covid was nothing significant!!).

Despite the death toll (as reported by WHO) in excess of a million worldwide, and some 200,000 in the USA, a new poll (by Morning Consult) reported that almost 50% of Americans would refuse a vaccine; in April, 72% had said they would have one. Stories on social media may be having a bad effect!

As far as treatments are concerned, hospitals and the medical system generally are very much more knowledgeable about how the condition progresses and the best ways of managing it. Deaths still happen in hospitals but it seems that a higher proportion of the seriously ill are tending to recover.

### ***A new lockdown seems to be coming – will it affect Cambridge?***

Case numbers are certainly rising in many countries and just in the last two weeks have started jumping in UK. New announcements seem to be a daily occurrence. It is not yet clear where this is going. The good news is that the Government seems to be trying to avoid a full lockdown recognising

that the economy needs to be kept moving (hospitality businesses may be constrained by curfews but can operate at other times – and within safety guidelines) and children should be in school (so teachers get priority for testing etc). The most irresponsible younger people are finding their activities curtailed; transgressions are likely to cost them more in fines than hitherto; as seen in some areas already. So far, there has been no indication in Cambridge, of the more severe restrictions

## Healthcare Snippets *(four this time)*

**Obesity:** In previous editions, we have commented on this subject and its prevalence in this country. It is notable that during the earlier lockdown quite a lot of people started exercise programmes of various types and/or radically adapted their eating habits. I have heard of weight losses in the three stone area – people who do this look healthier and happier. The reason for returning to this difficult subject now is that there is increasing evidence that obesity is a factor that makes Covid much more severe. It is noteworthy that while quite a few members of Government were diagnosed with Covid (they were not very good at social distancing) only one ended up in intensive care – a man in his fifties, with a young partner and a very young child, who weighed 17-18 stone and had a BMI of about 37. A very small prize could be available to the first person who submits the correct name (by e-mail to me)!

**Influenza:** We are approaching the winter flu season. There are vaccines (which one is used is dependent on the age of the person) and they seem to work well, based on the analysis of the strains which are starting to come into the Northern Hemisphere. **The consequences of someone getting flu and Covid at the same time do not really bear thinking about.** The answer is to get vaccinated against flu in the next few weeks.

The NHS is making arrangements for half the population to be vaccinated. This will start with the older and more vulnerable people (and some of the youngest) and will then be cascaded down to the mid-aged. In QEMP, a start will be made with all those over 65 years and other age groups will follow. The Practice will communicate directly with registered patients the details of what is being arranged for them. An overview of the plan, provided by the Practice Manager, will be found on Page 6.

**Measles etc:** Childhood vaccinations are still being missed; some people blame anti-vac comments in social media, often based on the completely discredited efforts of the disgraced Wakefield. In the case of some childhood diseases, the conditions are quite unpleasant but in others (measles is obviously one of these) serious risks exist. A recent detailed report in the New York Times included the headline “Measles could kill more kids than Covid this year”. Many of our members are the same vintage as me and, because there were few vaccines when we were children, may well have experienced several of those diseases (measles was terrible, children died and others have been deaf in at least one ear ever since). I hope that we will all advise our children to make sure that our grandchildren are protected against these diseases.

To be blunt, the NHS has plenty to do coping with Covid; let’s not get into a situation where preventable childhood diseases cause additional problems.

**What Have You Got?** It seems to be non-obvious how to distinguish between Covid-19, flu or a common cold. Accordingly, it is appropriate to share a one-page decision-maker drafted by WHO (the World Health Organisation) and CDC (the Centres for Disease Control and Prevention, which is a US public organisation) and published in UK by the BBC. It is included in this Newsletter Page 7. We hope you find it useful. *Being simplistic – a sudden loss of taste or smell suggests Covid but sneezing does not (that’s probably a cold). Please review all the symptoms to make a personal diagnosis and, only after that, request additional guidance from Doctors/Nurses (or 111) if you remain uncertain.*

## Our Patients Group Activities

*We held a “talk” by video link on 8<sup>th</sup> July.* The title of the talk was “Home Fire Safety” (apposite since we are spending so much more time at home and winter approaches) and our guest speaker, Andrew Doherty, is a Community Champion for Cambridgeshire Fire & Rescue Service (CFRS). Around 25 people signed up and took part; this was mostly QEMP patients/group members but, as always with our talks, we welcome people from elsewhere. Feedback received was very encouraging.

*We will be holding video meetings and talks when possible and will send out information accordingly.* Importantly, we will be holding our AGM virtually this year and this will include the appointment of additional Committee members to expand the services we can provide. We are very keen to be joined by younger people, especially those with children; this is an under-represented group in the membership and on the Committee – let me know if you are interested and please pass on the word to friends and family.

*We have been developing our own website.* It is not appropriate for us to keep bothering the Practice to put extra items on the one page on its website which is about us. We can quickly add material to our own site but a link to it will remain on the Practice website. As soon as it is available, we will notify all members (and others) of the address and request your thoughts about it.

## Practice News

Staffing (particularly on the admin side) is under stress because some individuals are self-isolating as a result of tests on them or a family member. Accordingly, Claire Surrige, Practice Manager, has not been able to provide her usual News Bulletin for us.

One important item, though, is that Dr Sivatharan is now one of the GP Partners (joining Dr Jenny Clapham and Dr Mark Abbas). Some members may have met him last year when he was a locum at QEMP or in the last few months when he worked there on a short-term contract. Welcome to him!

Apart from that, the main item from the Practice is more detail on the plans for the flu clinics in the next couple of months. This is a major piece of planning and so, as Editor, I have decided to give it an entire page of its own (see Page 6). Please note that the rather colourful design is entirely the work of Claire and her staff.

## News from Cambridge University Hospitals Trust *(from Howard Sherriff, a member of our Committee and a Governor of CUHT).*

Addenbrooke’s still has 200 beds protected for the expected Autumn surge. Considerable effort is being made to get other services back to normal. During lockdown, most cancer operations were done in Private Hospitals but are now being carried out in Addenbrooke’s. Last week there were only two Covid patients in the Hospital.

Waiting lists for elective surgery such as Orthopaedics have increased by over 150%. Unless a surge facility is provided in this part of the region these lists will not be reduced for some considerable time.

This year Elections for new Governors have been postponed until Spring 2021.

***Pioneering work at Addenbrooke's and Papworth is featured in a BBC Documentary Series to be shown on BBC2 in four programmes in October. For details see:***

<https://www.cambridgenetwork.co.uk/news/life-saving-work-two-cambridge-hospitals-portrayed-award-winning-bbc-documentary-series>

## **News from Cambridge Area Patient Group and Patient Representative Group to CCG** *(provided by Howard Sherriff, a member of our Committee and our conduit to CAPG/CCG).*

All the meetings over the last three months have been 'virtual' as staff have been involved in Covid-19 planning and recovery. The main emphasis now is on recovery of previous services, while maintaining facilities for treating the anticipated autumn surge of Covid infections.

The Chairwoman of the PRG had a special meeting with members of CAPG specifically the proposed PCN4 (which covers Queen Edith Practice), North Cambridge practices including villages, and the Granta group. The CCG is concerned about the number of practices in Cambridge that do not have a PPG.

Compliments were made about QE PPG's progress during lockdown with meetings via Zoom, presentations by partners, and the potential for our PPG to demonstrate best practice as the PCNs come into being.

In Peterborough, the Out of Hours Centre is moving from the old hospital site to the new District Hospital site. All Emergency Departments in C and P CCG will adopt A&E attendances by appointment. Self-referred patients will be screened by staff at the entrance and referred to Out of Hours or back to GP if they do not need emergency treatment.

Considerable emphasis is being placed on as many people as possible having a flu jab this year. Also there is high recent demand on testing for Covid. Much of this has occurred because if one child in a class has cold like symptoms the whole class is sent home to isolate until tests are arranged and proved to be negative.

## **Finally**

***Please feel free to pass this Newsletter on to friends and neighbours, especially if you found it useful, and even if they attend a different practice.***

Anyone who is registered as a patient at QEMP may become a member of the Patients Group and a (very short) note giving name, e-mail, phone number and signature is all we ask for. They can send an e-mail to me (see above) with these details (please note that the only reason we request a phone number is that a hand-written name or e-mail address might not be sufficiently clear and we would use the phone number just to check these points).

***Please send any feedback to the address shown on the front page.***

## FLU VACCINATION PLANS 2020

As you can imagine, the flu vaccination season this year is going to be very challenging with the addition of extra eligible age groups and the current coronavirus situation meaning social distancing measures need to be put in place. There are also delays in deliveries of some of the vaccinations.

The practice has had to think very carefully about the safest and most appropriate way to administer vaccines to these eligible groups whilst also prioritising those at greatest risk.

**PLEASE DO NOT CALL THE PRACTICE REGARDING YOUR FLU VACCINATION.** These calls are clogging our already very busy telephone system. Our receptionists are currently unable to book patients into flu clinics. **PLEASE be assured that if you are eligible for a vaccine you will be contacted directly, via phone call, text and/or invitation letter in the coming weeks.** We ask that you remain patient as with over 3,500 eligible patients this year this is a mammoth task!

**With all this in mind, these are our current plans for the coming weeks, but note they may be subject to change depending on the progress of the coronavirus situation:**

- **High Risk Patients OVER the age of 65 who had been shielding** (approx 100 patients) have already started to be invited into set clinics in the practice - we will telephone these patients directly over the next couple of weeks to book them into these clinics.
- **The remaining patients OVER 65** will be invited to two clinics at Queen Edith Chapel on Wednesday 14th & Wednesday 21st October. It will work differently to previous years as we need to ensure patients are staggered through the day so we will be splitting them up into time slots - likely by Surname. There will be a strict one-way system and we will not be able to have information stalls or refreshments. **NO OTHER AGE GROUPS WILL BE INVITED TO THESE CLINICS.** Strictly by invitation only, no drop-in. **Invitation letters will be sent out to patients in the next couple of weeks but please be aware they may only arrive a day or two before the clinics.**












**We will not be receiving any vaccines for UNDER 65s until the second week of October.**

- **A Saturday Morning Clinic for Highest-Risk patients and other PRIORITY groups UNDER 65** (Carers, pregnant women etc) is **provisionally** planned for 17th October. Again, details to follow and strictly by invitation only, not drop in. This date may be subject to change.
- **All other patients UNDER 65 who are eligible for a CLINICAL reason** will be invited into set clinics at the practice through November, as and when vaccines are available.
- **Eligible children (2-3-year olds) and those with a CLINICAL risk** will be invited into clinics in surgery - no dates yet set for these but likely end October/early November.
- **Patients aged 50-64 years old without a clinical risk** will not become eligible until AT LEAST Nov or Dec and will only be vaccinated if vaccines are available as per guidance from NHSE.
- We are still awaiting further guidance re vaccinating family members of those who were shielding.

We understand this is a lot of information to take in, but this is going to be a very complicated year! The practice very much appreciates your patience during these challenging times.

## Check your Symptoms

The Differences between the three columns should make your self-analysis reasonably clear and straightforward

Symptoms	Coronavirus	Flu	Cold
 Fever	Common	Common	Rare
 Cough	Common	Common	Mild
 Loss of taste and smell	Sudden	Rare	Sometimes
 Fatigue	Sometimes	Common	Sometimes
 Headaches	Sometimes	Common	Rare
 Aches and pains	Sometimes	Common	Common
 Runny/stuffy nose	Rare	Sometimes	Common
 Sore throat	Sometimes	Sometimes	Common
 Sneezing	No	No	Common
 Shortness of breath	Sometimes	No	No
 Diarrhoea	Sometimes for children	Sometimes, especially for children	No

Source: WHO, CDC

BBC