

THE PATIENT PARTICIPATION GROUP
of the Queen Edith Medical Practice - Complementing the Work of the Practice
NEWSLETTER NO 11: September 2017

Welcome to our 11th Newsletter, and thanks to the six of you who gave me feedback on Issue No 10. Glad to say the feedback was positive and included some suggestions for improvement which I am taking on board. Feedback, positive or negative, is always welcomed, as are suggestions for improving the Newsletters or for new articles. So please do send me, **Roger Crabtree** (editor and PPG member), comments at rogercrabtree77@gmail.com

First, two important dates for your diaries:

Flu Vaccination Clinic 2017 – Wednesday 4th October:8.30am–5.00pm
at The Queen Edith Chapel in Wulfstan Way.

As usual, there will be a selection of community information stalls to browse and refreshments will be available. All eligible patients will be receiving an invitation in the post from the surgery in the next couple of weeks (some patients will also be eligible for the Shingles vaccination – this can be done on the same day if so and will be indicated on your invitation). It is very important that you bring your invitation with you on the day to confirm your eligibility and to help avoid delays. If you receive a letter, but cannot make that day, then please call the surgery in mid- October to book into one of the ‘catch-up’ clinics. You are eligible for a free flu jab from the practice if you:

- are 65 years of age or over
- are pregnant
- have certain medical conditions*
- are living in a residential care home or any other long-stay care facility
- receive a carer's allowance, or you are the main carer for an elderly or disabled person whose welfare may be at risk if you fall ill.
- also, children aged two and three (DoB must be between 1 September 2013 and 31 August 2015) will be offered the Fluenz nasal vaccine.

*medical conditions include: asthma (for which you **must** be on **regular steroid medication**); COPD; chronic heart, kidney or liver disease; chronic neurological conditions (such as Parkinson’s disease, MS, diabetes, motor neurone disease; have a weakened immune system as a result of certain conditions or medication, have a BMI of 40 or above.

**Unfortunately, if you do not fall into one of the above categories,
you will not receive an invitation/vaccination.**

The first **Annual General Meeting of the Patient Participation Group (PPG)** will be held on
Wednesday November 22 at 6.00pm at The Queen Edith Chapel in Wulfstan Way.

We are hoping one of the Practice Partners will be there. We will try not to linger over the formal business of an AGM for this is an opportunity for you to hear about the activities of the PPG and a chance to ask questions and make suggestions both about the PPG and the Practice.

So, put the date in your diary and come along. We will be issuing a formal agenda nearer the time - see Waiting Room noticeboards and the Practice website.

The wider NHS - GPs under pressure.

Estimates suggest that GP workloads across England have increased by about 40% in the last 20 years. This is mostly down to an ageing population. On average we are living longer, and one consequence is that the number of patients with at least one long term condition (and some with several) has substantially increased, making consultations more complex and time consuming.

Patients are seeing their doctor more often, too. Since 2000, it is estimated that the average number of times a patient visits their GP in a year has almost doubled from 3 to nearly 6 times; these figures are much influenced by the elderly, many of whom visit far more than 6 times a year.

A positive, though time consuming, trend is the increase in time spent on prevention – checking blood pressure, cholesterol levels, monitoring long term chronic conditions, doing health checks etc. Less positive is increased administrative ‘box ticking’ demanded by the NHS and government. Against these trends is set a growing shortage of GPs. Many are planning early retirement and there is a huge number of vacancies in GP training posts.

All this amounts to an increasing number of newspaper articles describing it as a ‘GP Crisis’. The Government’s plan for 5000 more GPs by 2020 has been described as the “magic GP tree with Jeremy Hunt, Minister of Health as the magician’

An interesting fact behind all this is that while GPs and their teams deliver 9 out of every 10 patient contacts with the NHS, they only attract 7 pence out of every pound spent on the NHS!

Fortunately Cambridge has a smaller number of GP vacancies than in most other parts of the country; it is a good area to live in. We also have one of the highest percentage of graduates anywhere in the UK, and the incidence of qualified medical people is correspondingly high. Nonetheless, the pressures on our GPs continues to grow.

The local NHS - Our local Commissioning Organisation has a major deficit.

You may have read that the Cambridgeshire and Peterborough Commissioning Group (CCG for short) has recently decided to scrap NHS funded IVF treatments in Cambridgeshire, the third CCG in the country to do so. The background is that our CCG has a massive £46.5 million financial black hole to fill, and is desperately looking for areas where savings can be made. The CCG Chair described the situation as ‘very challenging’ as they seek to eliminate the deficit by the end of this financial year (end March). So watch out for further cuts.

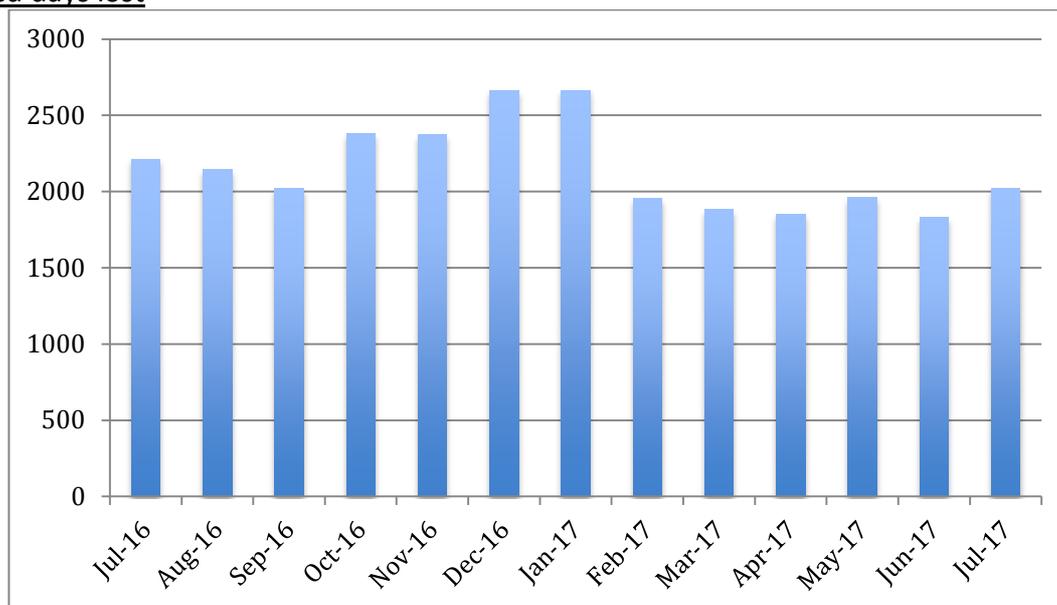
Note: The CCG is the local organisation which is responsible for the planning and commissioning (NHS speak for ‘buying’) of health care services for Cambridgeshire residents, including hospital services (emergency and elective), mental health services and community care.

Addenbrookes Update

Performance in key areas has improved in recent months, though in line with hospitals across the country, waiting times for operations are worsening, with ever more patients failing to be treated within the targeted 18 weeks from referral.

Bed blockers, while increasing somewhat in July, have (on average) been much better in the past 6 months. However the 2020 bed days lost in July 17, means that some 8% of hospital beds are on average occupied by patients who don’t need to be there. That’s about 1 in every 13 beds.

No of bed days lost



4 hour waits in A&E - the target is that at least 95% of patients attending an A&E department must be seen, treated, and admitted or discharged in under four hours. Addenbrookes has met this target in each of the last 3 months, a big improvement from the position 12 months ago

Pharmacy2U

Probably, like me, you will have received a leaflet from an organisation called Pharmacy2U (P2U), which offers a free service for repeat prescriptions, including free delivery to your home or nominated address.

Although contracted by the NHS, P2U is a commercial organisation, and is the NHS's largest independent pharmacy contractor. So, should you use this service rather than your local Chemist's shop? Well, it is entirely up to you. We asked the Practice for their comments; rightly, we think, they do not have view, saying it is up to patients to decide for themselves.

What are the pros and cons?

P2U always delivers to your home for free, saving you a visit to either the surgery or your local chemist; and it offers telephone or online advice from qualified pharmacists. However, it cannot be used for new prescriptions. And it does not provide the wide range of services and face-to-face advice and consultations that your local Chemist's shop offers.

Your choice!

By the way, when I tried to ring them with a few queries, their number was frequently engaged, or via the menu, I opted for the 'speak to a real person' button, but in 5 attempts, I never got a response, the phone just went dead!!!

At risk of diabetes? – my personal story so far

In April, during a review of my medication, the GP suggested I should have a blood test as it was some time since my last.

Having taken it, I heard nothing more from the practice. I know the practice policy is that one is only contacted if there is a problem**, so I assumed all was well. (With hindsight, I should have checked). So, imagine my surprise when, several weeks later, I got a letter on Practice headed paper which stated 'As you may be aware, your recent blood test result showed that you have an increased risk of developing diabetes. Type 2 diabetes is a leading cause of preventable sight loss and is a major contributor to kidney failure, heart attack and stroke'. It suggested I should take up a place on the Diabetes Prevention Support programme.

Complete news to me, and quite worrying. Mild panic!

I rang the surgery and was told the result was 'marginal' Not knowing what that meant I

1. booked a doctor appointment.
2. Asked Mr Google about diabetes and test results - there is good information there on diabetes, but one needs to be careful to read it thoroughly. My initial reading wasn't very thorough and I misread some of the information, which didn't much help my blood pressure!

The GP I saw was very helpful and reassuring (much reduced anxiety on my part) and explained my test result of 42 was at the bottom end of the 'at risk of diabetes' scale (42 to 47) but that it would be good to get this down to say 38. We agreed I should take another blood test in around a year to begin to establish a trend. She told me the Diabetes Prevention Support programme is a major NHS initiative designed to reduce the increase in the incidence of diabetes. I entirely applaud such initiatives having long believed that we need to invest much more in prevention programmes; **treatment is massively more expensive than prevention.**

What I did find from further web searches, is the high prevalence of diabetes and the truly alarming rate of growth. Today nearly 4 million people in the UK have diabetes; this figure has doubled since 1996. An average of 700 new cases are diagnosed every day, and the rate of increase is accelerating. **If present trends continue, over 10 million people will have diabetes in 20 years time!** And this prevention programme is better for the patient than the misery of the condition and its possible consequences; untreated or poorly treated diabetes is a life changer, (blindness, heart and kidney problems and leg amputations) -- overall a life shortener.

I don't want to be one of those future cases. And I very much support the prevention initiative. Too many of us say 'but I feel healthy' and don't take the danger signals seriously (like, for example, obesity). So, I decided take up the offer of a place on the support programme. To do this I had to register, easily done by phone, then submit to an assessment. This took a few weeks to arrange but in July, I attended this assessment – held at a Doctor's surgery in Cambridge. The session lasted around 45 minutes; as well as taking measurement and another blood test, I was asked a comprehensive range of questions about my lifestyle. The result was a kind of scorecard showing not only things like my BMI (overweight!) but also things like level of physical activity and well being (both OK)

I am now making arrangements to attend the support programme.

What has really struck me is the emphasis on **eating healthily, taking more exercise, and living healthily** as the major steps to getting blood sugar levels down. At much the same time, I read an article in the monthly COPE magazine about dementia. Guess what the major things to reduce risk were? Yes, be as active as possible, eat a healthy balanced diet, limit alcohol and stop smoking. The same will apply to things like heart attacks, obesity and many of the major killers of our time.

I recall Dr Abbas, when asked at a PPG meeting, what was THE major issue he would like tackled, he said it was about healthy lifestyles. I am pleased to say that the PPG has taken up this matter and we are looking at how we can help promote healthier lifestyle and provide information to all patients on what support and help is available locally.

This article is a departure from the usual sort of Newsletter article I write, being about my personal 'journey' so far. I would really welcome feedback on whether you think this sort of article is of interest or not appropriate for the newsletter.

And I am planning that I, together with our doctors, will do an article going into more detail about diabetes in our December newsletter. And maybe you have a personal experience you would like to share – please contact me.

****NOTE FROM THE PRACTICE: We would like to clarify our policy regarding test results. Unfortunately there are too many daily reports for us to get in touch with you individually, unless the doctor needs to speak to you urgently. We would therefore ask patients to call the practice around a week after their test (or as advised by the nurse/GP) All results are checked by a doctor who will write a comment which will be passed on to you by the receptionist when you call. Thank you - QEMP**

Practice News - Repeat Prescriptions

In the last newsletter we announced that the practice now has a policy of issuing a **maximum of 2 months'/56 days' worth of medication at a time**. This decision was made following local and national guidelines. Our local CCG (Clinical Commissioning Group) actually advise that only 1 month should be given, but as a practice we understand that this may have financial and practical implications for some patients, hence the practice policy is to give 2 months.

If you currently receive 3 months' worth or more at a time of your repeat medication, the practice will be amending this to 2 months at some point over the next couple of months. We initially said that if you currently receive only 1 month, we would not automatically be amending this, but we have now decided that it would be fairer to all if we did, so again, we will be amending these in due course. However, if you prefer to stick to just 1 month for any reason, then do please let us know. **Thank you – Claire Surridge, Practice Manager QEMP**

Interview - Alan Williams – Chairman

Interviewer – Howard Sherriff

The Newsletter normally interviews a member of the Practice staff. Some people have recently asked about the PPG and how it works. With the newly proposed constitution and forthcoming AGM it was decided to interview a PPG member, Alan Williams, our Chairman.

Alan Williams has lived and worked in Cambridge for most of his working life. He is unusual in that many members of the PPG have a Health or healthcare background. He graduated in Chemistry and Economy at University. His first job was with Fisons in Ipswich. After 4 ½ years he moved to Harston as product manager in insecticides, and was involved worldwide with agro-chemical products.

He then moved into Venture Capital activities in Cambridge, one of which was assisting the creation of a company developing transgenic pigs for organ transplantation (there are always more people awaiting transplantation than human organs available) along with the transplant researchers at Addenbrooke's in the 1980s, when Cambridge was the leading transplant centre. Other groups are now close to making this vision a reality. After that, he set up his own consultancy. Additionally he developed and delivered courses and material for the Open University Business School over 25 years. Although now semi-retired, he is completing two long-term projects.

His first wife was the Practice Nurse at Queen Edith's Practice and will be remembered by long-term patients with the Practice; she died seven years ago. He became a patient at the Practice about a year later and responded to a letter by Barbara Green (the previous Practice Manager) asking for members to join the PPG. Initially he sat in at meetings. When John Abbot decided to retire he agreed to step into the vacuum and act as Chairman for one year. That was about 18 months ago. Currently there are 17-20 regular members attending the PPG.

Since then he has developed the Committee and several Focus Groups. In his first year he encouraged and participated in the Practice survey with a large number of completed returns. With a view to the first AGM in November he has played a major part in the development of the PPG's Constitution – which will soon be available on the Practice website.

When questioned he believes by using the skills he has learnt and developed over the years in industry his aim is to be a steady guiding hand to others, and maintain enthusiasm amongst PPG members. Having worked at a high level during his career he is able to recognise potential in individuals, and encourage and aid their development within the PPG and work groups. He is keen to work with people who show interest and prefers to deal with people who are keen.

When asked about his thoughts for the next three years Alan's vision is of a PPG of about 30 members and numerous focus or work groups, so all can make their contribution to the practice with a wide range of projects. He sees the role of the Chairman as an intermediary between the practice and patients.

He believes that in Cambridge we are fortunate to live in an academic "bubble" with many talents within the community covering a wide range of skills that can be used within the PPG. He believes that he can see beyond the NHS systems and problems are best dealt with "in the round", with an overview of the bigger picture. He considers his less favourable trait is impatience. He is enthusiastic about the future NHS and its role in developing to meet the future needs of patients.

Throughout his career he has travelled extensively, mostly for work but occasionally for holidays. He plans to travel to new places and experiences when he has fully retired. He has remarried and has one grandson in Nottingham, one in Australia, and another on the way (out there).

PLEASE NOTE:

All articles written by Roger Crabtree on behalf of the QEMP PPG unless otherwise stated and as such, may not necessarily reflect the views of the practice.