

**THE PATIENT GROUP (PPG)**  
Of Queen Edith Medical Practice (QEMP): Complementing the Work of the Practice

**NEWSLETTER NO 15: October 2018**  
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**Welcome to this, our third Newsletter of 2018.**

## **Future Events**

### **a) Flu Vaccination Clinic:**

**14<sup>th</sup> November 8.30am to 5.00pm at The Queen Edith Chapel, Wulfstan Way**

This year there is a new vaccine for the over 65s, called adjuvanted trivalent vaccine (catchy name isn't it?). Clinical evidence indicates this is far more effective for this age group.

All patients who are eligible for a flu jab will be receiving an invitation in the post; please bring it with you when you come. Full details of the clinic are on the practice website.

As usual, there will be a range of community information stalls to browse and refreshments will be provided. The Patient Group will be assisting during the day and will have a table to provide information to all those interested in the Group. You can sign-up to become a member.

### **b) Patient Group Annual General Meeting:**

**21<sup>st</sup> November 6.00 pm to 7.30 pm at The Queen Edith Chapel, Wulfstan Way**

This meeting is open to any patient registered at QEMP. We will have a short formal element (a report for the year and the election of some new committee members) and a longer social element. Why not come and meet us. **Please come along – there will be refreshments.**

### **c) Patient Talk**

**5<sup>th</sup> December 7.00 pm-8.00 pm at St James Church**

This will be our fourth talk and the title will be **“A Cardiologist’s Guide to a Long & Healthy Life”**. The speaker will be Dr Leonard Shapiro who is a Consultant Cardiologist at Addenbrooke’s and Papworth; he will include a period for questions.

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## **A Review of Recent Activities**

**a) 8<sup>th</sup> September:** We were represented at the Community Forum event and had the chance to talk to a number of people who expressed interest. On the day eight people said that they would like to join the Group.

**b) 12<sup>th</sup> September:** We had our second talk on the broad subject of dementia but the emphasis was very different from our first talk on this subject. That previous talk focused on research into the condition and was quite scientific. The latest, by Ed Pinches and Emily Holmes of the Alzheimer’s Society, was more about the practical side and included information which might help

with managing or reducing the speed of decline. Attendance was lower than we would have liked but several new people came and six of them indicated an interest in joining the Group.

**c) 9<sup>th</sup> October: The Carers Focus Group organised a Coffee Morning for Carers**

Pam Gavin reports on this event. *Held in the Study Centre, St James Church, this was an opportunity for carers to meet socially and to share their experiences of caring for family members and friends. Susan Randall, herself a carer, provided information about the work of the Carers Trust, Cambridge and Peterborough NHS Foundation Trust (cpft) and Rethink Mental Illness (supporting carers of those with mental ill health). These organisations can offer carers access to information and support provided by themselves and also signposting to other groups, relevant to individual needs. Contact details below.*

*Our thanks go to all the carers who attended, the Vicar, Revd. Steven Rothwell and other Church Officers for their practical help, to all members of the Carers' Focus Group and to other members of the PPG who so ably gave their support to this event. Pam Gavin*

<p><a href="http://www.cpft.nhs.uk">www.cpft.nhs.uk</a> Tel: 01223 219400 <a href="http://www.rethink.org">www.rethink.org</a> Tel: 07342 691768 <a href="http://www.carerstrustcpn.org">www.carerstrustcpn.org</a> Tel: 01480 499090</p>
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## **Cardiovascular Disease.**

You will have read above that our final patient talk for 2018 on December 5<sup>th</sup> is by a Cardiology Consultant. This got me thinking – do I really understand what all the medical terms about heart disease mean, and what's the difference between the various conditions? For example, what exactly does a cardiology consultant do, and what is the difference between a heart attack and a stroke.

So I looked at the official NHS website [www.nhs.uk](http://www.nhs.uk) where you immediately see 'Health A – Z' which lists hundreds of health conditions in alphabetic order. Everything below is a direct quote from that A to Z list. It is very much a beginner's guide; I hope you find it interesting, though inevitably it is simplistic.

### **First, a very simple description of the heart and how it works**

'The heart is a muscle about the size of your fist. It pumps blood around your body and beats approximately 70 times a minute. After the blood leaves the right side of the heart, it goes to your lungs where it picks up oxygen.

The oxygen-rich blood returns to your heart and is then pumped to the body's organs through a network of arteries. The blood returns to your heart through veins before being pumped back to your lungs again. This process is called circulation'

**Cardiovascular disease (CVD):** is a general term for conditions affecting the heart or blood vessels. It's usually associated with a build-up of fatty deposits inside the arteries (atherosclerosis) and an increased risk of blood clots. CVD is one of the main causes of death and disability in the UK, but it can often largely be prevented by leading a healthy lifestyle.

**Coronary heart disease:** (sometimes called ischaemic heart disease) is a condition in which the major blood vessels that supply the heart get clogged up with deposits of cholesterol, known as plaques, thus reducing or blocking the supply of blood to the heart.

This puts an increased strain on the heart, and can lead to one of the following three things:

- **Angina** is chest pain caused by reduced blood flow to the heart muscles. It's not usually life threatening, but it's a warning sign that you could be at risk of a heart attack or stroke. With treatment and healthy lifestyle changes, it's possible to control angina and reduce the risk of these more serious problems.
- **Heart attack** a heart attack (myocardial infarction) is a serious medical emergency in which the supply of blood to the heart is suddenly blocked, usually by a blood clot. Before a heart attack, one of the plaques ruptures (bursts), causing a blood clot to develop at the site of the rupture. The clot may block the supply of blood to the heart, triggering a heart attack. A lack of blood to the heart may seriously damage the heart muscle and can be life-threatening.
- **Heart failure** means that the heart is unable to pump blood around the body properly. It usually occurs because the heart has become too weak or stiff. Heart failure doesn't mean your heart has stopped working – it just needs some support to help it work better. It can occur at any age, but is most common in older people. Heart failure is a long-term condition that tends to get gradually worse over time. It can't usually be cured, but the symptoms can often be controlled for many years.

**Strokes and TIAs:** A stroke is where the blood supply to part of the brain is cut off, which can cause brain damage and possibly death. A transient ischaemic attack (also called a TIA or "mini-stroke") is similar, but the blood flow to the brain is only temporarily disrupted. There are two main causes of strokes:

- **ischaemic** – where the blood supply is stopped because of a blood clot, accounting for 85% of all cases
- **haemorrhagic** – where a weakened blood vessel supplying the brain bursts

**Arrhythmia:** Arrhythmias or heart rhythm problems are experienced by more than 2 million people a year in the UK. Most people with an abnormal heart rhythm can lead a normal life if it is properly diagnosed.

The main types of arrhythmia are:

- **atrial fibrillation (AF)** – this is the most common type, where the heart beats irregularly and faster than normal. More common in older people. It is a common cause of stroke. Having atrial fibrillation means your risk of a stroke is 5 times higher than someone whose heart beat is normal.
- **supraventricular tachycardia** – episodes of abnormally fast heart rate at rest
- **bradycardia** – the heart beats more slowly than normal
- **heart block** – the heart beats more slowly than normal and can cause people to collapse.

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## **Practice News: Claire Surridge, Practice Manager reports:**

### **Staff News**

**Wendy Smith** joined us in August. She is an experienced Practice Nurse who will be covering the remainder of Laura McClure's maternity leave (Laura is due to return to the practice in January). We also have a new member of our reception/admin team – **Wendy Arkell**, who joined us in September. I am sure you will join us in welcoming both Wendys to the Practice!

### **Building News**

Things have still been progressing slowly with the extension plans with much red tape in the way! All is still very much dependent on our final bid for funding, which has now been submitted. However, the end is now hopefully in sight and we should know by the middle of November if and when the build will be likely to start. As soon as we have the information, we will put this on our website and have posters in the waiting rooms.

### **Don't swallow up your NHS - use it wisely this winter**

#### **Every time you visit your GP it costs the NHS £45\***

You can treat minor winter illnesses such as colds and coughs, sore throats, and upset stomachs easily at home with medicines, which you can easily buy at low cost from your local pharmacy. So be prepared and stock up on winter essentials today:

- pain relief (paracetamol)
- cough and sore throat remedies
- first aid kit
- upset stomach treatment
- rehydration treatment
- heartburn and indigestion treatment

Having these winter essentials at hand will not only save you time and help you to feel better quicker, but help save the NHS much needed resources. Your local pharmacist can also offer you advice and guidance on the best treatment for you – no appointment needed. Pharmacists are available on every high street and in supermarkets with many open evenings and weekends.

*\*£45 is the average cost for GP consultation time, cost of the medication, and dispensing fee.*

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## **NHS Matters**

### **Making it easier to see a GP**

Some time ago the Government made a commitment that all patients would have access to GP Services between 8.00am and 8.00pm seven days a week.

Extra appointments to access these 'out of normal hours' arrangements, are now available in Cambridge. These additional pre-bookable evening and weekend appointments have been achieved by GP practices working together.

Note that the new service offers access to a GP, not necessarily a GP from our practice.

You can book appointments for this new service by a phone call to our Practice; the receptionist will be able to book you in at the 'hub' in your area.

It will be interesting to find out what the take up will be from patients of QEMP. Our 2016 Patient Survey showed that only 4% of the 600+ responders were dissatisfied with the existing opening hours.

By the way, we intend to carry out a further Patient Survey in 2019.

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### **Addenbrookes performance.**

I have found an interesting website which is easy to access and gives a snapshot of Addenbrookes performance against key national targets.

It is [www.bbc.co.uk/nhstracker](http://www.bbc.co.uk/nhstracker) Put in your post code and it shows local hospitals, click on the one you want and up pops the latest performance

As at October 11, it showed Addenbrookes missing all three key targets and a picture of steadily declining performance against those targets.

	Target	Addenbrookes	England
Patients treated or admitted within 4 hours	95%	86%	89%
Patients starting cancer treatment within 62 days of urgent GP referral	85%	81%	79%
Patients having planned operations & care within 18 weeks of referral	92%	89%	87%

The information below is taken from the September 2018 Board of Directors meeting which reflects performance to end July 2018. This is the latest information that is available.

**Bed Blockers** (Delayed Transfers of Care). The measure here is the number of bed days lost by 'blockers' as a percentage of total bed days. Performance is variable month to month but the trend is generally up. The end July figure of 8.6% of bed days is worse than in March this year and also at this time last year.

So, nearly 10% of total Addenbrookes bed days are lost to people occupying beds when they shouldn't be there!

The government has just that announced additional money is being provided to the NHS to help the bed blocker situation. £2m is being allocated to Cambridgeshire. It can be used, for example, to provide home care and 're-enablement' packages and for home adaptations; all these should help get patients out of hospital quicker.

It is however a one off measure, presumably aiming at getting bed blocker numbers down before the usual 'winter pressures' hits or hospitals.

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### **COPE (Cambridgeshire Older people's Enterprise) Lunch Club**

You may recall that I highlighted COPE in the July Newsletter. One of its activities which is local to us, is the Evelyn Charnley Lunch Club. Held on the third Wednesday of every month in Queen Edith Chapel from 12.00 (noon) to 2.00pm this is a 'bring and share' lunch where you bring something to eat and everyone share. There is usually a talk, a raffle, a book exchange, and bring and buy table. Entry is just £2.00.

The next dates are:

- November 21 - the speaker is Robin Bletsoe on New Zealand Gardens
- December 19 - the Christmas Party with music by The Crofters

Why not call in and see for yourself, everyone is welcome.

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### **Circulation of Newsletters**

Sadly, we are still not allowed to email this newsletter to patients via the Practice (you may recall that I explained in the July Newsletter that the NHS interpretation of the General Data Protection Regulations prevented this)

So, we will again put it on the Practice website and provide hard copies which will be available in the Practice, together with a wider circulation in the local community.

Sorry folks, very frustrating for us as well. We have heard that this might be fixed before long (no date yet predicted).

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### ***Editorial Postscript***

1. We do want to stress that the PG is independent of the practice and that the articles, written by me, or my PG colleagues, may not necessarily reflect the views of the practice, unless otherwise stated.
2. As always, feedback on your views of our Newsletters or PG activities are very welcome, as are ideas for future Newsletter content or PG activities.  
Feel free to contact me at [rogercrabtree77@gmail.com](mailto:rogercrabtree77@gmail.com)