

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

NEWSLETTER NO 16: December 2018
Editor – Roger Crabtree rogercrabtree77@gmail.com

Welcome to this, our final Newsletter of 2018.

Three successes!

1. Flu Clinic. When our practice was inspected by the Care Quality Commission in 2016, the Flu Clinic got a special mention as a noted success. I am glad to say that Claire Surridge, our Practice Manager and her team have done it again! This year's session on November 14 was again a roaring success, with just over 1000 patients attending. As usual there were a number of community information stalls promoting their activities.

I am told that there was a queue of around 100 people at opening time, such was the enthusiasm.

But actually this did give rise to a small number of complaints from people who called in on their way to work and found they were badly delayed, and so late for work. Maybe next year we should think of ways of giving such people priority at the beginning. Perhaps operate like the low cost airlines setting up a 'priority boarding' queue.

2. Our fourth PPG talk of 2018 "A Cardiologist's Guide to a Long & Healthy Life" was a great success. Over 50 people came along to hear Dr Leonard Shapiro give an entertaining and informative talk. He spoke about the main causes of coronary heart disease – inactivity, smoking, diabetes, cholesterol, obesity, and blood pressure – pointing out that these are all lifestyle factors, not medical ones. In other words, things we can all do something about if we are so motivated. Family history is another, but he said it alone is not likely to lead to death from heart disease.

3. The second Patient Group AGM was held in November. Our Chairman briefly reviewed the activities of the Group's last 12 month's, highlighting the progress we had made, and thanking various members for their contribution, whilst announcing some changes to the PG Committee.

But the formal AGM was brief and to the point, enabling those present to move on to enjoy a pleasant social evening.

Measles, Mumps and Rubella (MMR) Jabs

A recent BBC Report highlighted the safety of the MMR vaccine and the 'fake news' being spread by social media

"People who believe the myths spread by anti-vaccine campaigners are absolutely wrong", Prof Dame Sally Davies, England's top doctor has said.

Sally is England's Chief Medical Officer and said that myths peddled about the dangers of vaccines on social media was one reason why parents weren't taking their children to get the MMR vaccine.

She urged parents to get their children vaccinated and ignore "social media fake news", adding that the MMR vaccine was safe and had been given to millions of children worldwide but uptake was currently "not good enough".

"It is a safe vaccination - we know that - and we've saved millions of lives across the world. There have been too many cases of measles in England this year - 903 so far, and young people who had missed out on the MMR vaccine had been particularly affected".

In England, the take up rate of children is **87% but the target is 95%. BUT, in our practice the latest take up figure we have (2016-17) is only 83.7%**. This is below the national average and well down on the target.

The MMR vaccine is given on the NHS as a single injection to babies, usually within a month of their first birthday. They then have a second injection before starting school, usually around three years old. Children who missed an earlier MMR vaccination can have a "catch-up" jab on the NHS.

Background.

In 1998, a study by former doctor Andrew Wakefield incorrectly linked the MMR vaccine to autism. The research is now completely discredited and Mr Wakefield has been struck off the medical register for unethical behaviour, misconduct and fraud.

But the publication did have an effect on the take up, and we still have some way to go to get to a satisfactory level.

So QEMP parents and would be parents, we urge you to ensure your children get the MMR Jab!

Blood Pressure.

I know that quite a few people are unsure about measuring and evaluating blood pressure levels.

Below is what I think is a practical and helpful article from the SAGA Magazine on blood pressure levels and monitoring them. Both SAGA Magazine and the author, Dr Porter have kindly given me permission to reproduce it.

Question: Is DIY measurement a reliable way to measure blood pressure? And what would you regard as a normal reading?

Answer by Dr Porter: As long as you are using a decent monitor and doing it properly, home readings give a much better reflection of what is happening to your blood pressure (BP), than the occasional one-off snapshot in the consulting room.

And this is being reflected in changing practice where patients are often encouraged to come in to see their doctor with a series of home readings before decisions are made about starting or adjusting treatment.

Studies show that the risk of heart disease and stroke starts to rise once BP exceeds 115/75, but it doesn't mean you have high BP if yours is above this. Recommendations vary slightly but, assuming you are an otherwise healthy person, NICE (The National Institute for Health and Care Excellence) advises doctors to take a closer look at anyone with a BP of 140/90 or higher if the reading is taken in the consulting room (where it tends to be higher). Readings at home, where you are generally more relaxed, are generally lower, so the threshold here is more like 135/85.

If you are using your own BP monitor, the standard protocol would be to check your BP morning and evening for a week. Don't be surprised if the readings vary, as your BP levels depend on what you have been doing and your emotional state.

Don't take your BP as soon as you get home, but after you have been sitting comfortably for at least 5 minutes. And take a couple of readings at each session.

If the average is 135/85 or below, put your machine away for a few months; there is no point in constantly monitoring normal BP, as the more you focus on it, the more it is likely to creep up. If it is constantly higher than this, take your readings to your GP at your next appointment.

Practice News from Claire SurrIDGE, our Practice Manager

Staff News

Dr James Leaver will be leaving the practice in December – we wish him well on his future career path. We will be looking to recruit a replacement GP in the New Year.

Kim Browne, one of our much-loved receptionists will be retiring in early January. We are very sad to see her go but we are sure she will soon wonder how she ever had the time to come to work, as she is such a busy lady!

Our Practice Nurse **Laura McClure**, will be returning from Maternity leave on Wednesday 9th January – I am sure you will help us in welcoming her back.

Extension News – we are almost there!

I had hoped to be able announce a definite start date in this edition, but unfortunately we still have a few t's to cross and i's to dot before everything is signed off. However, all being well the aim is for the building work to start the first week of February or shortly afterwards. As soon as we know, we will put the date on our website and have posters in the waiting rooms, so keep your eyes peeled!

Extended Access Service – evening & weekend appointments

We are now able to offer evening and weekend appointments with a GP or nurse as part of Extended GP Opening hours. These are for routine, non-urgent issues. You can book your appointment through our receptionist who will give you a time, date and venue for your appointment.

Please note that these appointments will not be at Queen Edith Medical Practice but will be at one of three 'hubs' in the area.

If you would like to find out more please go to www.openlater.co.uk

Christmas & New Year Closures

The practice will be closed on the following dates over the holiday period:

Tuesday 25th December

Wednesday 26th December

Tuesday 1st January

If you have a medical emergency during this time then please call **111**.

The practice will be open as usual on all other weekdays.

NHS

Failure to meet NHS Targets

In the October newsletter I showed how Addenbrookes was missing all three key performance targets. Since then its performance has improved in two of the three, but deteriorated in the third. But it is still not achieving target in any of them.

In this it is not alone, 29 of 157 hospitals making returns have not met any of the 3 key targets in the last year.

	Target	Addenbrooke's Oct	England Nov	
Patients treated or admitted within 4 hours from being first seen	95%	86%	88%	89%
Patients starting cancer treatment within 62 days of urgent GP referral	85%	81%	76%	79%
18 weeks from GP referral to operation for non-urgent Operations like hips and knees	92%	89%	90%	87%

This does not auger well for the winter pressures that are likely to come in the next 3 months.

The two main reasons given are shortage of staff and shortage of beds:

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. Good to see that performance here has improved in the period July to September from 8.5% to 7.6%, though even that is almost 2000 bed days lost in the month of September (latest available figures)

Children's Hospital. Great to hear that at last funding is being put in place to build a Children's Hospital on the Addenbrookes site. This will be the only one in East Anglia. Completion will be some years away.

I guess the downside will be that it will add yet more jobs to the total Bio Medical campus site where total numbers of employees are forecast to exceed 20,000. So it will add to the already difficult traffic congestion issues.

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. This will be my last time as Editor of our Newsletter. After 4 years and 16 quarterly editions, the time has come for me to stand down and hand over the reins. It has at times been challenging preparing them, but I hope you have found them interesting and informative.

Finally, on behalf of all the staff at the practice, and all the members of the PG, may we wish you a Merry Christmas and a Very Happy and Healthy New Year.

Roger Crabtree, Editor

December 2018