

**THE PATIENT PARTICIPATION GROUP (PPG)**  
**Queen Edith Medical Practice - Complementing the Work of the Practice**  
**NEWSLETTER NO 12: December 2017**  
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Welcome to our Newsletter, this is the 12<sup>th</sup> quarterly Newsletter, so that means we have been issuing it for the last 3 years (back copies can be found on the Practice Website and in the PPG Folder held in each Practice Waiting Room).

I got some helpful feedback from the September issue and some suggestions, which I plan to respond to in future newsletters. Your comments and suggestions are always very much welcomed, so please keep them coming.

*We do want to stress that the PPG is independent of the practice and that the articles, written by me, or my PPG colleagues, may not necessarily reflect the views of the practice, unless otherwise stated.*

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**A new initiative from the PPG.** We are planning a series of evening seminars on key topics. The first of these is in February; it is open to all patients so do come along and participate

**Type 2 diabetes: is it possible to prevent or cure it?**

Your PPG has arranged a meeting with Mary Hall who is a dietician specialising in diabetes and is working in the community to help people to make healthy diet choices.

***Come to the Study Centre at St James's Church, Wulfstan Way  
at 7.00 pm – 8.00 pm on Wednesday 7<sup>th</sup> February 2018***

Diabetes UK <https://www.diabetes.co.uk/> reports that:

- Since 1996, the number of people diagnosed with diabetes in the UK has risen from 1.4 million to 3.5 million. Taking into account the number of people likely to be living with undiagnosed diabetes, the number of people living with diabetes in the UK is over 4 million. Diabetes prevalence in the UK is estimated to rise to 5 million by 2025.
- Type 2 diabetes is, by far, the most prevalent form of diabetes; it accounts for about 90% of all diabetes cases
- There are major long-term complications from diabetes; the life expectancy of someone with type 2 diabetes is likely to be reduced, as a result of the condition, by up to 10 years
- Making informed diet choices is one of the main ways in which we can help to control diabetes.

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**At risk of diabetes? – My personal story continues**

You may recall that, in the September newsletter, I told you about my diagnosis as being “at risk of diabetes”, or “prediabetes”, as it seems to be called, and said I would be joining the support programme that is offered to all in the prediabetes range.

There is no way that I want to become a diabetic. So I was, and am, determined to take advantage of this programme and lessen my risk of becoming diabetic.

This phase of the programme consists of 10 two hour sessions, 5 on exercise and 5 on diet and nutrition. We started as a group of 22, but sadly over 50% dropped out after the first session, which, frankly, was run badly. Thereafter the remainder of the group continued to the end. A criticism would be that we had several different tutors; better continuity would have helped though several of the tutors were excellent.

In the early sessions we were given some useful information on how our bodies work, what causes high blood sugar levels, and why and how diet and exercise can help reduce them.

We were given an excellent handbook called “X-Pert Diabetes” and encouraged to buy a book called “Carb and Calorie Counter” which lists the carb, calorie, protein, fat and fibre content of hundreds of items of food. It has become my bible!

The exercise sessions consisted of us going through 22 different exercises aimed at strengthening most of our muscles. There are different levels to each; some, for me, were easy and others certainly stretched me. All of us participated well in going through these routines at the sessions.

What personally I learned about myself and exercise was that while I am generally pretty active for my age, almost all my exercise is what might be called “leisure exercise” – walking, golf, gardening etc – and I rarely get out of breath. So I am now trying to do a 15 to 20 minutes workout 3 or 4 times a week where I do strenuous exercises.

On diet and nutrition, the book, X-pert Diabetes covers four different dietary regimes – low fat, Mediterranean, low carb and intermittent fasting, all having their pros and cons. This is all a bit confusing. But both the book and our tutors say that of these various approaches, the best diet for reducing blood sugar levels is **low carb high fat**. This was a surprise as my previous understanding had been that low fat diet was best for losing weight.

The book says “lowering dietary intake of carbs reduces blood glucose levels. Many clinical trials have shown this approach to be favourable to low fat diets for sustained weight loss, fat loss, especially in the abdominal area, reduced hunger, increased energy, increased good cholesterol, lowered blood pressure and reduced fat in the liver”. Wow, magic, eh? I especially liked the idea of losing an inch or two round the waist!

Of course it is more complicated than that, there are different types of carbs (starch v sugar) and quick release (bad) and slow release carbs (good). And there are, of course, different types of fat. I am no expert so will not try to go into more detail, except to say that natural foods are much better than processed foods e.g. porridge is better than corn flakes, especially if you don't put sugar on the porridge (tip: chuck in a couple of sweeteners while you are preparing it).

I will be most interested to learn what Mary Hall has to say on all this when she comes to our February evening seminar (see above).

Personally I am trying to adapt, on a lifelong basis, to reducing my carb intake. Using the “Carbs and Calorie Counter” book, I am keeping a detailed record of how many carbs I consume and finding ways of cutting down. I am quite some way off hitting the sort of daily target that is suggested (c130g) but I have definitely reduced my carb intake considerably (at least 25%). I am missing some things but equally there are bonuses – a cooked breakfast of eggs, bacon and

mushroom is, for example, zero carbs, and I love that. Also most cheese is zero carb. The downsides are that things like cake, biscuits and puddings are very high carb.

And, I have been astonished just how many carbs there are in such standard dishes as a slice of bread (15), a bowl of cornflakes (50), pasta (70), fish and chip takeaway (over 100). It is so easy to pile on the carbs.

And the outcome? I have just had my three month assessments and am pleased to say my blood sugar level has gone down a little (I am now below the “at risk” threshold) and I have lost a little weight, but not, so far, round the waist. Overall, this is encouraging.

The prevention programme continues, offering 4 more sessions over the next 4 months and assessments at 6 and 12 months. I shall be attending.

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### **The PPG’s first Annual General Meeting (AGM)**

The first AGM of the PPG was held on November 22, with 22 people attending. Our Chair, Alan Williams presented his report, describing how the PPG has been meeting since December 2014, as a “real group”, as opposed to the previous “virtual” group.

Since then, we have developed a framework for the way we operate, including a constitution and an introductory document for new members. Behind the full PPG meetings, a small group, which we call the Committee, has been established to review and develop our activities, making recommendations to the full PPG, which meets approximately every 6 to 8 weeks.

Major achievements include:

- the role we played in the Practice Survey (where we worked hard to get people to participate, and got 630 replies)
- The newsletter
- Building links with external organisations, be it the local NHS or the National Association of Patient Participation.

We have set up 3 Focus Groups:

- to create a directory of voluntary groups and local services which provide assistance to older people. This is due to be ready early in 2018
- to develop a series of evening seminars, open to all patients on key topics (see above for details of our first event)
- to develop support networks for carers of all ages affiliated to the practice

And, we held elections at the AGM. As a result

- Chair - Alan Williams
- Secretary – Michele Conway
- External Liaison – Howard Sherriff
- Communications – you’ve still got me for another year!
- Committee Members - Anita Lipner, Jane Benham, Marion Polihronaidis.

The Chair stressed we need to find additional members for the PPG and to achieve a wider diversity of members, especially younger people and a wider variety of ethnic backgrounds.

A lively discussion followed on a range of topics.

Editor's note: We have spaces for new PPG members if anyone is interested; please contact me.

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## **The wider NHS**

The press is full of doom and gloom about the UK's favourite institution – the NHS:

“Hospitals up to 99% full even before the winter surge”

“The money Hammond awarded in the budget is inadequate, the £4.6 billion in each of the next 2 years is required just to keep pace”

“Waiting times are going out and will get worse”

“Rationing” etc etc

It is not the role of the PPG to make any political comments – many others are more than happy to do that. But, according to OECD statistics, UK expenditure on health continues to lag behind almost all Western European countries

- in 2000 UK spent 6% of GDP on health, whereas other EU countries averaged of 8.5%
- in 2009 that had increased to 8.6% but EU countries by then averaged 10.1%
- in 2016 the UK figure had increased again to 9.7% compared to France 11% and Germany 11.3%. USA by the way, is 17.2% but that's another story

However, we need to be very careful with statistics. Jeremy Hunt, Health Secretary, has recently been saying that if we include all possible spending on health including such things a social care, UK comes out a little better than its European comparators. And this may well be true, but doesn't invalidate the comparisons above. *If you want to learn more about the NHS statistics, The Kings Fund is a useful website to visit.*

It really does appear that the NHS is struggling to meet demand and certainly failing to meet financial targets. Just hope there isn't a major flu epidemic over the winter.

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## **The local NHS**

### **1. Prism (Primary Care Mental Health Service)**

Prism is a new service that is being rolled out across Cambridgeshire. It will be available at our practice from 18<sup>th</sup> December.

The Prism website says “the service provides specialist mental health support for GP surgeries so that people with mental ill health can access prompt advice and support, receive help in a community setting and experience a more joined up approach to their care”.

It provides early assessment, treatment or onward referral in the community. It supports people to step down from specialist mental health services.

Support is provided by both mental health professionals and the Recovery Coach team; this team is a new body consisting of a trained Coach and Peer Support workers (people who have real experience of mental health challenges). Each Team will cover a number of GP practices.

You can find out more about this new service by putting <http://www.cpft.nhs.uk/services/prism-service.htm> or “primary care mental health service (prism)” into Google/your browser. The site has a brief but helpful video clip about the service.

Prism is one part of the overall approach to mental health services which also includes:

- The Psychological Wellbeing Service – this provides talking therapy to people with mild to moderate mental health issues like depression phobias etc. patients can refer themselves to his service
- The First Response Service, which is for patients who are in mental health crisis and who need urgent care and support.

This new service is open to anyone aged between 17 and 65; you can access it via an appointment with your GP, who will help you make a decision as to which service is most appropriate for you.

Once referred, the local Prism staff will make contact with you and if a face-to-face assessment is needed, this will take place at the Queen Edith Medical Practice premises.

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## **2. Our local Commissioning Organisation still has a major deficit.**

Some £42 million needs to be saved by 31.03.18, if financial breakeven is to be achieved. The CCG is cutting out a layer of staff and trying to cut spending on drugs. Even so, cost reductions of this magnitude in that timescale look impossible to me. But they must be under great pressure to cut services, to get as far as they can towards this target.

***Note:** The CCG is the local organisation that 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, GP services and community care. (I may feature an article about the CCG in a future newsletter.)*

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## **3. Addenbrookes Update**

A slightly mixed bag, some improvement, some deterioration:

- Waiting times for operations. The number of patients waiting more than 18 weeks to be treated has fallen by 204 in the last month. 90% are now treated within 18 weeks.
- Bed blockers (Delayed Transfers of Care). Bed days lost have decreased significantly. In the September newsletter, I reported 2020 days lost in July; by October this had fallen to 1694, the lowest figure since December 2015. Obviously a concerted effort by all concerned is paying dividends. However, even this figure equates to 6.4% of all beds; the target is 3.5%
- 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. The hospital is not meeting this target – 90% in October, 88% in November. Demand continues to rise, 9% up on November 2016
- Finance – as at October, the trust had a deficit of £22m which is slightly behind target
- Staffing levels – nurses and midwifery. Successful recruiting campaigns have meant that overall numbers have increased by 2% since this time last year.

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#### 4. Practice News - from Claire Surridge, Practice Manager

##### **Staff news**

Our Practice Nurse Laura commenced her maternity leave at the end of November; we wish her well in this exciting new chapter of her life. She will be back sometime late in 2018. During her absence, Ana Dumitrescue, the locum nurse who has covered for us occasionally over the last few months, will be working at the practice 2 days a week.

We will also have 2 new receptionist/administrators starting with us in the next few weeks – Nirali and Rebecca, so I am sure these will become familiar faces to you in no time.

We would like to thank you for bearing with us during recent unprecedented staff shortages. We have had various bugs and viruses wiping out both clinicians and admin staff, so have been thin on the ground. This may have meant you have had to wait longer than usual for the phone to be answered, spent longer in the queue at reception or not been able to get an appointment as easily as normal. We really have done our best to keep service disruption to a minimum by getting cover where we can, but as you can appreciate this is not always possible. Hopefully we will be back up to full speed in the New Year!

##### **Prescriptions over the Christmas period**

*Please note* that requests for repeat medication must be received by the end of Tuesday 19<sup>th</sup> December to ensure they are available for collection before Christmas. We cannot guarantee that any requests received after this time will be processed in time.

##### **Practice closure over Christmas and the New Year**

The practice will be closed on **Monday 25<sup>th</sup> & Tuesday 26<sup>th</sup> December 2017** and on **Monday 1<sup>st</sup> January 2018**. We will be open as normal on all other days. If you require urgent medical advice during these times, please call **111** and you will be directed to the appropriate out-of-hours service.

**Also, a big 'Thank you' for all the kind gifts of chocolates, biscuits and various other refreshments we have already received – we are very grateful and certainly won't be going hungry or thirsty anytime soon!**

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**On behalf of the PPG, and all the staff at the Practice, we wish you all a Merry Christmas and a Happy and Healthy New Year!**