

# PATIENTS GROUP

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## Queen Edith Medical Practice

Complementing the Work of the Practice

### NEWSLETTER NO 26: June 2021

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Well, we are not yet where we would like to be with Covid-19 (it resists being “put in the bin”). Nevertheless, things are moving helpfully and the push to increase the numbers of vaccinated people (now 18+ year-olds are being invited) is very positive. On 25<sup>th</sup> June, news reports state that almost 78 million doses had been given in UK (the only higher country number is USA at 321 million). By 28<sup>th</sup> June 32.5 million second doses (included in the 75 million) had been given in the UK, which means that approaching half the population had been fully vaccinated. The other good news is that previously resistant groups (some ages and some ethnicities) were coming forward more than previously.

We have an extensive **Practice News Report** (see Pages 2-4). To put it bluntly, the NHS generally (and our Area and Practice are not unusual) is under considerable stress coping with the impact of Covid (medically, organisationally and safely). It is disappointing to learn that there have been examples of less than “polite” behaviour from a small minority which does not seem to understand that things are difficult because of Covid (involved directly or indirectly) “wear” a facemask, “you can’t just walk in” etc.

Our **Healthcare Snippets** section contains three items this quarter (to minimise the length of this Newsletter: to save space a fourth item has been held over; we will return to it soon). Many organisational changes are underway in the NHS and also within our local environment (Addenbrooke’s etc and the Biomedical Campus) – see **News from CUHT, CCG/PRG and CAPG** later.

We report briefly on our Talks programme (it is difficult to access top-level local NHS speakers because they are under so much pressure, but we are working on it). Some of our other projects (Prescription Collection, Developing our Committee and Our Website) are briefly mentioned.

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## Covid – Vaccination Progress

Almost everyone over 50 who was willing to be vaccinated has received two shots and the present target RANGE is down to the 18+ age group.

But, Covid seems to be an adaptable pest and new variants are being generated regularly and some of them (now the *delta* one particularly) are becoming more widely established in the UK and in many other countries. The specific symptoms of the delta variant (a bit like the common cold, including a runny nose) are different from what we learned about for the original and FOR the *alpha* (Kent) variant. Fortunately, the beast is ever better understood and vaccine adjustments, to counter whatever new forms appear, are more easily prepared than was the case not long ago.

It is not yet been determined if there will be a third “booster” jab offered in the autumn (quite possibly a different one from what you have had already) to strengthen the immune system response. A large-scale trial is under way to assess the benefit and to determine the more detailed strategy.

## Practice News

From Claire Surridge – Practice Manager

### ***GPs & Practices under pressure....***

The past few months have been some of the busiest the practice has experienced with demand and workload continuing to increase. This is not just happening at Queen Edith’s, but is reflected in general practices county and nationwide. Our Local Medical Committee (Cambs LMC, an independent, statutory organisation that supports and represents GPs) has done some research into this, and the numbers speak for themselves:

Across Cambridgeshire and Peterborough in March 2021:

- Number of appointments: 461,859 (**equivalent to 46% of population**)
- Number of Face-to-Face appointments: 258,691 (56% of the total appointments)
- Patients seen on the same day: 54%
- Patients seen in less than a week: 84%
- Patients seen in less than 14 days: 92%

In addition, over 90,000 Covid vaccinations were delivered by Cambridgeshire & Peterborough GPs & their Practice teams in March meaning that a total of half a million patient appointments happened that month. This huge number is not just due to the impact of the Covid-19 pandemic, but also the major NHS backlog of patients waiting for treatment. Most worryingly this demand is combined with the lowest numbers of GPs per capita in decades. The LMC concludes that:

*“this is unsustainable, unsafe and is putting patientcare at risk. Practices are already working well beyond their safe daily limits. GPs and their practices, with the support of General Practitioners Committee England, and Cambs LMC, should continue to deliver care to their patients in the way they determine that best protects and cares for their population.”*

Cases of the Delta variant in the UK, are rising exponentially. We must take all steps possible to deliver care that is safe for our patients and protects our staff. Social distancing and infection protection and control measures are still in force and, like many surgeries, we have a restricted waiting area. The only safe way to proceed is to continue to triage everyone; it is not yet safe for patients to walk into our building without a prior assessment. **This is why we are still operating a telephone-first system**

**for all GP appointments.** When you contact the Practice you will be offered a telephone appointment with a GP initially, and if after discussion with the GP it is felt to be clinically necessary to see you face-to-face, you will be offered an appointment for this.

**Please be aware that we have made this decision to protect our patients and our staff.** Our Reception team are working in line with this policy, and are only able to offer telephone appointments in the first instance. Our hard-working Reception team have faced an increased amount of verbal abuse about this over the last few weeks, which is unacceptable. Once again, we would ask our patients to please be mindful of the ongoing pandemic, and we insist that all of our staff are treated with the dignity and respect that they deserve.

**We will not tolerate anything else.**

### ***Staff news***

We are pleased to announce that **Dr Anita Koruth** will become a GP Partner from 1<sup>st</sup> July. This means the practice will now have four Partner GPs – Dr Jenny Clapham (Senior Partner), Dr Mark Abbas, Dr Sivatharan Vedavanam and Dr Anita Koruth. Many of you may already have spoken to or met Dr Koruth as she has been working as a locum GP for us for several months. Those that haven't I am sure will offer her a warm welcome!

**Dr Eichelsheim** has decided not to return at the end of her maternity leave and has taken a position closer to home which will be much easier for family life – we wish her well and know that she will be missed by staff and patients alike! However, the good news is that **Dr Shweta Gupta** who has been covering Dr Eichelsheim's maternity leave, will be taking over the role permanently. We know she is already popular with patients so good to have her permanently on the team!

### ***General Practice Data for Planning and Research (GDPR)***

From 1st September 2021 Queen Edith's, like all GP surgeries, will legally have to allow sharing of patient data with NHS digital for health and social care planning and research purposes. We are **not** allowed by law to refuse to share the information. NHS Digital will also collect information from other healthcare providers and will be able to publish and share this data. NHS Digital hope to use this data to help NHS planning of local services and to share with research organisations. You can find out more about how and why NHS Digital want to use your data here:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research#top>

NHS Digital will not collect patients' names or addresses. Any other data that could directly identify patients (such as NHS Number, date of birth, full postcode) is replaced with unique codes which are produced by de-identification software before the data is shared with NHS Digital. This process is called pseudonymisation and means that patients will not be identified directly in the data. NHS Digital will be able to use the software to convert the unique codes back to data that could directly identify patients in certain circumstances, and where there is a valid legal reason.

As a patient you can decide whether or not you wish your data to be shared, and you can tell us not to share your data with NHS Digital. This is known as a **Type 1 opt out**:

- This is to opt out of GP data sharing with GDPR.
- Your information will not be shared from our clinical system.

- If you opt out before the end of August 2021, NHS Digital will not extract any of your data.
- You can opt out at a later stage, and no further data extractions will then take place.
- You can opt in again at any stage.
- You can use this online form to indicate your type 1 opt out: <https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/>
- You will find the relevant paper forms here (and on our website): <https://digital.nhs.uk/your-data/opting-out-of-data-sharing>
- **Forms can be posted to or brought in to the practice or can be emailed to our email at: [capccg.generalqemp@nhs.net](mailto:capccg.generalqemp@nhs.net)**

## Vaccines in General

Quite apart from Covid, we must remember that vaccination is an on-going activity. Last year's flu season in UK was rather a "damp squib" with very few cases. Did the precautions for Covid (wear a mask, close pubs for periods etc) also interrupt the transmission of flu? But the next flu season may be less benign and people will be mingling more. And it may be considered necessary for at least some age groups to have a third Covid vaccine (quite possibly one that they did not have previously – a so-called **Covid Boost Study** is already underway). Will the more vulnerable people be offered the third (boost) Covid and the 2021 flu vaccine at the same time (which would perhaps be a better use of everyone's busy schedules)? No announcement about "what next" has been made so far. Might it be in QE (as was done for flu) or PCN<sup>1</sup> wide (like the Cornford House Covid-vaccination hub which has now closed) or will we all have to trek to one of the major hubs? We will communicate the plan as soon as we can.

And, what about the childhood vaccination programme (measles, mumps etc and on to polio and TB)? Did the rate of delivery of those vaccines continue or was there some delay in the last few months (so that catch-up is needed)? Do you have children or grand-children eligible but not quite up to date?

## Healthcare Snippets

### *Covid Variants*

We know that the Covid virus seems to be very capable of adapting to create distinctive new variants; we used to hear about the Kent variant and then, more recently, there was reference to the Indian variant which seems to be more contagious and is now spreading fast in the UK. In our modern politically correct world, it has been suggested that the variants should be referred to by Greek letters (rather than geographical "origin"). The original Chinese one is just the original while the variants came later, the "Kent" one is now referred to as the alpha-variant and the "Indian" one is now the delta-variant – classical scholars might well ask what happened to beta and gamma. Those variants identified in South Africa and Brazil are now called the beta and gamma variants respectively.

### *Metabolic Syndrome*

You might come across references to this. But what is it? Not a simple question, but the answer is a complex of conditions which seem to be related and are generally characterised by poor lifestyle

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<sup>1</sup> PCN = Primary Care Network. Some readers will remember that QEMP is one of six practices in PCN 4 (south Cambridge) with Cornford House, Cherry Hinton, Mill Road, Petersfield and Woodlands (three of which also include subsidiary surgeries) and a total of about 46,000 registered patients.

choices. Five factors are considered to increase risk (age, ethnicity, obesity, diabetes and a portmanteau of others including non-alcoholic fatty liver disease and sleep apnoea). Complications include Type 2 diabetes and heart/blood vessel disease leading to strokes and/or heart attack. Suggested tactics to reduce risk are: a minimum of 30 minutes of physical activity (most days), diets with lots of veg/fruit/grains and lean protein, reduced fat/salt in diet and no smoking.

### ***A Seriously Smart Contact Lens?***

A contact lens that can improve sight while also monitoring for conditions such as diabetes and strokes has been developed. It was designed by scientists at the University of Surrey, the National Physical Laboratory (in London), Harvard University, George Washington University (in Washington DC) and the University of Science and Technology of China. The lens is reported to have an ultra-thin sensor layer which can be attached to the outside of a conventional vision-enhancing contact lens. Being directly in contact with tears in the eye it measures, and can report on, various health conditions without interfering with either blinking or vision. In addition, a company in California (Mojo Vision) is developing another contact lens in which there is a tiny microprocessor designed by Arm, the Cambridge-based micro-chip design company. Neither is being manufactured yet – watch out for more news!

### **News from CUHT, CCG/PRG and CAPG (as at 23<sup>rd</sup> June)**

**Provided by Howard Sherriff who is a QEMP Patients Group Committee Member,  
a Patient Governor at CUHT and our Representative to PRG and CAPG**

#### ***a) Cambridge University Hospitals Trust (CUHT)***

Nationally new cases of Covid19 have increased by 43%, and up to 16,700 cases daily, but hospital admissions and deaths are down. In Cambridgeshire there has been a parallel increase in new cases. Up to 20<sup>th</sup> June there were 132 new cases, an increase of 96 compared to the previous week. Cambridge City is now in yellow zone with over 100 cases per 100,000. As of last weekend there was only one Covid-19 patient in Addenbrooke's in ITU (there were three in Royal Papworth).

The Trust has opened 20 surge beds already and is due to open 40 more in July with a further 60 before the end of the year. This is to allow elective surgery to re-commence and the current rate of elective work will be stepped up considerably. Face-to-face out-patients will be increased as staff return for critical care areas. There is an urgent need for staff to be rested before commencing non-urgent work, as morale is beginning to suffer.

Governors still continue to work with different sub-committees. I am involved in Addenbrookes-3 planning along with three other Governors, for the new hospital development (over the next 25 years). The plans for the Cancer Hospital are well underway towards opening in 2022/23. The new Children's Hospital is a year or so behind that.

Currently meetings are online, but it is hoped that meetings in person will be starting again after mid-July. Following recent elections, four new Governors are due to start at the end of July.

**b) Patient Representative Group (PRG) to CCG**

Although the Integrated Care System (ICS) system is still being discussed it is understood that many staff will be transferred into ICS. Local authorities will also be involved. I am not sure they have similar patient representation as the PPGs.

The newsletter from CCG mentions the 4-week pause in coming out of Step 3 because of the increase in Covid-19 of the Delta variant. It is planned that the change to Step 4 will be confirmed on 5<sup>th</sup> July and be implemented on 19<sup>th</sup> July.

The vaccination programme in Cambridgeshire and Peterborough CCG area has been very successful with over 1 million vaccine doses given; many people over 50 have received two doses and now large numbers of 18+ year olds are being given their first doses.

IVF services in this CCG area are being reviewed. They were suspended as part of financial cutbacks two years ago, and this generated many protests. However, the numbers involved were small (under 100). The July Board meeting will discuss and advise the result.

The CCG is encouraging more use of the 111 service. It was noted that in the Cambridge area this was well used. Even if entitled to free prescriptions, patients are being encouraged to buy over the counter (OTC) medicines of common drugs such as painkillers and antihistamines. This would save about £5 million in the Cambridge and Peterborough area, as well as saving doctor's time reviewing and writing prescriptions.

New operating theatres are planned for Ely and Hinchingsbrooke to increase day-case capacity.

Clare Hawkins, CCG Head of Nursing, was awarded a BEM in Queen's Birthday Honours for her outstanding work on Covid. Recently, she moved to Cambridge University Hospitals.

**c) Cambridge Area Patient Group (CAPG)**

The last CAPG meeting in May had a presentation on ICS (see above). The purpose of this is to bring medical primary care and social care under one organisation so that a holistic care plan can be provided for patients. It will mean the CCG (Clinical Commissioning Group) will be integrated into the ICS. It also means that PCNs (*see footnote on Page 4*) will be given more independence including financial control. Therefore, it is important that patient representation (about what services are needed) is included in the new system.

The CAPG is overdue a meeting where officers are elected (I am one of two Vice chairs of this group). Without face-to-face meetings this election meeting is now planned for August.

## Our Talks Programme (with the help of Zoom)

We had a talk in late April with more than 20 attendees. This was kindly given by Neel Verma who is a pharmacist normally present at Kays Pharmacy in Wulfstan Way. Neel's title was "**How the local (community) pharmacist can help you**". He explained the variety of services that qualified pharmacists can provide; these include vaccinations and basic diagnosis (enabling them to recommend a GP appointment, a 111 call or in some circumstances even to call an ambulance there and then). They can also advise on the suitability of combinations of medicines.

*It is our objective to have another talk soon but many NHS people are under stress and unavailable. We are looking at relevant alternatives and will announce something as soon as possible.*

**Note:** while all QEMP registered patients (over 16) are invited to attend our talks, we make a point of also being open to participants who are with other practices because we advertise locally (and many local people are not registered at QEMP). So, feel free to mention our talks to friends and neighbours.

## Prescription Collection Project

A year or so ago, the Community Forum (QECF) came up with its Happy-to-Help Project which had a number of sub-projects. One of those related to the collection and delivery of Prescriptions from local Pharmacies to Patients who have difficulties in getting out and about. Our Group has taken over this service with effect from 1<sup>st</sup> June.

It is available to residents in the Queen Ediths Ward who use one of the two local pharmacies (Kays in Wulfstan Way and Numark in Cherry Hinton Road). It is irrelevant which Practice they are registered with provided that the Practice will send the Prescriptions to either of those two pharmacies (the local Boots has closed).

So, if you need this assistance, please contact David Bridges by e-mail at [ppg@queen-ediths.info](mailto:ppg@queen-ediths.info) or telephone 07968 538783 (and, if necessary, leave a message).

## Development Of Our Committee

For some time we have had a Committee of only five people (myself, Michele Conway, Howard Sherriff, Harry Ngatchu and David Bridges). To increase our resources and the skill base, we have now co-opted David Blake and Fiona Brooks to join us (and, if they like working with the rest of us, they will stand for election at the next AGM in October-ish). At the moment, they are "settling in" and have not taken up specific roles.

## Our Website

We have decided to develop and launch our very own website to keep everyone informed about the activities of the Patients Group, including publishing details of meetings, talks etc. This is an on-going process and we will announce the launch as soon as it is ready – keep your eyes open.