THE PATIENT GROUP (PPG)

of Queen Edith Medical Practice (QEMP): Complementing the Work of the Practice

NEWSLETTER NO 19: September 2019
Editor – Alan Williams alanwilliams.60@gmail.com

Welcome to our third Newsletter of 2019.

Headlines

The Surgery Extension is complete and the new facilities were opened in late August. Recent attendees will have noticed the revamping of the waiting room areas and some may have penetrated to the new consulting rooms (a maximum of four).

The flu clinic approaches – 6th November. Also we announce our Patients Group Annual General Meeting on 24th October which all registered patients are eligible to attend.

Content

1. Health Screening is an area with which some of us are familiar. Patients of a certain age are automatically invited to participate in programmes designed to identify cancers of certain organs at an early stage. This is not compulsory but patients are invited to take part; however, take-up is not as high as the NHS would like. Our main article in this edition explores this subject (with one or two personal impressions).
2. In our last edition (June 2019) we looked in outline at the Long-term Plan for NHS England. This introduces the concept of Primary Care Networks (PCNs). Information has become available about how and when this will come into effect. We are able to report on the main elements.
3. Practice News – a lot has been going on and there have been several arrivals and departures amongst the staff.
4. July 3rd was the date of a talk by Dr Sally Pears. This was very successful and much enjoyed by the 24 people present.
5. Our Annual General Meeting will take place on October 24th (a month earlier than in past years so that there is still some light left in the sky when we start).

Note

Please do not hesitate to pass this Newsletter on to friends and neighbours. Anyone registered as a patient at QEMP may become a member of the Patients Group and a (very short) note giving name, e-mail, phone number and signature is all we ask for. You can send an e-mail to me (see above) with these details (*please note that the only reason we request a phone number is that a hand-written name or e-mail address might not be sufficiently clear and we would use the phone number just to check these points*). All details are kept in one file, held by two committee members, and are not available to anyone else. If we have messages that are aimed at more than one member, we use the Blind Copy system. Additionally, please note that our Talks are public events. We post notices about them and cannot realistically object to patients from other practices coming along; nor do we want to.

Cancer Screening Saves Lives

Many of us will have been invited to take part in cancer screening programmes. There are three which are routinely offered under NHS England – bowel, breast and cervical. In this article we will review them and also report on the personal experiences of certain individuals.

Bowel

The bowel cancer screening programme is offered to all men and women between the ages of 60 and 74 and a test is offered every second year. The test can be done simply at home by the individual concerned and the sample is sent in by post; results are sent out after about 10 days. The majority are negative but sometimes the patient is called in for further testing/examination. Approximately 5% of people will develop bowel (also known as rectal or colorectal) cancer at some point in their lifetime but nowadays it is relatively easily treatable if observed early enough (before there are any obvious symptoms), which is the point of screening. It is not very common before 60 and tends to be less common again as age increases into the 70s; hence, the age range that is routinely offered tests. Some risk factors, apart from genetic ones are a diet high in red meat and low in vegetables, fruit and fibre. And, obesity is also considered to be a risk – now even more so than smoking!

Fifty years ago, there was no screening programme. Sometimes people would develop significant pain, constipation and a general malaise. By that time, the cancer was well developed and surgery was required to complete the diagnosis and to attempt to deal with the problem. Success rates were not high. My father had this experience and died at the age of 63 after quite a short but very uncomfortable illness. As a result, my older brother and I were both recommended to be examined in detail (colonoscopy) from the age of 40 because there is considered to be some hereditary risk. Minor potential issues (polyps) were noted in both of us and were removed but nowadays I simply use the NHS screening kit which was not available when I started. The good news is that both my brother and I have outlived our father's age by many years.

Breast

Our Secretary (Michele Conway) writes about her experience of this screening programme. Breast screening mammograms are offered every three years to women aged between 50 and 70. Appointments last for a few minutes and run exactly to time. That time can be as exact as 13.22! The mammogram is an imaging system using low dose x-rays and four images are taken, two front and two side. The imaging takes about five minutes. It can be uncomfortable but the discomfort lasts for seconds. The results arrive in the post a few days later. Mammograms can find abnormalities which are too small to see or feel and this can save your life. Mammograms can spot changes that you or your GP may not be able to feel for another two years. Early discovery often means less radical treatment and less likelihood of spread. I had a routine mammogram in February 2019 and received a 'please come back for further investigations' letter. The 'further investigations' involved a 3-D mammogram, an ultrasound and then, when the abnormality was found, a needle biopsy. They told me there and then that it was cancer, they could tell from the shape of it but the biopsy would confirm it. It was too small to feel. I went to the appointment on my own and it all felt a bit unreal. The doctor also said that they were looking at cure, not treatment, and the most likely course of treatment was lumpectomy and radiotherapy. Everyone at Addenbrooke's was lovely and helpful, they did their best to reassure me and make me feel supported. Surgery was fine, the tumour was sent for analysis to America and chemotherapy was not recommended but radiotherapy was. It turned out to be a grade 3 aggressive tumour which had not spread and if I hadn't turned up for that mammogram it could have spread and could have done serious damage.

25% of women in Cambridgeshire do not attend mammograms at all and I find it hard to understand why. A few minutes' discomfort can lead to a life-saving early diagnosis – so, don't put it

off or think you are too busy. Appointment times and venues can be chosen to suit your needs so, please, take up the offer of screening.

Cervical

Screening (the smear test) is offered every three years to women aged 25-49 and every five years for those between 50 and 64. The screening takes less than one minute with a nurse as part of a ten minute appointment. Some ladies seem to think that it is too difficult or possibly unpleasant. But, the medical staff state that it is very much less unpleasant than contracting the disease – which is difficult to detect without screening (there are few symptoms until it is advanced and then the prognosis is not good). My wife and I were very friendly with a family who, when we met them, had two quite young children (now very grown-up); both went to good universities and obtained good degrees. Unfortunately, the mother had declined to take part in cervical screening. She developed cervical cancer and died in her early fifties – she did not see her children complete their degrees, set out on their careers or get married!

A recent high profile case is that of Marina Wheeler (the estranged wife of a certain Prime Minister) who "went public" on her medical experience just recently. Her screening test early this year demonstrated some abnormal cells and she had two operations in quick succession and considers that she is now cancer-free. Another high profile case, some years ago, was Jade Goody who died at the age of 27 from this condition.

Despite the risks of cervical and related cancers, it is a shame that only about two-thirds of those eligible for cervical screening actually take up the offer and the proportion is declining year-by-year. Our Practice is concerned that those taking the test have declined in numbers and the percentage participating is running at an average of only **69%** and this compares rather poorly with the national target of **80%.** People who did not accept the vaccination (see below) are clearly at risk. People who decline to take part in screening may think that the vaccine will protect them for ever but this is not true for everyone; so screening is still worthwhile and recommended by the surgery.

The principal cause of this condition is infection with the Human Papilloma Virus (HPV). This is also implicated in other conditions including vaginal, vulval and anal cancers as well as some mouth and throat cancers (sometimes called "head and neck"). For some years a vaccination which protects against the most common forms of HPV (but not all) has been available to school girls before they become at risk of being exposed to the virus. As of September this year all girls aged 12-13 (Year 8) and boys of the same age will be offered the vaccine (which is given in two doses, usually within the same school year). Unvaccinated young men can harbour the virus and pass it on to their partners. Obviously boys cannot get cervical cancer but they can get other cancers that are linked to HPV. It will be interesting to observe the take-up by both boys and girls in the coming years.

It should be noted that adults (late-teenage onwards) can also be vaccinated but they should have a third jab about a year after the first two. This adult group is considered important because transmission of the virus is not just via male/female interaction. MSM (men having sex with men) can lead to HPV infection; apparently, people presenting themselves as transgender are also considered to be at risk.

An interesting footnote is that the first HPV vaccines were developed by a Cambridge company called Cantab Pharmaceutical. Conceptually, these were therapeutic (curing the condition) rather than prophylactic (preventing it). But, the concept was not supported by larger pharmaceutical companies which produce and market vaccines. Although the company no longer exists, many of the senior staff of Cantab are still deeply involved in the innovative pharmaceutical businesses around Cambridge. One of those people has provided me with a more comprehensive view of the immunology underlying this bit of history; contact me if you want to know more.

Primary Care Networks

Readers will recall that our last Newsletter (Number 18 in June) referred to the Long Term Plans for NHS England which were published earlier this year. That article recorded what we knew in June about a key part of the Plans – Primary Care Networks (PCNs).

In the whole of Cambridgeshire and Peterborough, all the practices which are funded via the CCG, some 100, will be linked together into about 16 PCNs. The process is going on at present and certain elements are beginning to become clear.

- In and just around Cambridge there will be four PCNs – I regret that their names are as mundane as possible (Cambridge City 1, 2, 3 and 4). Personally, I think North, South, East and West would have been more imaginative!! Our practice (QEMP) will be in Cambridge City 4 and it will be associated with Cherry Hinton Medical Practice (*and its Brookfield's Medical Centre Branch*), Cornford House Surgery (*and its Fulbourn Health Centre Branch*), Mill Road Surgery (*and its Cherry Hinton Branch*), Petersfield Medical Practice and the Woodlands Surgery. The total patient number across the PCN is approximately 56,000 which is somewhat larger than the 30,000-50,000 range mentioned in the Long Term Plan documents.
- Each Practice will retain its own partnership structure and remain independent. However, the members of a PCN (such as Cambridge City 4) will cooperate to provide certain services (most probably in situations where there is specialist expertise with certain conditions or if expensive equipment is required). There will be an additional extended access service element (likely to be provided through the existing access service run by The Cambridge GP Network). Each PCN will be provided with funding to recruit certain specialists (for example a Clinical Pharmacist, a Social Prescriber and a Physiotherapist) - that would be employed by the PCN and hence would spend part of their time at each practice. We are not yet aware of any specific dates for these appointments to be implemented.
- The practicalities of how things will work within our PCN are still at the discussion stage with Dr Abbas attending meetings on behalf of QEMP.
- The NHS plan is for PCNs to be operational in the early part of 2020. The date of the start of ours is not yet known but is expected to be "on-time".
- More news will be released when possible and we will observe how this initiative develops.

Performance against National Targets

As mentioned previously, the system of comparing the performance of hospitals against national targets is under review. In particular, the blanket 95% processed through A&E within four hours is being re-considered (and an alternative approach is being tested at Addenbrooke's and a few other hospitals). Emphasis will be given to people who are seriously ill and lesser priority to those who are not considered urgent; you will be dealt with much faster if you have had a heart attack than if you arrive with a splinter in your thumb. Incidentally, our Howard Sherriff was in charge of A&E there some years ago. When he joined the Department 80-100 patients were normally seen in 24 hours; the comparable number now is around 500.

Practice News – From Claire Surridge, the Practice Manager

The extension is finished! As many of you will have now seen, our new extension is finally finished! It has been a very tough few months keeping the practice running with the inevitable disruption that working in a building site brings, but we hope you agree it has all been worthwhile and the practice is looking great. We now have four new consulting rooms and a larger waiting room.

There are still some minor 'finishing off' touches to sort and there is still some work to be done on updating the existing areas of the building to bring them in line with the new areas and this will gradually be done in the coming months. We have started to use some of the new rooms now, so you may well be seen in one next time you visit!

We have re-opened our practice list to new patients and the additional space will allow us to continue doing so in future years as we will be able to expand staffing to cope with increased demand. The extension is designed to allow this growth to be accommodated hopefully for the next 10 years and beyond, hence we will not be using all the space at once, but will gradually fill the rooms as and when needed.

Staffing Update

We have had several changes to staff recently and more in the coming few weeks. In the Administration team, we have some new members – Joanne, Fenella and Cynthia who all started recently - you will no doubt come across them on reception or answering your calls. We also have a new Office Manager, Miranda, who joined us at the beginning of September and is settling well in this sometimes challenging role! I am sure you will welcome them all! Sue Millard, who has been our Office Manager for several years, was due to move to the coast but will be staying with us for a while longer and will be concentrating on the Patient Services side of things as our Senior Referral Administrator – we are pleased to have her vast experience and knowledge on this side of things for a while longer!

Sadly, Rebecca one of our Receptionist/Administrators will be leaving us in early October to take on a new exciting role at Anstey Hall and Chris, our Notes Summariser will be retiring to the seaside; both will be missed greatly.

We are also sad to say that Dr Hussey, our Senior Partner, will be retiring from the practice at the end of December – he will be greatly missed by staff and patients alike as he has been part of the Queen Edith family for over 25 years! However, we have successfully managed to find a new Partner, Dr Nidhi Sehgal who will be joining us at the start of October and initially will be working Wednesdays and Fridays with additional days once Dr Hussey leaves. We also have a new Salaried GP joining us – Dr Joanne Webster who will be working all day Mondays and Tuesday and Thursday mornings. I am sure you will welcome them both to the practice.

From the middle of October, Dr Diane Eichelsheim will reduce her days to Mondays and Wednesdays only, no longer working Fridays.

Flu Clinic 2019

Our annual Flu Clinic will take place on Wednesday 6th November. It will be at the Queen Edith Chapel as usual and all eligible patients will start receiving invitations in the next few weeks by post and text message.

Comment from Editor

As disclosed above, Dr Andrew Hussey, Senior Partner, will be retiring from QEMP at the end of the year. He will not be inactive and we may see him around at the eye clinic at Addenbrooke's where he has worked part-time for some years, and as a GP locum; in addition, we understand that he will be active in other NHS ways. We wish him well for the future.

Our Last Talk

On 3rd July Dr Sally Peters gave her participative programme **"Joy in Movement - The Mental Health Benefits of Physical Activity**". 24 people attended and all seemed to enjoy the evening and commented positively. Although Sally was showing slides and "lecturing" there were lots of questions and comments and also a few simple and gentle exercises.

Sally was suggesting that it is not necessary to be very strenuous (few of us want to, or could, run marathons) but she was suggesting that activity that also engaged the brain was mentally stimulating and was an important aspect of well-being. She illustrated the point by asking everyone present to blow up a balloon and use it to carry out certain tasks. Some of these required two people to engage together. Everyone said that they had not realised how much mental effort was required to do these simple exercises; in fact, achieving the tasks was all-consuming on the mind. As Sally said, this is an important part of any good exercise – especially for people who are usually sedentary.

Annual General Meeting

This is an early announcement of this important meeting. We will be holding elections for Committee Membership (a number of opportunities are available) and the stronger the Committee the more we can do. Also, we will be marking Dr Hussey's retirement, hearing from one of the Partners and enjoying the refreshments provided by the Practice Management team and kindly served by our long-term loyal member Rose Barker.

To be held at Queen Edith Chapel, Wulfstan Way
at 6.45 pm to 8.15 pm on 24th October

An Agenda and the Minutes from the previous year's meeting will be circulated in late September.

Future Subjects for the Newsletter

Articles under consideration for the next two editions (December and March) include:

- How does the NHS compare with healthcare systems in other countries?
- Antibiotic resistance revisited
- The opioid epidemic

If you have any other suggestions, let me know and we will see if we can get the relevant information and do something useful (but, of course, the more obscure something is the less appropriate it is for inclusion).

Please send comments on this Newsletter to me at the address shown on the first page.

Alan Williams, Chair