

THE PATIENT PARTICIPATION GROUP (PPG)
Queen Edith Medical Practice - Complementing the Work of the Practice
NEWSLETTER NO 14: July 2018
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Circulation of Newsletters

All patients with registered email addresses will have received the e-mail (24th May) from Claire Surridge, Practice Manager, about the restrictions imposed by the new General Data Protection Regulations (GDPR). Essentially these mean that we cannot circulate our newsletters, or any other news from the PPG, to patients unless we have their express permission. Together with Claire, we are looking at possible ways to seek such permissions but it is a huge task to seek, collect and record them, a task beyond the means of the very busy Practice Manager and her team at this time; and we, the PPG cannot directly help as we are not permitted to see patient data.

So, for this newsletter, we will put it on the Practice website and provide hard copies which will be available in the Practice. We will also try to give it wider circulation in the local community.

Welcome to our July Newsletter

1. Your PPG continues to deliver!

a) PPG Talks

Recent Talk on Dementia

We held the second talk on 16th May 2018 and, as with our first event, it was a great success with 52 attendees. Our speaker was Professor Maria Grazia Spillantini, PhD, FMedSci, Professor of Molecular Neurology in the Department of Clinical Neurosciences at the University of Cambridge.

Professor Spillantini gave a most interesting talk, supported by an informative slide presentation on the molecular causes and mechanisms of neurodegenerative diseases. The talk concentrated on past and current research on the development of Alzheimer's, Frontotemporal Dementia and Parkinson's Diseases, and the progress of such diseases together with the research being undertaken to determine how and why they develop. The session concluded after Professor Spillantini answered many questions from those present at the meeting.

Talks seem to be a success

Based on attendances for the first two talks and the enthusiastic responses from the audiences, it would appear that holding these talks is something many patients appreciate.

But how to choose further topics?

Led by PPG's John Abbott, we devised a survey asking for patient views. We are very grateful to the 145 people who responded, giving their preferences from a list of about 40 likely topics. These have been analysed and the top 5 issues were, in descending order:

1. Dementia;
 2. Arthritis, Joint, & Mobility issues;
 3. Heart disease;
 4. Managing Anxiety;
- And 5, interestingly, an Emergency First Aid Demonstration.

This information will be very useful in helping shape our forward programme of talks.

Our first talk on dementia covered the science behind it and some of the cutting edge research that is taking place at the Cambridge Biomedical Campus (Addenbrookes to you and me!). Given the priority you have given to this topic, **we have arranged a further talk on dementia, to be held on September 12th. As before, it will be at 7.00pm in St James Church, Wulfstan Way**

This talk will be entitled **Defeating Alzheimer's and Other Diseases Behind Dementia** and will complement the first talk on this topic and will cover the various and distinct diseases which cause the condition and how they have a massive impact on people's lives. A great deal of research is taking place, much of it in Cambridge, and we will learn of the latest pioneering research in many fields in the fight against dementia. The talk will cover some of the signs and symptoms, the support in place, and signpost people where to go to learn more about their particular form of the condition; how the diseases typically run their course; together with the importance of seeing one's GP.

Speaker: Edward Pinches, Science Media Officer at Alzheimer's Research UK, a Cambridge based charity located on Granta Park in Abington. His role includes providing expert comment on the latest dementia research for the media industry as well as communicating science to large numbers of the public through a wide variety of events. He graduated from Durham University in Biological Sciences followed by postgraduate research -- and he is a patient at QEMP!

b) Focus Group – Support for Carers

We have decided a fresh approach to this topic is needed – more in future newsletters.

c) Directory of Local Health & Social Services for Older Adults

As previously announced this is available on the Practice Website and hard copies can be collected in the waiting rooms. And, it has also kindly been featured by the Queen Edith's Community Forum (QECF).

2. Our NHS

Well, the big news is that Theresa May has finally agreed to a major uplift in funding for the NHS.

This comes after a lot of pressure arising from deteriorating performance across the NHS, as I have previously reported. The announcement on 21 June was that an additional £20 billion in real terms would be made available for the NHS in England by 2023/3. That's an average of 3.4% extra each year. It is not yet clear how and when this will be deployed.

Although some pundits have said it is not enough and that it needs to be at least 4% pa to be able to make real improvements, this nonetheless is a major policy change for the government. Hitherto, although NHS spending has been increased by around 1% pa for the last 7 years of austerity, those increases have been well below the cost of inflation and rising demand from an ageing population. At least this trend looks like being reversed.

However, nothing was said about Social Care spending. It is widely acknowledged that increases of a similar size are a must for Social Care for both the NHS and Social Services to make the much needed improvements in levels of total care.

As background I did a little research on the NHS, which is just about to celebrate its 70th anniversary.

1. In 1948 the spend on the NHS was £12.9 billion (in today's money – ie in real terms); in 2017 it was £149.2 billion, a twelvefold increase.
2. In 1948, the spend as a % of GDP (Gross Domestic Product) was 3.5%; in 2017 it was 7.3%.
3. 30% of all Public Sector spending goes on the NHS
4. the average increase per annum since 1948 has been 3.7%, so the 3.4% just announced is a little below the average of the last 70 years.

3. The local NHS

a) Our local Clinical Commissioning Group (CCG).

It appears that 29 local GP practices across Cambridgeshire do not offer any appointments out of hours either in the early morning, in the evening or after hours. This number has increased recently. This flies in the face of Government commitments that everyone should have access to a doctor at those times.

So our CCG issued a statement in May saying 'From October 1, 2018, the CCG is piloting local GP practices to work better together to offer patients better access to GP appointments, meaning people will be able to see a GP or Practice Nurse or other Health Professional at a time which is convenient for them. The CCG will fund the new pilot scheme through additional national funding which is aimed at ensuring that by 2020 everyone has improved access to GP services. We are planning for a permanent service to be in place by April 1 2019'.

We understand this is going to be run by the Cambs GP Federation (our Practice is a member). The service will be open to all patients and each practice will be allocated a certain number of slots/appointments to offer their patients (i.e. the appointments will be booked by us although they will not be at the practice itself or with our clinicians). There will be 'hub' practices where the appointments take place. In the pilot scheme there will just be 1 or 2 hubs, with eventually more as the scheme is rolled out. QEMP will not be a hub practice. We understand each practice will be allocated a specific hub at which all appointments for their patients will be held, rather than the patient choosing which hub they go to.

Readers may recall that in our Practice, according to our patient survey of 2016, there was very little demand for extended surgery hours, so it will be interesting to see what happens once the scheme is up and running.

b) Addenbrooke's (the latest available figures are for March)

1. **A&E 4 hour waits** – performance has further deteriorated to 76% v 95% target (the worst I can remember, but note A&E are treating 16% more patients than in March 2017!
 2. **Bed Blockers** (Delayed Transfers of Care) – having improved during the autumn to 6.4% of total beds, in March it had worsened to 7.9% v a target of 3.5%; this is slightly worse than in March 2017 when the figure was 7.4%.
 3. March was clearly a poor month for Addenbrookes, for, in addition, cancelled operations increased to 3% of all elective admissions compared with the target of 1%.
 4. **Staff vacancy rate** – for both Nurses **and** Health Care Assistants vacancies were running at a very high rate of 13%. Hopefully the government's recent decision to remove the cap on recruitment of overseas nurses will make it easier to reduce this high rate. The problem now is that either the hospital is under staffed (with potential impact on the quality of care and patient safety) or the hospital has to run with a high number of expensive contract staff (with consequences for the financial performance of the hospital).
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4. Practice News - by Claire Surridge, Practice Manager

a) Staff News

Sadly, **Dr Elisabeth Cole** will be leaving us in mid-July to move to a Practice closer to her home. Dr Cole has been with us since 2009 so will be missed by all, but am sure you join us in wishing her well in her new post. I am happy to say that we have been successful in finding a replacement for Dr Cole – **Dr James Leaver** will be joining us in mid-August, working Mondays and Thursdays. Dr Leaver is currently finishing his GP training at York Street Medical Practice.

We have some very happy news in that **Dr Diane Eichelsheim** is expecting her first baby in September! She will commence her maternity leave at the end of August. **Dr Victoria Mercer** will be covering two of her days (Mondays and Fridays) from September. Like Dr Leaver, Dr Mercer also currently works at York Street. We are still looking for cover for Dr Eichelsheim's Wednesdays.

I am also sorry to say that our new nurse, **Clare Holland** who joined us in April, left the practice in mid-June. We have interviewed for her replacement and have hopefully found a suitable candidate who will be starting with us soon, once all the necessary employment checks have been completed.

b) Building News

I am afraid we have had a few further setbacks with our extension plans, so have no further news at present with regards to a start date.

c) Consent for Text (SMS) messages and emails - CLARIFICATION

With regards to our message in the April Newsletter regarding the application of the new General Data Protection Regulations (which came into effect on the 25th May), **I am happy to say that after clarification from our CCG (Clinical Commissioning Group) we can continue to send you text (SMS) messages with appointment reminders without you needing to give your written consent, so those of you that receive these already will continue to receive them as usual (along with occasional other messages related to your direct care).**

d) Blood Tests/Health Checks

For those patients who have a pre-existing/long-term health condition (such as diabetes, asthma, high blood pressure and so forth) **and those who are on certain medications** (such as methotrexate, anti-coagulants and others) you will be monitored regularly with blood tests and/or health reviews at the practice or hospital (sometimes both). If you are monitored here you will receive a letter or phone call when your review or test is due to remind you to book an appropriate appointment.

If you are aged 40-74 without a pre-existing condition you are entitled to an NHS Health Check with a nurse at the practice every 5 years. This is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia and helps look at ways to lower the risk of these conditions. We regularly send out invitation letters to patients in this age group to invite them to make an appointment with the practice nurse for this check (you will be asked to have a blood test about a week or so before the appointment so that your results are back in time to discuss with the nurse). If you have not received a letter, but think you may be eligible, then please call the practice and the receptionist will be able to check for you. If you would like any more information about NHS Health Checks then please go to the following website:

<https://www.healthcheck.nhs.uk/>

Please note that if you have had an NHS Health Check at another practice in the previous 5 years, you will not be eligible to receive another one here until 5 years has passed.

Apart from the above, there is not a general policy on inviting patients for blood tests/health checks. If you have any concerns about your health and think you may need to have a blood test then you will need to make an appointment to discuss these with a GP and they will make a clinical decision as to whether it is appropriate for you to have any tests or further investigation. Please do not book directly for a blood test without seeing/speaking to a GP first.

e) Flu Clinic 2018

You may have seen in the press earlier this year that all over 65's are to be vaccinated with a new adjuvanted trivalent vaccine (aTIV) in the 2018-19 winter season as clinical evidence suggests that this new vaccine is for more effective in this older age group than other vaccines. All other eligible age groups will be vaccinated with a quadrivalent vaccine (QIV) as we used last year – the new vaccine will not be offered to those under 65 as there is no evidence to suggest it is any more effective for those patients than the QIV.

Because of this change, there is a brief delay in expected vaccine delivery dates to allow time for enough of the new vaccine to be produced to cover the over 65 age group. Therefore, our **Annual Flu Clinic** this year will be held later than usual, on **Wednesday 14th November 2018**. ***We will not be starting any flu vaccinations before this date for any age group.*** We are sure that you will agree that this delay will be outweighed by the proven increased effectiveness of the new vaccination. Invites and further information will be issued closer to the time.

5. COPE (Cambridgeshire Older people's Enterprise).

How many of you, aged over 50, are members of COPE? I have been a member for a number of years and am full of praise for this charitable organisation run totally by unpaid volunteers.

It provides a lively, informative and well presented newsletter every 2 months, featuring a range of topics. It also organises a range of events and activities. Back copies are usually on display in our

Waiting Rooms. Membership is free for anyone over 50 and to carers, Friends of COPE, as associate members whether or not he or she is 50 or over.

Why not join yourselves? Write, ring or email for an application form to:

COPE, The Olive Golding Room, St Luke's Community Centre, Victoria Road, Cambridge CB4 3DZ
Phone 01223 364303 Email cambridgecope@hotmail.co.uk

6. NRAS

One of our PPG members (Rose) is also a member of the new **Cambridge NRAS Group**, for people and their families living with and coping with Rheumatoid Arthritis. The Cambridge NRAS Group has organised a talk: **"The Role of Occupational Therapy for Rheumatoid Arthritis"** presented by Po Chu Ma, Occupational Therapist.

This will take place at St James Church on 11th July at 7.15 pm – 8.45 pm. The Group would be pleased to see you there.

Editorial Postscript

1. 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.
2. As always, feedback on your views of our Newsletters or PPG activities generally are very welcome, as are ideas for future Newsletter content or possible PPG activities. Feel free to contact me at rogercrabtree77@gmail.com