

Barnabas Patient Voices

From: Barnabas Patient Voices <keith@barnabasvoices.org.uk>
Sent: 04 February 2022 11:02
To: Barnabas Patient Voices
Subject: Barnabas Patient Voices Monthly Update, February
Attachments: PPG_Minutes_20220126.pdf; In-Touch_124.pdf

To All [Barnabas Patient Voices](#) Members ...

[Printed copies to those members without email]

[A copy will also be posted on our Facebook Group and on our website]

[If you can't read any of the attached documents, or want printed copies of anything mentioned, please contact me and I'll try to send you a copy.]

Welcome to the February update for [Barnabas Patient Voices](#) members. There doesn't seem to be too much very important healthcare information at the moment.

Coronavirus

03/02. Vaccination Status (% of total 12+ population)

	1 Dose	2 Doses	Booster
Ealing	69%	63%	42%
London	69%	64%	44%
England	91%	83%	65%
UK	91%	84%	65%

<https://coronavirus.data.gov.uk/details/>

**** Worryingly, these numbers are now pretty much static ****

03/02. Daily New Cases (per 100,000) in Last 7 Days & Compared with 7 Days Earlier

Ealing	1171	↔
London	922	↔
England	1083	↑
UK	1021	↔

Data from <https://coronavirus.data.gov.uk/details/>

**** This is still 2x the previous peaks in 01/21 & 07/21 ****

03/02. Estimated Total UK Cases (millions) Compared with 7 Days Earlier

03/02	2.330m	↑
27/01	2.198m	↓

Data from <https://covid.joinzoe.com/data>

Despite these still incredibly high numbers, the UK government has now removed almost all restrictions; they seem determined to get us back to normal and let Covid infections just rip through the whole population. In my view this is just sheer stupidity: Covid is not a mild infection like a cold; the vulnerable feel totally betrayed and unsafe as there are no safeguards if they go out and about; a huge number of children are off school (and otherwise having their education affected because teachers are sick); and we are just ramping up the incidence of Long-Covid with we know not what long-term effects. Add to that the fact that the more infection there is around, the more opportunity there is for the virus to mutate further and become even more infectious and/or deadly, especially as the latest variants seem to be more able to evade our immunity (whether from vaccination or infection) so there are an increasing number of people being infected on multiple occasions. All of which is apparent from looking at the real science behind the political smoke and mirrors.

As one of the more vulnerable (though not in the top extremely vulnerable category) I have been virtually a hermit for the last 2 years. Luckily I'm retired and not having to cope with work, but it is still very wearing and I don't like it. On the other hand I know I shall be in trouble if I catch Covid, and I want to remain safe.

Sadly I don't see this changing any time soon, unless the UK government has a massive change of mind/heart and does a complete U-turn. Which is equally unlikely. [sorry – rant over]

Omicron BA.2

And now we have another new variant to worry about. Well technically it is a new strain of the Omicron variant. The original Omicron strain was labelled BA.1, so this new strain is BA.2 (and there are others). Many countries are now seeing a rapid rise in cases due to BA.2, and there is every indication that it will out-compete BA.1 and become dominant (it is already dominant in Denmark). That's because the evidence (from Denmark and UK) is that BA.2 is "substantially" more transmissible than BA.1, and there is apparently better able to evade the vaccines, although vaccination is still significantly protective. Luckily, so far, there is no indication that BA.2 leads to more severe illness. *Guardian* news report at <https://www.bbc.co.uk/news/health-60233899>.

How Much Virus is Needed to become Infected?

Well, according to another *Guardian* report (<https://www.theguardian.com/world/2022/feb/02/exposure-to-one-nasal-droplet-enough-for-covid-infection-study>) just a single droplet containing virus is sufficient for infection. Think about that. One airborne droplet which is too small to see! This is why we wear masks, and preferably high quality FFP2/N95 masks.

The same study also showed that Covid symptoms appear very rapidly – on average in no more than 2 days – and we are most infectious after 5 days.

But it gets worse! Do not rely on the current LFTs instructions to swab just your nose. The study showed that the LFTs are not sensitive enough to pick up infection in the early days on a nasal swab alone. (Nasal swabs alone are probably OK later in the course of infection.) You have to swab both your nose and throat (as the original LFTs required) to pick up early infection, and avoid unknowingly walking around spreading infection.

Barnabas Patient Voices News

January Meeting Minutes

The minutes of our January meeting are attached. Please read them.

Because of problems with Zoom on the original date (19 January) the meeting was rescheduled for 26 January.

Next Meetings

Our next full meeting is on Wednesday 16 March, 13:30, on Zoom.

Zoom link and agenda in the March Update.

Our next informal call is on Tuesday 1 March, 14:00, also on Zoom.

The Zoom information for all the informal calls is:

Link: <https://us02web.zoom.us/j/7279594414?pwd=VmYwODdoWGg2eTFvTlVjVlZyRmhSQT09>

Meeting ID: 727 959 4414

Passcode: 149417

A reminder that all members (including those on Facebook) – indeed all patients, carers and staff of the Practice – are welcome to join our meetings. We are here for you and it would be good to see you at our meetings!

Practice Phones

I'm still hearing you complaining about the long waits on the phone to contact the Practice. And I share that frustration. I don't know what the solution is, but rest assured I will continue to discuss this with the Practice, on your behalf – there must be a better way! Meanwhile, if you can, it is quicker to contact the Practice using the eConsult facility on the Practice website. (There is work going on to replace eConsult, across the whole of NW London, with a less clunky system.)

Practice News

Dr Parmar is Retiring

Our senior GP, Dr Mohini Parmar is retiring at the end of March after around 30 years with the Practice. As well as being a GP, since 2012 Dr Parmar has also been Chair of Ealing Clinical Commissioning Group (CCG), and following the recent CCG merger Chair of the new NW London CCG. These are not just figurehead roles, but highly demanding and carry legal responsibility for commissioning a wide range of local health and social care. As if being a GP wasn't demanding enough!

I personally will miss Dr Parmar's calm and pragmatic, but firm, care. And it is because of Dr Parmar I'm here, writing this: back around 2010 she first asked me to get involved with local healthcare as our area was under represented.

I'm sure you will all join me in wishing Dr Parmar a long, relaxing and very happy retirement.

Recruitment

Our Practice Manager tells me the Practice is in the process of recruiting additional staff:

- a further 1 or 2 salaried GPs, partly to back-fill for Dr Parmar but also to increase the number of appointments available
- 2 additional receptionists
- a Health Care Assistant (HCA)

There are also plans for re-opening the phlebotomy service (blood tests), which would be good and avoid us having to trek to Ealing Hospital.

Room 7

As many will know there have long been plans to rebuild Room 7 to make an acceptable consulting room. The actual work has been happening now for some weeks. Inevitably it has taken longer than expected – not least because the discovery of previously unknown pipework, which didn't appear on the master building plans, required a complete redesign. Hopefully by the time you read this the work will be complete, and we'll have a sparkling new consulting room.

Local Healthcare News

Medequip User Group Panel

Do you, or does someone you care for, use the services of Medequip? *Your Voice in Health & Social Care* (YVHSC), which runs Healthwatch Ealing, is working with Medequip to help improve their services. To do this they are starting a user panel. If you're interested there is more information over at <https://healthwatchealing.org.uk/news/new-medequip-user-group-launched/>.

General NHS & Healthcare News

Surge Capacity during Covid

The NHS has struck a new, 3 month, deal with the independent sector to enable them to quickly activate additional (surge) capacity in some private hospitals if COVID patients requiring treatment threaten the NHS's ability to provide urgent care. More at <https://www.england.nhs.uk/2022/01/nhs-strikes-new-covid-surge-deal-with-independent-sector/>.

Patient Access to GP Records

From this April patients who have online accounts (for example through the NHS App) will be able to read new entries in their health record. From April patients of practices that use SystmOne (like Barnabas) or EMIS will be able to see their full GP health record including the free text, letters and documents. Patients will see new information once it is entered, or filed, onto their record in the clinical system, but will not be able to see their data from before April (unless they have already been given access to it). This is in addition to the current facility to see just the coded entries in your record. The NHS announcement (which is really aimed at GPs) is at <https://digital.nhs.uk/services/nhs-app/nhs-app-guidance-for-gp-practices/accelerating-patient-access-to-their-record>.

Newsletters

Just one possibly useful newsletter received this month:

- NHS *In Touch* #124. Copy attached. (Unfortunately this seems not to be posted online, but you can sign up to get your own copy every month at <https://www.england.nhs.uk/email-bulletins/in-touch-bulletin/>).
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That's all for this month. Take care and stay safe!

Keith

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