

Barnabas Patient Voices

From: Barnabas Patient Voices <keith@barnabasvoices.org.uk>
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To: Barnabas Patient Voices
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Attachments: BPV_Minutes_20240403.pdf; Annual_Report_2024.pdf; PA_Newsletters.pdf; PPG Newsletter - April 2024.pdf

Email to All **Barnabas Patient Voices** Members ...
Printed copies to members without email

A copy will also be posted on our Facebook group, <https://www.facebook.com/groups/barnabas.ppg>, and website, <https://barnabasvoices.org.uk/>. 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 May update for **Barnabas Patient Voices** members. Apologies that this issue is slightly later than usual.

Please share healthcare news! (But not anything about your personal care.) Please be brief – just a link to a news item is fine. Email to me at keith@barnabasvoices.org.uk, or leave me a note with reception at the Medical Centre.

Coronavirus (and Other Infectious Diseases)

So what can I say about Covid this month? Well first off, it hasn't gone away, although all the indicators are that infection rates are currently low – but we don't know exactly how low because there is effectively no testing or reporting! The estimates are being based on reports of hospital admissions with Covid and the associated testing – and this is at best a proxy for real data.

Having said that it does look as if the rates have turned up again in the last week or two. This is not surprising as there are a group of new variants arriving; these are the so-called FLiRT variants which are derivatives of the previous JN.1 variant. Currently we don't know how infectious or how serious infection with a FLiRT variant might be, or how good our immune responses might be. However it seems that the FLiRT variants are responsible for at least 25% of the current Covid infections in the UK.

Meanwhile there is reliable scientific data that the immunity provided by last autumn's booster vaccinations lasts only around 15 weeks. So even those of us who had that booster are now several months past that point. Moral: if you're eligible for the Spring booster and haven't yet had it, do it now while the window is still open.

On top of that Long Covid remains a problem with no effective treatment for many, especially as it seems to be a collection of several different ongoing causes. It is estimated that currently just under 2% of the population have Long Covid with symptoms lasting over 12 weeks post-infection.

Covid remains a serious disease, and there needs to be further urgent research into better, longer lasting vaccines; effective treatments for (and prevention of) Long Covid; and the implications of repeated Covid infection on longer term health problems such as heart issues, diabetes, cognitive function.

I'll sum up on Covid with the words of American scientist and physician Eric Topol (from <https://erictopol.substack.com/p/are-we-flirting-with-a-new-covid>):

I'd rather not have to write about it, and haven't for a while. More than four years in, we're all sick of Covid stuff and hope it's behind us. And recent months have been good with a steady drop in hospitalizations and wastewater *[remember this is in the USA]* SARS-CoV-2 to their lowest levels since the summer of 2023. That's great. But we've got to keep an eye on the constantly evolving virus ... to bypass our immune response and/or potentiate its infectivity – anything to find more hosts or repeat hosts. That's why I will continue to stay on this important topic, even when it's in the background like it is for most people right now.

...

Covid's not going away ... High-risk people should continue to take precautions, keeping up with boosters, and all forms of protection. Even if FLiRT doesn't kick in, there's plenty more ways that SARS-CoV2 can reinvent itself and find new ways or better ways to evade our immune response. We've seen that movie before. That's the longer term worry, that it hasn't and won't just "burn out". And why we need better vaccines to be prepared for that potential.

For more on the latest situation see "Covid Situation Report: May 2, 2024" at <https://bhawkins3.substack.com/p/covid-situation-report-may-2-2024>.

Meanwhile there is growing concern over the ongoing H5N1 bird flu outbreak, which is now amongst dairy cattle in the USA. This needs to be watched because over the years where humans have been infected with H5N1 50% have died. There's no evidence of widespread human infection, let alone person-to-person transmission, but as we've seen before such events are only a mutation or two away. The UK government are readying responses to H5N1, but not (yet) testing our cows. They say there is no evidence of British cows being infected – but how would they know, when they are refusing to test the cows. (They appear to forget that the absence of evidence is not evidence of absence.) The scientific establishment generally agree that H5N1 is potentially dangerous and one to watch.

Report on UK government response at <https://www.telegraph.co.uk/global-health/science-and-disease/bird-flu-outbreak-cattle-united-states-hn51-uk-cows-defra/>.

And a majority of leading infectious illness scientists are predicting that the next pandemic is likely to be a flu virus. Report at <https://www.theguardian.com/world/2024/apr/20/next-pandemic-likely-to-be-caused-by-flu-virus-scientists-warn>.

Barnabas Patient Voices News

May Open Meeting (AGM)

Our next Open Meeting is in-person at the **Medical Centre on Saturday 18 May, 11:00**. This is also our AGM.

The agenda for the meeting will be:

1. Introductions & Apologies

2. Approve Minutes of 3 April Meeting [attached]
3. Discuss & Approve the Annual Report [attached]
4. Patient Experience Talk – tbc
5. Member Feedback
6. Practice Updates
7. PPG Updates
8. Matters Arising, AOB

We do not need to elect officers this year as both Harsha Mortemore (Vice-Chair) and I were elected last year of two years.

Please join us if you can, especially as Practice staff will be giving up their Saturday morning for us.

Local Healthcare News

NHS 111 Patient Advisory Group

NW London NHS are looking for patients to join their NHS 111 Patient Advisory Group. More details, and a link to the application form, in the item on our website news at <https://barnabasvoices.org.uk/2024/05/nhs-111-patient-advisory-group/>.

General NHS & Healthcare News

Quite a few pieces of general healthcare news again this month ...

Prescription Charge Increase

From 1 May the charge for prescriptions has risen (again!). Single prescriptions have gone up by 25p from £9.65 to £9.90. Pre-payment certificates have also increased. Full details at <https://www.gov.uk/government/news/nhs-prescription-charges-from-1-may-2024>.

Dementia Blood Test Trials

Researchers from the University of Oxford and University College London are running trials into the use of cheap, simple blood tests aimed at detecting proteins in people with cognition problems or with the early stages of dementia. The hope is to speed up dementia diagnosis and reach more people. *Guardian* report at <https://www.theguardian.com/society/2024/apr/04/blood-tests-dementia-uk-trial-alzheimers>.

Hepatitis C Testing

Anyone who believes they have, or have had contact with, Hepatitis C can now order an NHS self-test without the need to see their GP. Full details, and the order process at <https://hepctest.nhs.uk/more-about-hepatitis-c>.

Drug Shortages

There's increasing concern about shortages of some drugs, with pharmacists having to spend time (and money) searching for supply in order to fill patients' prescriptions. Unfortunately this appears to be becoming business as usual and is one of the knock-on effects of the UK leaving the EU. Reports from the *Guardian* at <https://www.theguardian.com/science/2024/apr/18/drug-shortages-normal-in-uk-made-worse-by-brexits-report-warns> and the Nuffield Trust at <https://www.nuffieldtrust.org.uk/news-item/patients-face-new-normal-of-medicines-shortages-as-uk-hampered-by-supply-issues-and-impact-of-eu-exit>.

Death Certificates

From next September, Medical Examiners (senior medical doctors) will look at the cause of death in all cases that have not been referred to the coroner. This is a move designed to help strengthen safeguards and prevent criminal activity. Doctors certifying deaths will have to send the paperwork to the Medical Examiners for review before it can be submitted to the Registrars office. Some areas have been running this process voluntarily for a few years, but now becomes a legal requirement everywhere. More information at <https://www.gov.uk/government/news/causes-of-death-to-be-scrutinised-in-revamp-of-death-certificates>.

GP Supervision of PAs

Following up on recent concerns about same-day appointment hubs, the new contract for Primary Care Networks (PCNs) increases the emphasis and responsibility of GPs to monitor and supervise the work of Physician Associates (PAs). This, in turn, raises concerns over GP workload and the viability of PAs. Report in *Pulse* at <https://www.pulsetoday.co.uk/news/2024-25-gp-contract/new-pcn-contract-increases-onus-on-gps-supervising-pas/>.

Newsletters

A round-up of potentially interesting newsletters received since the last update.

- **Patients Association** newsletters for 05/04, 12/04, 19/04, 26/04, 03/05 – attached, but due to size (50+ pages!) sorry no printed copies
- **UCL Social Behavioural Research Group**, quarterly newsletter – attached in with the PA newsletters (so no printed copy)
- **Mike Lally's PPG Newsletter** for April – attached

That's all for this month. Take care and stay well.

Keith

Keith Marshall, Chairman, **Barnabas Patient Voices**
76 Ennismore Avenue, Greenford, UB6 0JW
Phone: 020 8864 7993 – Mobile: 07847 149 417
Email: keith@barnabasvoices.org.uk or kcm@cix.co.uk
Web: <http://barnabasvoices.org.uk/>

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